LENT RISE SCHOOL

SUPPORTING CHILDREN WITH MEDICAL CONDITIONS IN SCHOOL POLICY INCLUDING ASTHMA AND ANAPHYLAXIS

Approved by:

Mrs Maggie Young
Chair of Governors _____

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Introduction

Most children will at some time have short-term or simple medical needs at school, such as finishing a course of medication. These children will usually require minimal additional support to fully attend and take part in school. However pupils with long-term and complex medical conditions may require on-going support, medication and care while at school to help them manage their condition and keep well. Others may require interventions in an emergency situation. Many of the medical conditions that require support at school will affect the quality of life of a child and some may be life-threatening or life-limiting. The purpose of this policy is to show how Lent Rise School can support children with simple and complex medical needs during school time.

Aims

- To ensure that pupils at Lent Rise School with medical conditions are properly supported so that they have full access to education, including school trips and PE, play a full and active role in school life, remain healthy and achieve their academic potential.

- To ensure that each child with a medical condition is treated with dignity and as an individual.

- To ensure a safe and speedy response where children require emergency medication or medical intervention.

- To ensure proper consultation between the school, health and social care professionals, pupils and parents to ensure that the needs of children with long term or complex medical conditions are effectively supported.

The impact of long-term or complex medical conditions on children in school

- Children may have long or frequent periods of absence as a result of symptoms or of medical appointments.
- Having a medical condition can signify the child as 'different' peers, either through physical symptoms or long-term or frequent absence.
- Having a medical condition may lead to anxiety, a lack of confidence or feelings of powerlessness.

Unacceptable practice

The school will not:

- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents.

- Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch.
- Penalise children for their attendance record if their absences are related to their recognised medical condition.
- Prevent pupils from drinking, eating or taking toilet or rest breaks when 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 child, including toileting issues.
- Prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, for example requiring parents to accompany the child.

Individual Healthcare Plans (IHCP)

The role of individual healthcare plans

Individual healthcare plans form the basis for supporting children with medical conditions. They are required for all children with long term or complex medical conditions. As an alternative children with asthma should have an asthma plan which details their specific needs and treatment.

The aim of the IHCP is to look at the impact and needs of a child with a medical condition and clearly set out what the school is able to do to meet these. These needs will not just be medical and the plans focus on a broad range of physical, social and emotional needs to encourage each child to take a full and active role in school life. An IHCP will be designed around the needs of the child, not their medical condition, as a recognition than two children with the same medical condition may require very different support.

IHCPs may be initiated by the Headteacher, school nurse or another healthcare practitioner involved in providing care to a child. Plans will be drawn up with input, where available, from healthcare professionals. The level of detail in each plan will vary from child-to-child based on the complexity of their condition.

IHCP will be securely stored in the school office where they can be accessed in case of emergency. The School Secretary will be responsible for ensuring that IHCPs are updated at least annually; however the plan should be updated more frequently if the child's needs change.

Admissions

No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made (School Admission Code 2012) however, a child's health should not be put at risk because they attend school and in line with the school's safeguarding duties, the school will not place other pupils at risk or accept a child in school where it would be detrimental to the child or others to do so.

Absences

Children with long-term medical conditions may have a higher than average level of school absence due to appointments or symptoms that prevent them from attending school. With all absences parents are required to telephone the school before 9am to inform the school that a child will not be attending that day. This should then be followed up with a letter from the parent confirming the reason for absence when the child returns. Children (and their parents) will not be penalised for absences resulting from a recognised medical condition and to ensure this parents may be asked to provide proof to cover absences if a child's attendance falls significantly below average. Proof may take the form of an appointment card, copy of a prescription or medication dispensing label, letter or other communication from a GP, specialist or other medical professional.

Staff may be able to provide work for children to complete at home if the child is well enough. Long term absences (over 10 consecutive school days) will be discussed as part of the IHCP to see where additional support can be provided.

Reintegration

When a child returns to school, staff will work with the child to ensure a smooth reintegration, including catching up on missed work.

Medical appointments

Where possible parents should schedule medical appointments outside of the school day. Where this is not possible, parents should bring in the appointment confirmation letter or card to confirm the child's absence.

Medication

Medicines will only be administered in school where it would be detrimental to a child's health if the medicine were not administered during the school day. Where clinically possible, medication should be prescribed in dose frequencies that enable them to be taken outside of school time. For more detailed information please see the school wide policy for administering medication in school.

