ADMINISTERING MEDICATION POLICY
March 2024

This policy incorporates our Medication Procedure and Medication Care Plan for Emergency Needs. It should be viewed in conjunction with the First Aid and Health and Safety Policies.

INTRODUCTION

Bethany School takes seriously the health and welfare of its students. We are committed to reducing the barriers to participating in school life and learning for all our children and young people. The aim of this policy is to set out the steps that Bethany School will take to effectively support individual children with medical needs and to enable pupils to achieve regular attendance.

All medication will be administered to pupils in accordance with the DfE document Supporting pupils at school with medical conditions - GOV.UK

Parent/Carer Responsibility

Parents/carers should not send a child to school if they are unwell and should only send medication to school with their child if it is detrimental to their health not to have the medicine during the day.

Parents/carers are expected to work with the School staff to reach an agreement on the schools role in supporting their child's medical needs. Parents must provide the school with sufficient written information about any particular medical need and treatment as soon as possible when the child first develops a medical need or during the application process. They are also responsible for completing consent forms regarding administering of non-prescribed and prescribed medicines as requested.

Where a child has a long term medical need a written Individual Health Care Plan will be drawn up with the parents and relevant health professionals and/or school staff.

Staff/School Responsibility

Bethany School will ensure that there are sufficient members of staff in place (including back-up arrangements) who are able to manage medicines. This involves participation in appropriate training and guidance, being fully aware of the policy and procedures and working in partnership with parents/carers. This Policy and the First Aid Policy are regularly reviewed with staff and lists of children with medical conditions provided for each staff member at the beginning of the school year, (linked to Individual Healthcare Plans - Appendix 1). All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

MEDICATION PROCEDURE

Non Prescribed Medicines

The school holds a supply of paracetamol which can be administered to pupils when required, after first gaining the parents' permission, and following the procedure outlined below. Staff will not administer other non-prescribed medicines to a child unless it is provided by the parent. Parents must give details in **writing** to the class teacher of **any** medicines to be administered and provide medicines in the original container as stated below.

The parent must supply information about any medicine already administered on that day.

If the child requires regular treatment for an on-going condition (i.e. asthma or diabetes) the parent must complete an Individual Healthcare Plan which is taken as a medicine consent form. See Appendix 1.

Records of administering medication must be kept (file by first aid cabinets).

Prescribed Medicines

The school will not administer prescribed medicine to a child without first gaining the parent's permission.

Parents must give details **in writing** to the class teacher of **any** medicines to be administered to the child, whether prescribed or non-prescribed.

Medicines must be provided in the original container as dispensed by a pharmacist and include:

- The prescriber's instructions
- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

The parent must supply information of any medicine already administered on that day.

If the child requires regular treatment for an on-going condition (i.e. asthma or diabetes) the parent must complete an Individual Healthcare Plan which is taken as a medicine consent form. See Appendix 1.

Records of administering medication must be kept (file by first aid cabinets).

Self-Management
Pupils who are competent to manage their own medication/care are encouraged and supported to do so. A good example of this is children keeping their own asthma reliever.

Refusing Medicine
When a child refuses to take medicine, staff will not force them to do so. The parent should be informed the same day and the incident recorded using the normal incident reporting procedures. If the refusal results in an emergency, the school's normal emergency procedures apply.

Storage of medicine
All emergency medicines, such as asthma inhalers and adrenaline pens will be labelled with the pupils name and readily available/not locked away. Pupils judged to be responsible can carry their own inhaler or staff will make sure that it is stored in a safe but accessible place and marked with the child's name. This should be made clear on the Individual Healthcare Plan which is taken as permission for a child to carry their own medication if relevant.

Other non-emergency medicines will be securely stored in a locked cabinet and not accessible to pupils. Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. If controlled medicines are required in School they will be kept on behalf of pupils in a locked container to which only named persons have access. Some medicines need to be refrigerated - they can be kept in the school refrigerator containing food but must be in a container and clearly labelled.

Disposal of Medicine
Parents are responsible for ensuring that out of date medicines are disposed of safely. They should collect medicines held at the end of each school year.

