The Partnership of Birchwood and Holbrook Primary Schools

Supporting Pupils with Medical Needs Policy

Including Medicines Policy, Asthma Policy and Allergic Reaction and Anaphylaxis Policy

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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 pupil's condition, 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 (IHCPs)

The named person with responsibility for implementing this policy is the Head of School

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, 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: Supporting pupils at school with medical conditions and paragraphs 3.46 and 3.47 of the early years framework.

3. Roles and responsibilities

3.1 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.

3.2 The Head of School

The Head of School will:

- 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 (IHCPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHCPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service 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 school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 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.

3.4 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 IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP e.g. provide medicines and equipment

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

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, the process outlined below will be followed to decide whether the pupil requires an IHCP.

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.

See Appendix 1.

6. Individual healthcare plans

The Head of School has overall responsibility for the development of IHCPs 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 developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head of School will make the final decision.

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

IHCPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHCP.

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 Head of School will consider the following when deciding what information to record on IHCPs:

- 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, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- 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 Head of School 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

7. Managing Medicines

7.1 Responsibilities

Whilst teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises (and this might in exceptional circumstances extend to administering medicine and/or taking action in an emergency), school staff should not, as a general rule, administer medication without first receiving appropriate information and/or training. Whilst section 3(5) of the Children Act provides protection to teachers acting reasonably in emergency situations, First Aiders are not trained generally as part of their first aid training to administer medication.

It is each parent's responsibility to ensure that their child is fit to attend school and any medication required whilst the child is at school should ideally be administered by the parent.

7.2 Prescription Drugs

Prescription medicines will only be administered at school when it would be detrimental to the pupil's health or school attendance not to do so **and**

- Where we have parents' written consent
- Are required to be taken four times a day or more.

Parents are responsible for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing using the appropriate form (appendix 4) signed and current, or digitally via Medical Tracker and authorised by the parent, so that procedures for each individual child or young person's medication are known. The information about regular prescribed medicines should be updated annually at an agreed time, or earlier, if medication is altered by the child's GP or Consultant.

Each item of medication must be delivered to the school office by parents or escorts in a secure and labelled container as originally dispensed by a pharmacist and include the prescriber's instructions for administration, the child's name and date of dispensing. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside of the school day. We encourage parents to ask the prescriber about this.

It is the parent's responsibility to inform the School Office in writing when the medication or the dosage is changed or no longer required.

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.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.3 Administering Medicines

No child should be given medicines without their parent's consent, either written or authorised via Medical Tracker. Any member of staff giving medicines to a child or young person should check:

- The request to Administer medication form/entry on Medical Tracker with parental instructions and consent.
- The child or young person's name on the medicine container
- Prescribed dose
- Expiry Date
- Written instructions provided by the prescriber on the label or container and within the medication packaging.
- That details provided by parents, or in particular cases by a pediatrician or specialist nurse, are consistent with the instructions on the container

If in any doubt about any procedure, staff should not administer but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with the appropriate health professional that may be attached to the school (e.g. school nurse).

Each time a medication is administered, the school will complete an entry on Medical tracker and the parents will be notified. In the absence of Medical Tracker being available staff must sign a record sheet each time they give medication to a child. This should include:

- Name of child
- Name of Medicine
- Dose
- Time of dispensing
- Date of dispensing
- Any reactions
- Signature (with printed name) of the person giving medicine

Under the framework for early years, parents and/or carers should be informed on the same day, or as soon as reasonably practicable of any medication given

Unused or out of date medication will be returned to parents for disposal.

7.4 Controlled drugs

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

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

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

7.5 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHCPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. 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 IHCP and inform parents so that an alternative option can be considered, if necessary.

7.6 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHCP, 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 IHCPs
- 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

8. Additional Activities

8.1 Educational Visits

It is essential that when planning an educational visit, the school can demonstrate that it has taken all reasonable steps and has undertaken reasonable adjustments to try and ensure that the visit is accessible to children with disabilities and/or medical needs. These should be clearly indicated on the risk assessment.

Schools must also ensure that when included in an outdoor visit a child or young person is not put at a substantial disadvantage. These factors may include:

- the time and effort that might need to be expended by a disabled/medical needs child
- the inconvenience, indignity or discomfort a disabled/medical needs child might suffer
- the loss of opportunity or the diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs.