Medical procedures

Some children may require medical procedures to be carried out during school time, such as blood glucose level testing or physiotherapy. These will be discussed with parents and the school nurse as part of the IHCP. The school will make reasonable adjustments to accommodate medical procedures in school where appropriate. The Headteacher will make any final decisions about what actions are reasonable, in consultation with the child, parents, staff and healthcare professional.

School staff who will be performing or assisting a child with their medical procedure must receive training from a healthcare professional and be declared as competent by the school nurse.

Personal care

Procedures for children with toileting or personal care needs as a result of their medical condition will be discussed as part of a child's IHCP. For general information on toileting please see our toileting policy.

Emergency procedures

Each class has an alert tag that can be delivered to the office by a child informing them of an emergency in the classroom. A member of staff will then go to class to assess the situation and communicate with the School Office via two way radio, to save time, the member of staff should take the emergency medical response kit stored in the school office. Playground supervisors also have two way radios to communicate any emergencies that occur outside. There are additional radios for each year band and for staff to carry outside when on playground duty or during PE. Additional measures will be considered on a case-by-case basis.

Where a child has an Individual Healthcare Plan this should describe the procedure to follow if a child has a medical emergency including triggers, signs and symptoms, emergency medication, contact information and any information that needs to be passed to paramedics. All relevant staff will be made aware of this. In some cases it may be advisable to inform the children in that child's class of what a medical emergency may look like and what actions to take if this happens. This should be discussed with the child and their parents beforehand however the final decision will rest with the Headteacher.

Where a child does not have an Individual Healthcare Plan, staff will call an ambulance and follow first aid procedures where appropriate (in the case of an asthma attack, anaphylactic shock or other unknown serious medical emergency) to sustain life and make the child comfortable until help arrives. All staff are emergency first aid trained. Louise Barnard and Patricia Moriarty are the appointed first aiders for the school and have received comprehensive emergency first aid training. Louise Barnard and Patricia Moriarty have been additionally trained in paediatric first aid as have all staff in the Rise and Shine breakfast club and Orchard afterschool clubs.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child in the ambulance. Staff must not take children to hospital in their own car.

Trips, visits and sporting activities

Children with medical conditions should be actively supported to join in with trips, visits and sporting activities and should not be prevented from doing so ubless evidence from a healthcare professional states that this is not possible. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. The school will make reasonable adjustment to

enable children with medical conditions to participate fully and safely on visits. A risk assessment should be carried out to take into account any steps the school may need to take. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional. The procedure for storing and administering medications on school trips is detailed in the school medications policy.

Home to school transport

Emergency procedures for Home to school transport are laid out in the school's emergency plan. Variations to these proceadures will be as part of a risk assessment should a child with a medical condition also use home to school transport. Where pupils have life threatening conditions, specific transport healthcare plans should be carried on the vehicle.

Children with SEND

Where a child has a medical condition and special educational needs, their IHCP should be linked to the child's Education, Health and Care Plan where they have one.

Unwell children

If a child becomes unwell during the school day, whether they have a recognised medical condition or not, they should be assessed by the member of staff covering first aid.

Children with infectious or communicable diseases

Children who are at school should be well enough to attend and take part fully in the school day. In some cases a child may seem well but is recovering from a communicable illness and may still be infectious. The school follows guidelines from the Health Protection Agency on how long a child should remain away from school after a particular illness. These guidelines are designed to help stop the spread of an infection and protect children and staff alike. They are particularly important in schools as some common childhood illnesses such as chicken pox can be serious for a child or staff member who is imunosupressed or pregnant. More information can be found in the school office about HPA guidelines. If a child attends school before they are well enough or before a safe time has elapsed the school will contact a parent to immediately collect them.

Complaints

If a parent is dissatisfied with the support their child is receiving they should first discuss this with the Headteacher. If they still feel the issue is unresolved they should follow the process laid out in the schools complaints policy.

Supporting Children with Asthma

Asthma is the most common chronic condition affecting one in eleven children. This policy sets out the arrangements the Lent Rise School has made to support children with asthma to enable them to engage fully with their education and control their condition. It has been written using guidance from the Department of Education and Asthma UK.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Asthma Register

The school will maintain a register of children who have been diagnosed with asthma using SIMS. This information will usually be provided by a child's parent or the school nurse. Some children are not diagnosed with asthma but are prescribed an inhaler to support other respiratory conditions such as wheezing or a chest infection. These children should be included on the asthma register if their condition is chronic and they have access to the emergency inhaler as part of their healthcare plan.