Medication Care Plan for Emergency Needs

In the event of a child attending the school becoming sick or ill the following procedure will be followed:

- The child's needs will be attended to appropriately. Where and when possible a quiet area may be used to allow a child to rest peacefully.
- No member of staff will administer any medication unless consent has been provided by the parent/carer
- Bethany School holds an emergency 'school spare' Epipen for anaphylaxis response which may be used only on pupils at risk of anaphylaxis, where BOTH MEDICAL AUTHORISATION AND WRITTEN PARENTAL CONSENT FOR USE OF THE SPARE AAI HAS BEEN PROVIDED. (see appendix 6 for information). The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

- In accordance with the clarification below in exceptional circumstances only, the School Epipen can be used for the purpose of saving a life, for a pupil or other person not known by the school to be at risk of anaphylaxis Clarification of adrenaline autoinjector guidance for schools - GOV.UK
- Bethany school holds an emergency asthma kit. The emergency salbutamol inhaler should ONLY be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.The School inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty. (see appendix 7 for information)
- If the child needs to go home, the school will contact the child's parent/carer and ask them to collect their child as soon as possible, explaining the nature of the sickness. If the parent or first named carer cannot be contacted, then the next name on the emergency contact list will be informed.
- A member of staff will observe and supervise the child until the appropriate person arrives to collect them.
- Prior to the collection of the child, the staff member involved in the incident will ensure that a brief record is made and entered in the usual incident record log.
- If it is suspected that a child is suffering from a contagious disease or illness, they will be isolated, and their parents contacted immediately and asked to pick the child up as soon as possible.
- The staff must inform the parent of any medicines administered whilst at school
- If in doubt about a procedure, staff will check with the parent or healthcare professional before proceeding.

INDIVIDUAL HEALTH CARE PLANS

Parents/carers are responsible for providing the school with up to date information regarding their child's health care needs and providing appropriate medication.

Individual Healthcare Plans (see Appendix 1) are in place for those pupils with significant or continuing medical needs e.g. long-term or ongoing medical conditions such as diabetes, epilepsy, asthma, anaphylaxis etc. or anything requiring treatment for longer than 8 days.

Developing a Healthcare Plan should not be onerous and may be brief or more complex according to the needs of the individual child. They may require input from a parent only or involve the multi-disciplinary team and should provide as much detail as possible to enable everyone to easily follow the plan. A Healthcare Plan should be completed even if a pupil usually manages their own medical needs.

These plans will be completed at the beginning of the school year/when the child enrols/on diagnosis being communicated to staff.

All staff are made aware of any relevant health care needs and copies of health care plans are available in the school office or "teachers" drive on the google computer system linked to an alert on the child's individual profile.

Staff will receive appropriate training related to health conditions of pupils and the administration of medicines by a health professional as appropriate.

MANAGING MEDICINES ON TRIPS, OUTINGS AND SPORTING ACTIVITIES

The school will try to make reasonable adjustments where possible to enable children with medical needs to participate fully and safely on visits and during sporting activities. This may involve reviewing procedures, altering arrangements, completing risk assessments and incorporating views of parents and medical professionals if required. Specific plans should be incorporated into a child's Individual Healthcare Plan regarding any restrictions or precautionary measures that should be taken.

The staff member in charge of a school trip or sporting activity should be aware of and prepared for any relevant medical conditions and emergency procedures, including the possible need for a specific risk assessment before the activity goes ahead.

During Family afternoon activities all parents are responsible for their own children only. This includes providing adequate supervision and administering First Aid or medication as required.

CONTAGIOUS ILLNESSES

If a child has a contagious illness~~es~~ they must be kept away from the School for a specific period of time (see Appendix 3) ~~If a child is brought to the school with a contagious disease or illness the staff will not accept them until the minimum exclusion period has elapsed and they have recovered fully.~~

In addition:

- If it is suspected that a child is suffering from a contagious illness they will be isolated and their parents advised.
- If a child is brought to the school with any contagious illnesses the staff will not accept them until the minimum exclusion period has elapsed and they have recovered fully.
- If the child requires treatment for an on-going condition (i.e. asthma) the parent must sign the medicine consent form.
- Medicines will be administered under strict supervision of the school staff
- Parents must ensure that school staff can contact them in an emergency.
- A parent/carer must notify school staff if a child who has been attending the school becomes ill with a contagious disease.

EMERGENCY SITUATIONS (See First Aid Policy)

- In the event of an emergency situation school staff may make direct contact with the emergency services.
- Where a first aider considers it necessary, the injured person will be sent directly to hospital (normally by ambulance). Parents/carers will be notified immediately of all major injuries to pupils.
- No casualty will be allowed to travel to hospital unaccompanied and an accompanying adult will be designated in situations where the parents/carers cannot be contacted in time.
- For management of Allergic Reaction/Anaphylaxis refer to
  Adrenaline Auto-Injectors (AAIs) - GOV.UK
  Supporting pupils with medical conditions at school - GOV.UK
  See Appendix 6
- For management of of Asthma refer to
  Guidance on the use of emergency salbutamol inhalers in schools - GOV.UK
  See Appendix 7

Policy Adopted by Governors on: _____
Policy Due for Review on:

Appendix 1: Individual Healthcare Plan – Contact Office for IHP Template

Appendix 2: Bethany School Example Consent Form for Academic Year……..