If staff are concerned whether they can provide for a child's safety, or the safety of other children and young people on a visit, they should seek parent views and medical advice from the School Health Service or the child or young person's GP.

8.2 Sporting Activities

Most children and young people with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children and young people to participate in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and wellbeing. Any restrictions on a child or young person's ability to participate in PE should be recorded in their Individual Health Care Plan.

All adults should be aware of issues of privacy and dignity for children and young with particular needs. Some children and young people may need to take precautionary measures before or during exercise, any may also need to be allowed immediate access to their medicines such as asthma inhalers.

Staff supervising sporting activities should consider whether risk assessments are necessary for some children and young people, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures. These records are available on posters in the office, school hall and classroom medical folders.

9. Information sharing

It is the responsibility of the Head of School to ensure that all relevant staff are aware of medical conditions and needs.

If a teacher is absent (planned) it is their responsibility to inform cover staff of any medical needs. In the case of unplanned absences, it is the responsibility of the Head of School/Deputy Headteacher to ensure the necessary information is shared.

10. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHCPs 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.

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 IHCPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head of School. 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 IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

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.

12. Record keeping

The School will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHCPs 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.

Birchwood and Holbrook Primary School purchase All Risks Insurance through Suffolk County Council, and this would give fulll liability cover relating to the administration of medicine.

14. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Head of School in the first instance. If the Head of School 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 annually.

16. Asthma Policy

Background

This policy has been written with advice from the Department of Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parent/carers, the governing body and pupils.

The School recognises that asthma is a widespread, serious condition affecting many pupils at the school.. The School positively welcomes all pupils with asthma and, where necessary, Individual Health Care Plans are written with parents for more serious cases. This School encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training which is updated annually. The NHS poster 'How to manage an asthma attack in children' (appendix 2) is visibly displayed at first aid points.

Asthma medicines

- Immediate access to reliever medicines is essential. When mature enough, pupils are encouraged to carry and take responsibility for their own inhaler. For younger pupils it will be kept in the Classroom.
- Parents/carers are responsible for notifying the School if an inhaler is prescribed and for subsequent completion of a 'Request for Administration of Medicine' Form and consent via Medical Tracker.
- Where available asthma care plans are provided by health care professionals, these should be made available to school. This will be uploaded on medical tracker and supports Suffolk's quest for schools to become asthma champions.
- Parents/carers are responsible for providing a labelled inhaler and a spare if needed. Parents are responsible for ensuring that the correct medication is in School whenever their child is present.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff here are happy to do this. School staff who administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.
- The School holds an emergency salbutamol inhaler which will be administer if a child's own inhaler is unavailable or fails. Parents must give written permission for the emergency inhaler to be administered.
- The School will notify parents/carers if their child has experienced an asthma attack or if their child is using their reliever inhaler more than normal.
- The School will ensure that staff are given training to cover asthma which will be regularly updated.

Emergency Asthma kit

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

An emergency inhaler can be supplied to a pupil at your school who's known to suffer from asthma, where it's needed in an emergency, according to the Human Medicines (Amendment) (No.2) Regulations 2014.

The DHSC's guidance (page 14) recommends that emergency inhalers should only be used by children who have written parental consent for the use of the emergency inhaler, and who have been:

- Diagnosed with asthma and prescribed a reliever inhaler, or
- Prescribed a reliever inhaler, with or without a diagnosis of asthma
- Have written parental consent for use of the emergency inhaler has been given

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Storage and care of the inhaler

The emergency inhaler kit will be kept in the School Office and will be available to all staff. On a monthly basis office staff .should check:

- that the inhalers and spacers are present and in working order,
- that the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs. To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of. Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away.

Record keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions, including asthma on the enrolment form.
- All parent/carers of children with asthma are then asked to complete a 'Request to Administer Medication Form'. Parents are asked to update this form if their condition or medication changes in any way. The information from which will be added to Medical Tracker and parents will be asked to digitally approve this.
- The School will keep a register of those with asthma which will be shared with all staff who will have contact with those pupils on the register.
- The School will keep a register of expiry dates of inhalers and will notify parents if an inhaler expiry date is imminent and request a replacement.
- The school will record the use of inhalers within school and parents will be notified.

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE Teachers at the School are made aware of which pupils have asthma from the School Asthma register.
- Pupils with asthma are encouraged to participate fully in PE lessons. PE teachers will remind pupils 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. It is agreed with PE staff that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for the games and activities involving physical activity.