When a child with asthma joins Lent Rise School or an existing pupil is diagnosed with asthma:

- The school, parents and where possible the school nurse or other medical professional should work together to produce an asthma plan that takes into account the child's individual needs and the severity of their asthma.
- The child's SIMS record should be marked to ensure their inclusion in the asthma register report
- The child's teacher and teaching assistant should be made aware of the child's asthma plan
- The child should be shown where they can access their inhaler and self-managing should be discussed if relevant

A child's asthma plan including consent to administer their own inhaler, the emergency inhaler and any self-medication should be updated at least annually or as the child's condition changes.

Louise Barnard and Hannah Slade will have responsibility for maintaining the asthma register.

Medication

Most children with asthma will be prescribed a brown preventer inhaler which they will regularly take at home, and a blue salbutamol preventer inhaler to be taken if they begin to feel wheezy or have an asthma attack. Other medication such as terbutaline in different coloured inhalers is sometimes prescribed to children. If a child has been prescribed a reliever inhaler, they should have an inhaler in school at all times.

Inhalers are stored in labelled child accessible boxes in the child's classroom. Children are encouraged to retrieve and use their own inhaler when needed however support from staff will always be available if needed. If a child uses their inhaler in school it will be recorded in the inhaler record book and a copy of the page will be sent home so that parents can monitor use. If a child's symptoms are severe – even if they are relieved completely by the use of their inhaler, parents will immediately be informed by telephone where this is possible.

Children in years 5 and 6 who have shown an appropriate level of understanding and responsibility will be permitted to carry their own inhaler. Parents must give written permission for this and must also have agreed that their child can access the school's emergency inhaler if required, in case the child loses their inhaler. The school will have the final decision on if a child should manage their own inhaler in school and any misuse will result in the right being withdrawn. In the case of children who carry their own inhaler it is the responsibility of the child to let their parents know that they have used their inhaler in school however they may ask the school to record this on a slip if they wish.

Inhalers will only be accepted in school if they are in their original packaging with the dispensing label attached. Individual inhalers and spacer devices should also be clearly labelled with a child's name and class. This is particularly important if a child is responsible for carrying their own inhaler. Medication cannot be stored in school during holidays and these should be used as a time to clean spacers and inhalers and ensure that inhalers are within their expiry date.

Emergency Inhaler

The emergency inhaler is designed to be used if a child's usual inhaler is empty, broken or otherwise unavailable. It is not designed to replace a child's own reliever inhaler and parents are still responsible for ensuring that their child has a working inhaler in school. The school may take action where parents consistently fail to ensure their child has appropriate medication in school.

The school holds six emergency inhaler kits as follows:

2 large kits containing 1 metered dose salbutamol inhalers and 2 spacers, instructions on how to use the inhaler and spacer, instructions on cleaning and storing the inhaler, manufacturer's information, a copy of the asthma register. 1 kit to be stored in the admin room and the other in the first aid room. These kits should remain in school.

3 small kits each containing 1 metered dose salbutamol inhaler and 2 spacers, instructions on how to use the inhaler and spacer, instructions on cleaning and storing the inhaler, manufacturer's information, and a copy of the asthma register. These kits are designed to be taken on trips, to swimming and sports fixtures.

1small kit containing 1 metered dose salbutamol inhaler and 2 spacers, instructions on how to use the inhaler and spacer, instructions on cleaning and storing the inhaler, manufacturer's information, and a copy of the asthma register. This kit is for the Rise and Shine breakfast club and Orchard afterschool club.

1 small kit containing 1 metered dose salbutamol inhaler and 1 spacer instructions on how to use the inhaler and spacer, instructions on cleaning and storing the inhaler, manufacturer's information, and a copy of the asthma register. This kit is in a bum bag and should be carried by outside by a dinner supervisor during lunch.

1 small kit containing 1 metered dose salbutamol inhaler and 1 spacer instructions on how to use the inhaler and spacer, instructions on cleaning and storing the inhaler, manufacturer's information, and a copy of the asthma register. This kit is in a bum bag stored in the school office emergency medical response kit.

The asthma kits should be stored in line with manufacturer's instructions away from children's own inhalers to avoid confusion.