Out-of-hours sport

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the School involve pupils with asthma as much as possible in after school Clubs.

- PE teachers, classroom teachers and out-of-hours school sport coaches are made aware of triggers and what to do in the event of an asthma attack. All staff are provided with training which is updated on a regular basis.

The School Environment

- The school does all it can to ensure that the school environment is favourable to pupils with asthma. Pupils with asthma may choose not to attend reading dog sessions or have contact with chickens. As far as possible, the school does not use chemicals in science or art which could potentially trigger an attack. Pupils can leave the room if particular fumes are likely to trigger an attack.
- The School ensures that all pupils understand asthma. This can be included within the National Curriculum across both Key stage 1 and 2.
- The School will watch for any pupil with asthma experiencing bullying and take appropriate action in line with the Behaviour and Anti-bullying Policy.

School Trips

- Pupils with asthma should be identified as part of the risk assessment and reasonable adjustments made if necessary. Parents should ensure that an inhaler is available to take on School trips and the School will ensure that these are taken with the pupil and returned to the Classroom on return.

When a pupil is falling behind in lessons

- If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the Head of School, SENDCO and possibly involve the School Nursing Team.
- The School recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

17. Allergic Reaction and Anaphylaxis Policy

This guidance is non-statutory, and has been developed by the Department of Health with key stakeholders. The Children and Families Act 2014 requires governing bodies of English schools to make arrangements for supporting pupils with medical conditions. This duty came into force on 1st September 2014 and is supported by the statutory guidance Supporting Pupils. This guidance is therefore designed to be read in conjunction with Supporting Pupils, and every school's protocol or policy on use of the AAI should have regard to it.

Anaphylaxis

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

• foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)

•insect stings (e.g. bee, wasp)

• medications (e.g. antibiotics, pain relief such as ibuprofen)

•latex (e.g. rubber gloves, balloons, swimming caps). The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

•Food: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.

• Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

Why does anaphylaxis occur?

An allergic reaction occurs because the body's immune system reacts inappropriately to a substance that it wrongly perceives as a threat. It is therefore vital to contact Emergency Services as early as possible. Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should be administered immediately, at the first signs of anaphylaxis.

How common is anaphylaxis in schools?

Up to 8% of children in the UK have a food allergy. However, the majority of allergic reactions to food are not anaphylaxis, even in children with previous anaphylaxis. Most reactions present with mild-moderate symptoms, and do not progress to anaphylaxis. Fatal allergic reactions are rare, but they are also very unpredictable. In the UK, 17% of fatal allergic reactions in school-aged children happen while at school. Schools therefore need to consider how to reduce the risk of an allergic reaction, in line with Supporting Pupils. Box 1 below provides a list of actions that schools and parents can take to reduce the risk of exposure to allergens.

Box 1: Reducing the risk of allergen exposure in children with food allergy

• Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.

• If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should be taught to also check with catering staff, before purchasing.

• Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.

• Food should not be given to food-allergic children in primary schools without parental engagement and permission (e.g. birthday parties, food treats).

• Implement policies to avoid trading and sharing of food, food utensils or food containers.

• Unlabeled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.

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

• In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). Consider substituting non-food containers for egg cartons.

• When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the food-allergic child and emergency planning (including access to emergency medication and medical care).

Natasha's Law: your allergen and food labelling requirements

As outlined in the Food Information (Amendment) (England) Regulations 2019.

The School has a duty to list ingredients on food that's prepacked for direct sale (PPDS) on your school premises. This covers food that's:

Packaged at your school, **and**
In this packaging before it's selected or ordered by pupils or staff

These changes are to help anyone with a food allergy or intolerance make safe food choices. This is particular note for Sports Day and school trips where packed lunches are prepared onsite.

Treatment

While “allergy” medicines such as antihistamines can be used for mild allergic reactions, they are ineffective in severe reactions – only adrenaline is recommended for severe reactions (anaphylaxis). The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing anaphylaxis. However, severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs.

Medicines

- Immediate access to emergency medicines is essential. When mature enough, pupils are encouraged to carry and take responsibility for their own AAI. For younger pupils it will be kept in the Classroom.
- Parents/carers are responsible for notifying the School if an AAI (adrenaline auto-injector) is prescribed and for subsequent completion of a ‘Request for Administration of Medicine’ Form and approval via Medical Tracker.
- Parents/carers are responsible for providing a labelled epi pen and a spare. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire. Parents are responsible for ensuring that the correct medication is in School whenever their child is present.
- School staff who administer medicines are insured by the local education authority when acting in agreement with this policy.
- Staff will:
    - be trained to recognise the range of signs and symptoms of an allergic reaction;
    - understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g. skin) symptoms;
    - appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective);
    - be aware of the anaphylaxis policy;
    - be aware of how to check if a pupil is on the register;

- The School does not currently hold spare AAI’s; therefore, it is essential that parents provide sufficient medication.
- When a pupil’s level of understanding and competence allow, children should carry their AAI(s) on their person at all times
- If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil’s name but NOT locked in a cupboard or where access is restricted and not located more than 5 minutes away from where they may be needed
- Pupil’s AAI(s) should be left in school to avoid the situation where a pupil or their family forgets to bring the AAI(s) to school each day.
- The School will notify parents/carers if their child has experienced an allergic reaction.

Record keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions, including allergic reactions on the enrolment form.
- All parent/carers of children with allergic reactions are then asked to complete a ‘Request to Administer Medication Form’. Parents are asked to update this form if their condition or medication changes in any way. Parents will be asked to approve any medication instructions via Medical Tracker.
- The School will keep a register of those prescribed with AA!’s which will be shared with all staff who will have contact with those pupils on the register.
- The School will keep a register of expiry dates of AAI’s and will notify parents if an expiry date is imminent and request a replacement.

Disposal

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

School trips including sporting activities

- Pupils with a risk of anaphylaxis should be identified as part of the risk assessment and reasonable adjustments made if necessary.
- Pupils at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency

Responding to the symptoms of an allergic reaction

AAIs are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives.

Staff should be aware of the difficulties younger children may have in explaining how they feel. Further information and film clips showing adrenaline being administered can be found at: http://www.sparepensinschools.uk

Guidance on the use of adrenaline auto-injectors in schools

Mild-moderate symptoms are usually responsive to an antihistamine.

The pupil does not normally need to be sent home from school, or require urgent medical attention. However, mild reactions can develop into anaphylaxis: children having a mild-moderate (non- anaphylactic) reaction should therefore be monitored for any progression in symptoms.

What to do if any symptoms of anaphylaxis are present

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed below, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present.

Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present. .

The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector. **IF IN DOUBT, GIVE ADRENALINE.**

After giving adrenaline do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised.11 If breathing is difficult, allow the pupil to sit. If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own adrenaline injection and this has made them better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards. **ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED**.

Practical points:

• Try to ensure that a person suffering an allergic reaction remains as still as possible, and does not get up or rush around. Bring the AAI to the pupil, not the other way round.

• When dialing 999, say that the person is suffering from anaphylaxis ("ANA-FIL-AX-IS").

• Give clear and precise directions to the emergency operator, including the postcode of your location.

• If the pupil's condition does not improve 5 to 10 minutes after the initial injection you should administer a second dose. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.

• 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, and by whom.

Contact parents at earliest possible opportunity.

Record use of AAI on Medical Tracker, send emergency pupil data with pupil in the ambulance. Update Medical Tracker eg pupil transferred to hospital for monitoring, hospital discharge papers when avaiallbe.

Recognition and management of an allergic reactions/anaphylaxis

The signs of an allergic reaction are:

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:

1. 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
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