It is the responsibility of Louise Barnard and Hannah Slade to check the kits monthly to ensure that the medication is in date and that the inhalers are in working order. A monthly check sheet is kept in the Admin office. The inhaler should be primed (shaken and then sprayed once or twice into the air away from the face and body) to ensure that they have not become clogged. Any defective, empty or expired inhalers should be disposed of by returning them to the dispensing pharmacy.

Side effects

Salbutamol is a relatively safe medicine but all medicine can have some side-effects. Those of inhaled salbutamol tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say they feel their heart is beating faster.

Salbutamol inhalers are intended to use where a child has asthma. The symptoms of other serious conditions / illnesses, including allergic reaction, hyperventilation and choking can be mistaken for those of asthma and the use of an emergency inhaler in these circumstances can lead to a delay in a child receiving appropriate treatment. For this reason the emergency inhalers are only for the use of children who have been diagnosed with asthma and / or prescribed a reliever inhaler and whose parents have given explicit written permission that they may access the inhaler in an emergency. Even children who have been prescribed a different type of reliever inhaler will benefit from the salbutamol inhaler in the event of an asthma attack if their own inhaler is not accessible. The inhaler should be used with a spacer device to prevent cross contamination. The spacer may then be given to the child to take home. The inhaler housing should also be cleaned and dried. If an inhaler is used without a spacer it must then be disposed of as it presents a risk of cross contamination.

Administering the medication

The emergency inhaler may be administered by any two members of staff who have been trained in its use. Where a child is comfortable using the inhaler themselves they should be supported to do so.

When an emergency inhaler has been used parents should be notified immediately where possible. This must then be followed up in writing so that the information can be passed to the child's GP. The use must also be logged in the asthma

register. If replacement equipment is required the school secretary should be made aware.

The emergency inhaler is not intended to be used by adult staff, parents or adult visitors. If an adult has a severe asthma attack in school and does not have access to their own inhaler then the emergency services may give permission for the inhaler to be used.

Emergency procedure

A child presents with the symptoms of an asthma attack – see appendix I.

The asthma register, stored in the emergency asthma kit be checked for the child's name.

If the child is present on the register and has their own inhaler available they should be assisted in using it see appendix ii.

If the child's inhaler is not available and they have permission from a parent the emergency inhaler kit should be taken to the child and the inhaler administered see appendix ii.

If the child is not on the register call 999 immediately and follow first aid procedures to check for other causes such as choking or allergic reaction.

IF THE CHILD BECOMES EXHAUSED, IF THE CHILD'S LIPS BECOME TINGED WITH BLUE OR WHITE; IF THEIR FACE IS GOING BLUE; IF THEY COLLAPSE OR EVEN IF YOUR INSTINCT JUST TELLS YOU SOMETHING IS SERIOUSLY WRONG, GET SOMEONE TO CALL 999. AN AMBULANCE CAN ALWAYS BE CANCELLED IF IT IS NO LONGER NEEDED BUT A DELAY COULD COST A CHILD THEIR LIFE.

Staff training

All staff are trained in recognising the signs of an asthma attack, appropriate first aid treatment and emergency procedures. This training should be refreshed annually where possible. In addition all staff are trained in the procedure for administering the emergency inhaler kit.

Supporting Children with Allergies

Many children in school will have mild allergies such as hayfever. Any allergy however mild should be noted on a child's SIMS record. Where a child has been diagnosed with a severe allergy or is at risk of anaphylaxis they must have a healthcare plan.

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).

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 but the child should still be closely monitored.

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.4 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.

- In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis.

DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.

Children at risk of anaphylaxis should have their prescribed auto-injector devices at school for use in an emergency. The Medicines and Healthcare Products Regulatory Agency currently advise that anyone prescribed an auto-injector should carry two with them at all times. In reality the feedback from parents has been that many GPs are unwilling to prescribe enough auto-injectors for a child to have two permanently stored at school. Children must therefore have one auto-injectior in school at all times. If the child is going on a trip or activity out of school, they must have two auto-injector devices with them.

Storage in school

Auto-injectors are stored on top of the medicines cabinet in the admin room. They are in named containers which also include a child's care plan and any other allergy medication. Auto injectors must never be locked away. Parents should collect their child's auto-injector before school holidays (including half-term breaks) to ensure that they remain in date and have not expired.

Emergency Auto-injector

The school holds two emergency auto-injectors

The school's auto-injector can be used instead of a pupil's own prescribed auto-injector, if these cannot be administered correctly, without delay.

Auto injectors are available in different doses. On advice from the school nursing team, the school will purchase two 150mcg dosage auto-injectors of the same brand (Epipen orJext, depending on availability). The two auto-injectors will form one kit which will be stored in school at all times.