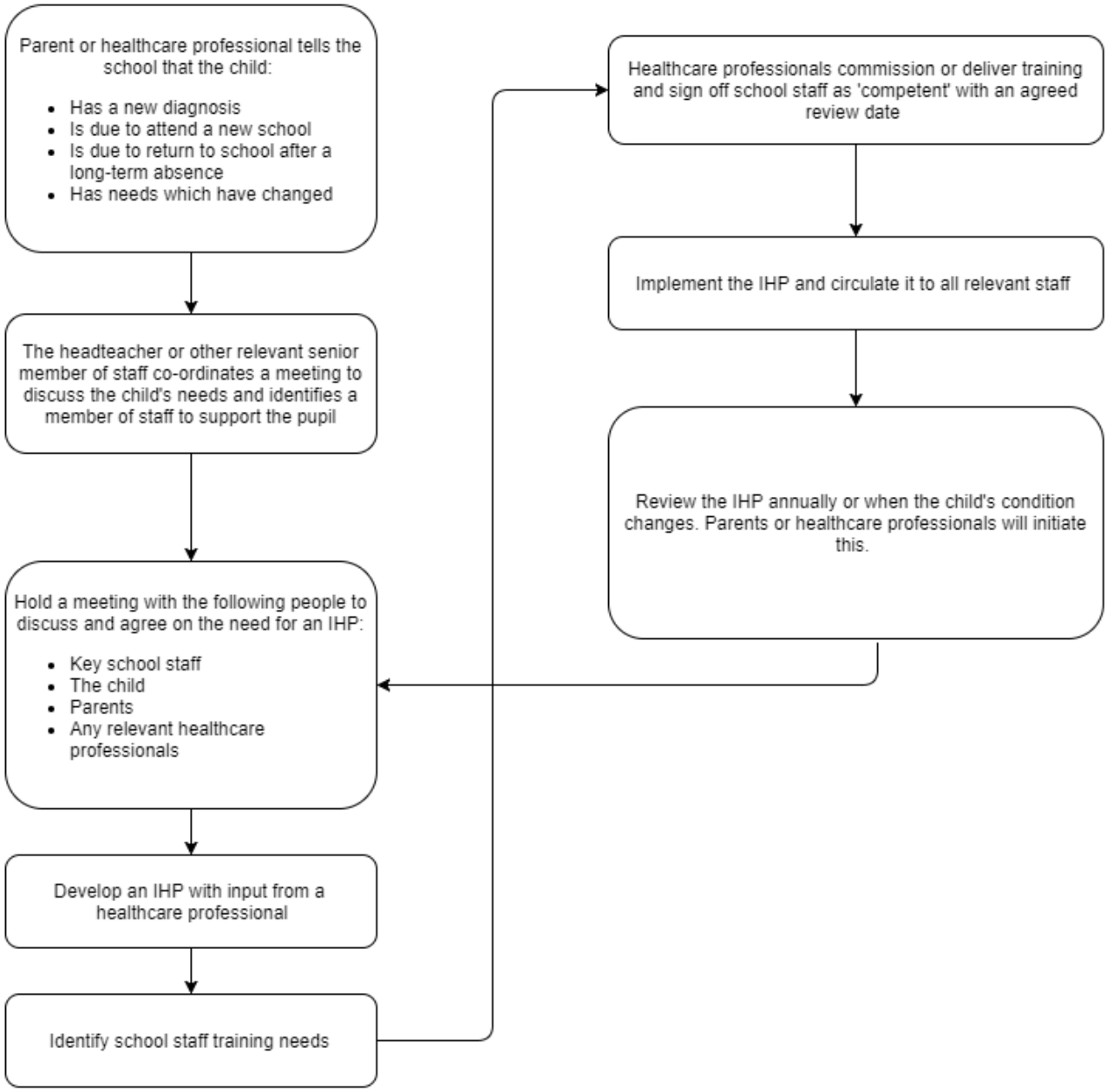
Anaphylaxis may occur without initial mild signs**: ALWAYS use adrenaline autoinjector FIRST** in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

18. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition

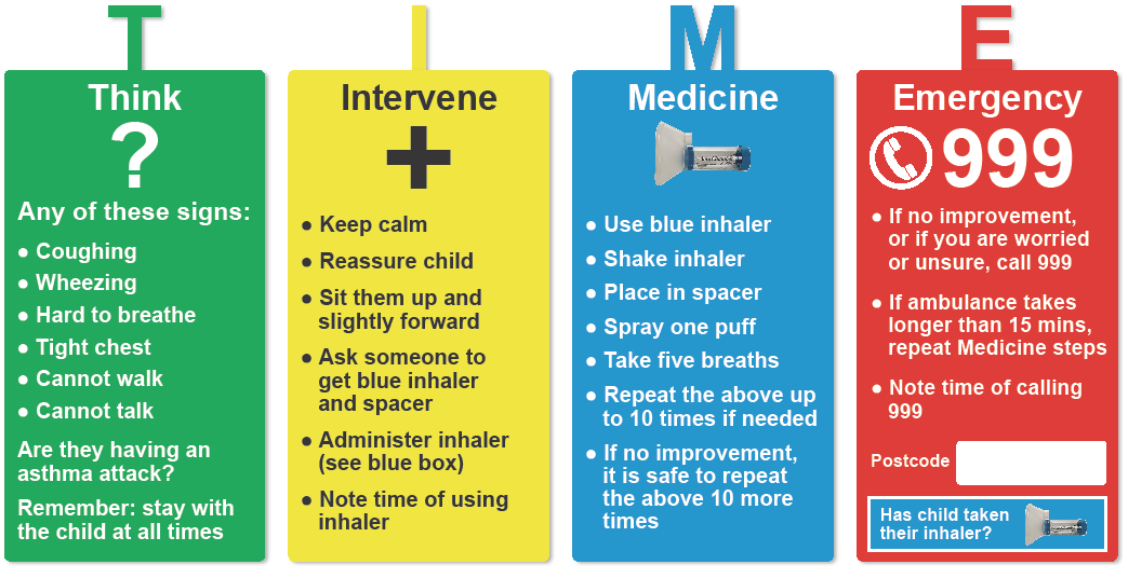


Apendix 2 - How to manage an asthma attack.

Suffolk County Council
Public Health Suffolk

NHS

How to manage an asthma attack in children



When asthma strikes, it's TIME to act

These materials were developed by CCG Partners, Whittington Health NHS, NHS Islington Clinical Commissioning Group

Appendix 3

The Partnership of Birchwood and Holbrook Primary School

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

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

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: ……

Date: ……..……...……

Name (print): ……...……

Child's name: ……..……

Class: ……

Parent's address and contact details:

……..

……

……..

Telephone: ……..

E-mail: ……..

Appendix 4 Request to Administer Medication

The school does not expect to have any medicines in School. The exceptions are:

- Inhaler
- Epipen (AAI)
- A prescribed course, to be taken orally at least four times a day.

In these instances, no medicine will be administered unless you have completed and signed this form in advance. We will endeavour to ensure that medicines are taken as requested, but cannot guarantee this.

Inhalers and epipens will be kept in Classrooms all other medication will be kept in the Office. All medication must be its original container as dispensed by the pharmacy and clearly marked with the child's name.

Please read and sign the disclaimer below:

DETAILS OF PUPIL

Surname: ..... Date of Birth: .....

Forename(s): ..... Class: .....

Condition or illness: *……*

MEDICATION

Name/Type of Medication(as described on the container) .....

Date dispensed: .....

Full Directions for use: .....

Dosage and method: .....

Timing: .....

Side Effects: .....

Procedures to take in an Emergency: .....

CONTACT DETAILS

Name of Parent/Carer: ..... Contact Phone No:..……..

Relationship to pupil: .....

My child's doctor has prescribed the above medication. I understand that I must deliver the medication personally to an agreed member of staff. I accept that this is a service which the school is not obliged to undertake.

LEGAL DISCLAIMER

I understand that neither the Headteacher nor anyone acting on his/her authority, nor the Governing Body, nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Headteacher, the person acting on his/her authority, the Governing Body, or Suffolk County Council, as the case may be.

Signature: Date:

Relationship to pupil:

Your Child's Health

Please give any information regarding your child's health, which you think the school should know about, particularly allergies, asthma, eczema or any serious illnesses that have occurred during the previous four to five years.

NAME: _____ Please indicate by circling the answer below:

Does your child wear glasses? Yes / No

Has your child ever had speech therapy? Yes / No

If Yes – are they currently attending sessions? Yes / No

Had your child ever had hearing problems? Yes / No

If yes – are they currently attending sessions?

Does your child suffer from asthma? Yes / No

If yes – is any medication used?

Is it required daily?

If yes – please complete the form overleaf and bring a named inhaler in the school office

Is your child currently under the hospital for any reason? Yes / No

If yes – please give details:

Yes / No

Does your child have any allergies?

If yes – Please give details:

Does your child take regular medication? Yes / No

If yes – please give details:

If the medication is prescribed to be taken 4 times a day please complete the form overleaf and bring the medication into the school office.

Are there any foods your child cannot eat due to health / religious reasons? Yes / No

If yes – please give details:

Is there anything else you think we might find useful to know about your child – Please give details:

Further copies of the form overleaf are available from the school office.

Please complete one if your child is prescribed medication that needs to be taken during the school day.