The school auto-injectors will be stored in the emergency medical response kit, in the school office. Alongside the auto-injectors the kit will include:

- Instructions on how to use the device(s).
- Manufacturer's information.
- A list of pupils to whom they can be administered.
- An administration record.

Many allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis. As such the auto-injector should be stored alongside the emergency inhaler kit

The school's auto-injector devices held in the Emergency Kit should be kept separate from any pupil's own prescribed auto-injector devices and clearly labelled to avoid confusion with that prescribed to a named pupil.

Staff responsibility and training

Louise Barnard and Hannah Slade will have responsibility for ensuring that:

• on a monthly basis the auto-injector devices are present and in date.

- that replacement auto-injector devices are obtained when expiry dates approach (this can be facilitated by signing up to expiry alerts through the relevant AAI manufacturer).

- That auto-injector devices are be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Once an auto-injector has been used it cannot be reused and must be disposed. Used auto-injectors should be given to paramedics on arrival. Expired unused auto-injectors should be returned to a pharmacy for disposal in their sharps bin.

Usage

The spare auto-injector in the Emergency Kit should only be used on a pupil where both medical authorisation and written parental consent have been provided. This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed an auto-injector. In such cases, specific consent for use of the school auto-injector from both a healthcare professional and parent/guardian must be obtained.

In the event that a child displays symptoms of anaphylaxis but they have not been diagnosed with a severe allergy, call 999 and inform then that there is an auto-injector available but you do not have the required permission. They will determine the appropriate course of action.

Allergy plans

All children with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan from the British Society for Allergy and Clinical Immunology (BSACI), provided by the child's healthcare practitioner.

The details of these children will be compiled on the school's allergy register. This register should contain the following information:

- The child's details
- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed an auto-injector (and if so what type and dose).
- Where a pupil has been prescribed an auto-injector whether parental consent has been given for use of the school's auto-injector which may be different to the personal auto-injector prescribed for the pupil.
- Where a pupil has not been prescribed an auto-injector, confirmation that a healthcare professional has certified that they are risk of anaphylaxis
- A photograph of each pupil to allow a visual check to be made.

Consent should be updated regularly – ideally annually – to take account of changes to a pupil's condition

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

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

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

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

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

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.

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 in the red box above, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present.

IF IN DOUBT, GIVE ADRENALINE

Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present. You should administer the pupil's own auto-injector if available, if not use the school's auto-injector.

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. 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.

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 auto-injector to the pupil, not the other way round.
- When dialling 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.

- Send someone outside to direct the ambulance paramedics when they arrive.
- Arrange to phone parents/carer.
- 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 auto-injector was used.

Recording usage

Any use of an auto-injection device should be recorded.

This should include:

- Where and when the reaction took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
-

What is the school doing as a whole to prevent anaphylaxis?

- All staff trained by school nursing team on recognising anaphylaxis and emergency procedures to follow

Safe working practices in Orchard and Rise and Shine Clubs

- All staff to complete Food Standards Agency online allergy training

Reduction in allergens entering schools where possible:

- Communications to all parents and information in the newsletter about being a nut free school
- Ensuring catering suppliers kitchen is nut free and they are following industry guidelines on highlighting allergens in food choices
- Removal of all latex gloves from first aid area, gloves replaces with lower allergy Nitrile gloves

Implementing the policy

Roles and responsibilities

The school takes a partnership approach to implementing this policy.

Role	Responsibility
Headteacher	Oversee implementation of the policy Ensure collaborative working with partners by facilitating meetings between stakeholders Ensure staff are aware of this policy and understand their role in its implementation Ensure that all staff who need to know are made aware of a child's condition Ensure that sufficient trained staff are available to implement the policy and deliver against all IHCPs including in contingency and emergency situations Ensure the school and staff are appropriately insured Contact the school nurse with information regarding any child with a medical condition that may require support at school
Parents	Provide the school with sufficient and up-to-date information about their child's medical condition May notify the school that their child has a medical condition and requires support Assist in the development and review of IHCP Carry out any actions agreed as part of the IHCP e.g. bringing in medications, ensuring they or a nominated adult are contactable at all times.
Governing body	Ensure the policy is implemented. Ensure the school has sufficient resources to implement the policy
Pupil	Input into development of their IHCP Comply with their IHCP
School Nurse	Inform the school when a child has been identified as having a medical condition that will require support in school Take the lead role in ensuring pupils with medical conditions are properly supported in schools Support staff to implement the child's IHCP Liase with medical professionals on appropriate support for the child and associated staff training needs. Work with school staff to determine training needs and solutions Confirm that staff are proficient to undertake healthcare procedures and administer medicines.
Associated healthcare professionals (GPs, paediatricians)	Notify the school nurse when a child has been identified as having a medical condition that will require support in school May provide advice on developing individual healthcare plans
Local authorities	Provide support, advice and guidance, including suitable training for staff.

	Where a pupil would not receive a suitable education in a mainstream school because of their health needs then the local authority will look at alternative support
Providers of health services	Co-operate with the school when supporting a child with a medical condition, including communication, liaison with school nurse and appropriate outreach and training.
Clinical commissioning groups	Ensure that commissioning is responsive to children's needs and that health services are able to cooperate with schools.
School Secretary	To lead on administering and recording the administering of medication
School Staff	Any member of school staff may be asked to support a child with a medical condition.
OFSTED	Inspection framework highlights meeting the needs of disabled children and pupils with SEN. Inspectors will also consider the needs of pupils with chronic or long-term medical conditions and report on how well their needs are being met.

Staff involvement and training

The school will work with parents and pupils to find a balance between treating information confidentially and enabling a child to be properly supported. All relevant staff will be informed of a child's medical needs to an appropriate degree determined by the Headteacher.

Support for staff

Staff must not administer prescription medication or undertake health-care procedures without appropriate training from a healthcare professional. The Headteacher will work alongside the school nurse and individual staff to assess training needs. These will be assessed annually or more frequently if the child's medical condition changes, as part of the IHCP. The school and the school nurse will identify the type and level of training required. A first aid certificate does not constitute appropriate training in supporting children with a medical condition, however all staff who have been trained to administer emergency medication (inhalers and auto injector pens) as part of their first aid training may do so.

Training should ensure that staff are both competent and have confidence in their own ability to meet the needs set out in the IHCP. They will need to understand the specific medical condition they are asked to deal with, the implications and preventative measures. The school nurse or other qualified medical professional should confirm that staff are proficient to support a specific child, by signing the IHCP.

Liability and indemnity

The school has appropriate insurance to cover general first aid and administering of medication.

Additional insurance may be required for health care procedures associated with more complex conditions and this will be examined as part of a child's IHCP.

Whole school awareness

All staff will be made aware of this policy and their role in implementing it as part of staff inductions. Information on the policy will also be included in the staff handbook.

The school nurse may advise on whole school training to help ensure that all health conditions affecting pupils in school are understood fully. This includes preventative and emergency measures so that staff can act quickly as a problem occurs.

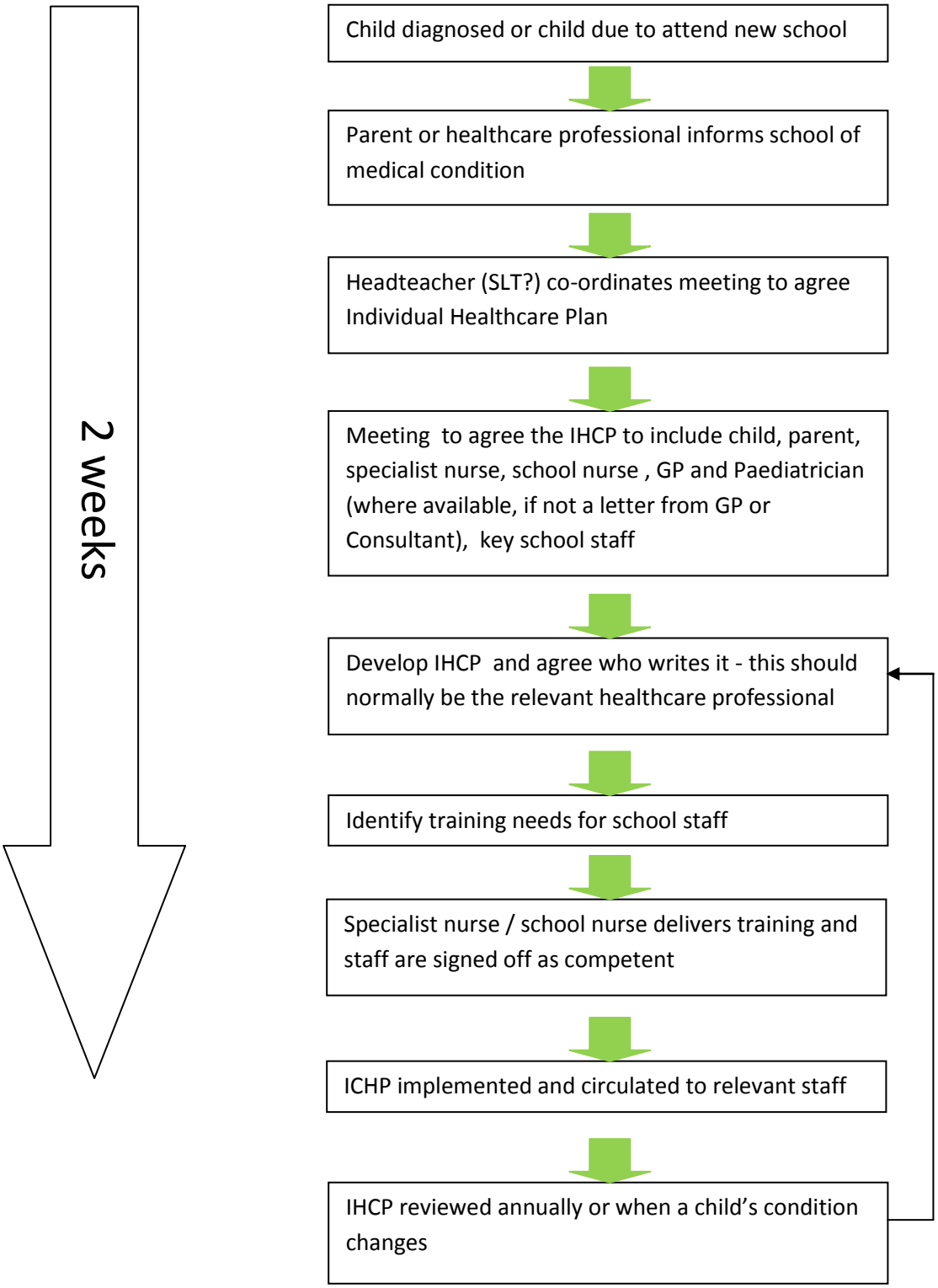
A list of children with long-term health conditions will be held in the school office. Photo boards of children with conditions that may result in a medical emergency will be placed in the staff room and first aid room, out of view of parents and children.

Out of school activities

This policy applies to school run out of school clubs, Rise and Shine and Orchard Club.

Appendix 1

Procedure to follow when the school is fist notified that a pupil has a medical condition.



INDIVIDUAL HEALTHCARE PLAN

Surname ---------- **First Name** ----------

Class ---------- **Date of Birth** ----------

Details of Medical Condition (s) Please include the name of the medical condition(s), triggers, signs and symptoms

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Describe any treatment your child is receiving, including the names of any medication they are receiving (even if this is out of school time), and any specialist clinics they attend.

The purpose of this section is to create a map of the child's needs in school resulting from their medical conditions or its treatment and. Please use the boxes as a basis for discussion. Those not relevant can be deleted.

Specific needs for this child	How can school meet need?	Who is responsible for meeting need?
Medication		
e.g • Regular or emergency medications required in school, including storage, side effects and methods of administering • Arrangements to self-administer if necessary		
Medical procedures required during the school day		
e.g • Specialist equipment / facilities required in school • Training requirements for staff to administer		
Personal care / toileting		
e.g • Access to facilities • Training requirements for staff • Procedure for toileting accidents • Information for teachers and other staff		
Dietary requirements / dietary exclusions		
e.g • Known allergens and level of precaution - do other parents need to be made aware • Special dietary requirements (particularly for children receiving a meal from school) • Procedure if child does not want to eat / information for midday supervisors		

Access/emergency evacuation procedures / travelling around school		
e.g • Plans in place for emergency evacuation • Support needed to move around the school • Timings for coming to and from school		
Absence management and reintegration		
e.g • Nature and typical length of absences • Proof required for absences • Altered start or end times • Catch-up work / sessions		
In-class support (including PE)		
e.g • Communication • Assistance from staff • Considerations for PE • Rest breaks • Access to toilets / water / food / medication during class time • Equipment needed in class • Behaviour management		
Homework support		
e.g • Level and amount of homework • Catch-up work • Access to learning world		

School trips and educational visits / Activities outside of school timetable		
e.g • Risk assessment • Staff ratio • Training for accompanying staff • Medication and medical procedures for residential visits		
Counselling / emotional support		
e.g • Access to support available through school • Time needed to attend sessions		

Details of the training requirements for staff identified from above:

Confirmation of proficiency to provide support for the child's medical condition obtained from:

Name ---------- **Role** ----------

Date ----------

Who else in school needs to be made aware of the child's condition and the support required? Do staff providing first aid need to know any information?

Medication

Please use this section for medications that are required on a long term basis or in an emergency. For any short term medications, please complete a standard permission form, these are available online or from the school office.

Medicine must be delivered personally to the school office. Prescription medication will only be accepted in the original container, with the dispensing label attached. The school will follow the instructions for dosage and timings on the dispensing label and will only deviate from these following written confirmation from a healthcare practitioner.

Name of medication 1. _____

Prescription ☐ Non-prescription ☐ (Please tick appropriate box)

Controlled drug ☐ PLEASE SEE PROCEADURE FOR HANDLING CONTROLLED DRUGS

Date Dispensed _____ **Expiry Date** _____

Dosage _____ **Time required** _____

Date start _____ **Date end** _____

Route to be administered _____

Special considerations

_____

_____

Are there any possible side effects (from the medication) Yes ☐ No ☐

If yes, please give details

_____

_____

Permission to administer in school:

Parent / legal guardian _____ **Date**

Name of medication 2. ----------

Prescription ☐ **Non-prescription ☐** (Please tick appropriate box)

Controlled drug ☐ PLEASE SEE PROCEADURE FOR HANDLING CONTROLLED DRUGS

Date Dispensed ---------- **Expiry Date** ----------

Dosage ---------- **Time required** ----------

Date start ---------- **Date end** ----------

Route to be administered ----------

Special considerations

Are there any possible side effects (from the medication) Yes ☐ No ☐

If yes, please give details

Permission to administer in school:

Parent / legal guardian ---------- **Date**

EMERGENCY PROCEDURE

Describe what constitutes an emergency for the child including triggers, signs and symptoms; and the action to take if this occurs

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Contingency actions if emergency contact cannot be called

Follow-up care

Please note staff will aim to follow an emergency plan, however if at any time staff have significant concerns for a child's welfare the school will call an ambulance. Please ensure that emergency contacts are always available.

Emergency contacts:

Name: Relationship Telephone:	Name: Relationship Telephone:

Name: Relationship Telephone:

Clinic / Hospital contact

Name ..... Telephone .....

GP

Name ..... Telephone .....

This healthcare plan will be reviewed on annually, or as a child's medical needs change.

Signed by ..... Parent / Guardian

Signed by ..... Head teacher

Signed by ..... School Nurse

Date initiated .....

Date reviewed .....

Copied to :

PARENTAL REQUEST FOR CHILD TO CARRY THEIR ASTHMA INHALER

Surname …… First Name ……..……

Class ……. Date of Birth ……..……..

Before completing this form please consider if your child is:

- **Able to recognise when they need their inhaler**
- **Responsible enough to store their inhaler without losing it or giving it to another child**
- **Able to administer their inhaler and inform you that they have done so**

The child's inhaler must be labelled with their name and class.

The school may withdraw consent for the child to manage their own inhaler at any time if they have concerns relating to misuse or if the child is unable to manage their condition.

The school stores an emergency salbutamol inhaler which can be used if a child is showing symptoms of asthma / having asthma attack and the child's own prescribed inhaler is unavailable. A parent must have given written consent for the child to access this before a request for the child to carry their own inhaler will be considered.

Name / Type of inhaler ……..……

This form must only be signed by someone with parental responsibility for the child.

I would like my son/daughter to keep his/her inhaler on him/her for use as necessary.

Signed: ……. Date: ……

Name (print)……

Parent's address and contact details:

……

……

……

Emergency telephone:
……

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER EMERGENCY SALBUTAMOL INHALER

Surname …… First Name ……..……

Class ……. Date of Birth ……..……..

The school stores an emergency salbutamol inhaler which can be used if a child is showing symptoms of asthma / having asthma attack and the child's own prescribed inhaler is unavailable.

1. I can confirm that my child has been diagnosed with asthma or wheeze and has been prescribed an inhaler.

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will have in 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.

This form must only be signed by someone with parental responsibility for the child.

Signed: …… Date: ……

Name (print)……

Parent's address and contact details:

……

……

……

Emergency telephone: ……