To be completed by one parent on behalf of both parents. The Consent of one parent shall be construed as the consent of both parents.

Please complete one form for each child in advance and return by……..

Name of Child:

- I give consent to be contacted by email by the class teacher/teaching assistant Yes/No
- My email address is……

- I give consent for my child to visit Upperthorpe Library during School Hours Yes/No
- I give consent for my child to participate in PE lessons on the Ponderosa during school hours Yes/No
- I give my child consent to visit the playground on the Ponderosa during school hours Yes/No
- I give consent for my child to have the class teacher or teaching assistant help them to apply Sun cream during school hours (Reception-Y3) Yes/No

- I give consent to my child to have other adults who are suitably DBS checked and insured to transport them on school trips. Yes/No

- I understand that Bethany school will not administer prescribed or non-prescribed medication to my child without first gaining parents permission Yes/No
- I give consent for my child to be given calpol/paracetamol if necessary (parents will (a parent first and will be inform them if and when it is given) Yes/No
- I understand that the class teacher will try to contact a parent before giving Paracetamol to my child but will give it to them without my knowledge if a parent cannot be contacted. Yes/No
- I agree to advise the class teacher if my child has been given calpol/paracetamol in the morning prior to starting school Yes/No
- My child has asthma and uses a reliever inhaler. I understand that I am responsible for providing the child's inhaler in original packaging and labelled and ensuring it is in date Yes/No
- I consent to School administering the child's Inhaler or the School's own inhaler where their own prescribed Inhaler cannot be administered correctly without delay Yes/No (Please complete an Individual Healthcare Plan if your child has a long term health condition including asthma)
- My child has an Allergic Reaction/Anaphylaxis and needs an adrenaline auto-injector (AAI). I understand that I am responsible for providing the child's AAI and a spare in original packaging and labelled and ensuring it is in date Yes/No
- I consent to the school administering the child's AAI(s) or the school's spare AAI(s) where their own prescribed AAI cannot be administered correctly without delay. Yes/No (Please complete an Individual Healthcare Plan if your child has a long term health condition including allergies)
- I consent to my child receiving necessary hospital/dental treatment (including use of anaesthetics) in an emergency, where I or any emergency contacts cannot be reached, and when medical staff believe that a delay would be inadvisable. Yes/No

Signed:……
Name:…….
Date:……...

Appendix 3: Exclusion Table

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Health protection in children and young people settings, including education - GOV.UK

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT)
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A For more information see chapter 3
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT For more information see chapter 3
Glandular fever	None	

Infection	Exclusion period	Comments
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife

Infection	Exclusion period	Comments
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB Exclusion not required for non-pulmonary or latent TB infection Always consult your local HPT before disseminating information to staff, parents and carers	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread Your local HPT will organise any contact tracing
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.
All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.
The NHS website has a useful resource to share with parents.

Appendix 4: Administering Medication Records

Administration of medicine in school					
Date	Name of Pupil	Name of Medicine	Dose and time last dose given at home	Dose and time given at school	Signature

Administering Medication Permission Form

Date:

I give permission for my child _____ to be given their prescribed medication

Name of medication : _____

Dose:_____

Time/frequency to be given:_____

Time last given _____ Time next dose to be given_____

Tick to confirm that the medication on the form matches the medication provided _____ (labelled)

Duration: from _____ (date) to _____ (date)

I understand that if this becomes a long term need, I need to update my child's Individual Healthcare Plan.

Signed: _____

Administering Medication Permission Form

Date:

I give permission for my child _____ to be given their prescribed medication

Name of medication : _____

Dose:_____

Time/frequency to be given:_____

Time last given _____ Time next dose to be given_____

Tick to confirm that the medication on the form matches the medication provided _____ (labelled)

Duration: from _____ (date) to _____ (date)

I understand that if this becomes a long term need, I need to update my child's Individual Healthcare Plan.

Signed: _____

Medication Administration Notification

Child's name: ……

Date: ……

Dear…….

This letter is to formally notify you that medication was administered to your child today

Details below (include what medication, inhaler, epipen, time and dose and follow up suggested)

Yours sincerely,

Appendix 6: RECOGNITION AND MANAGEMENT OF AN ALLERGIC REACTION/ANAPHYLAXIS

The following information is taken from the document: Guidance on the use of adrenaline auto-injectors in schools - GOV.UK

Clarification of adrenaline autoinjector guidance for schools - GOV.UK

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.

SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES

2 Guidance on the use of adrenaline auto-injectors

Staff may administer the "School spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where BOTH MEDICAL AUTHORISATION AND WRITTEN PARENTAL CONSENT FOR USE OF THE SPARE AAI HAS BEEN PROVIDED.

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

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

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

IN THE EVENT OF A POSSIBLE SEVERE ALLERGIC REACTION IN A PUPIL WHO DOES NOT MEET THESE CRITERIA, EMERGENCY SERVICES (999) SHOULD BE CONTACTED AND ADVICE SOUGHT FROM THEM AS TO WHETHER ADMINISTRATION OF THE SPARE EMERGENCY AAI IS APPROPRIATE.

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

The AAI's should be stored in the locked School First Aid cabinet in the Staff Room and stored, administered and replaced/checked is in date and disposed of in accordance with this Policy, the First Aid Policy and with the Guidance Supporting pupils at school with medical conditions and Guidance on the use of adrenaline auto-injectors in schools

This includes staff responsibilities for maintaining the spare anaphylaxis kit. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:
• on a monthly basis the AAIs are present and in date.
• that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).

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.

In accordance with this Policy and the First Aid Policy a register of pupils who have been prescribed an AAI(s) (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).shall be kept

Written consent from the pupil's parent/legal guardian for use of the spare AAI(s), as part of a pupil's individual healthcare plan will be obtained along with specific consent from a healthcare professional.

THE SPARE AAI'S WILL BE USED ONLY IN PUPILS WHERE BOTH MEDICAL AUTHORISATION AND WRITTEN PARENTAL CONSENT FOR USE OF THE SPARE AAI HAVE BEEN PROVIDED

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

AAI(s) held by the school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times

Appropriate support and training for staff in the use of the AAI in line with the schools wider policy on supporting pupils with medical conditions will be provided

A record will be kept of use of any AAI(s), as required by Supporting Pupils and informing parents or carers that their pupil has been administered an AAI and whether this was the school's spare AAI or the pupil's own device.Together with
• Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
• How much medication was given, and by whom.
• Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity.

The emergency anaphylaxis kit
It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:
• 1 or more AAI(s).

• Instructions on how to use the device(s).
• Instructions on storage of the AAI device(s).
• Manufacturer's information.
• A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
• A note of the arrangements for replacing the injectors.
• A list of pupils to whom the AAI can be administered.
• An administration record.

School trips including sporting activities
A risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises should be carried out
Pupils at risk of anaphylaxis should have their AAI with them, and there should be a staff member trained to administer AAI in an emergency. As part of the Risk Assessment consideration should be given as to whether it may be appropriate, under some circumstances, to take spare AAI(s)

Information at risk of anaphylaxis should be recorded in a pupil's individual healthcare plan.Where a pupil has no other healthcare needs other than a risk of anaphylaxis, school may wish to consider using the BSACI Allergy Action Plan10. All children with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan

Where school is notified of pupils that have additional health needs,in accordance with this Policy and the First Aid Policy a register will be kept and include:
• Known allergens and risk factors for anaphylaxis.
• Whether a pupil has been prescribed AAI(s) (and if so what type and dose).
• Where a pupil has been prescribed an AAI whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil.
• A photograph of each pupil to allow a visual check to be made (this will require parental consent).

Where a pupil has been diagnosed as being at risk of anaphylaxis specialist anaphylaxis training shall be arranged for staff

All staff
• 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;
• be aware of how to access the AAI
• be aware of who the designated members of staff are, and the policy on how to access their help.

Designated members of staff should be trained in:
• recognising the range of signs and symptoms of severe allergic reactions;
• responding appropriately to a request for help from another member of staff;
• recognising when emergency action is necessary;
• administering AAIs according to the manufacturer's instructions;
• making appropriate records of allergic reactions.

Appendix 7

RECOGNITION AND MANAGEMENT OF AN ASTHMA ATTACK

The following information is taken from the document Guidance on the use of emergency salbutamol inhalers in schools - GOV.UK

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
• The child's parents or carers should be contacted after the ambulance has been called.
• A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives in accordance with this Policy and the First Aid Policy.

The emergency salbutamol inhaler should ONLY be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The School inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The Emergency Asthma Inhaler Kit should include:
- the salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);-
a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

At least 2 members of School staff will have responsibility for the Emergency Asthma Inhaler Kit. They should ensure that:
• on a monthly basis the inhaler and spacers are present and in working order, and 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.

The Emergency Asthma Inhaler Kit and spacers shall be kept in the First Aid Cupboard/Kit in the staffroom. This should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any pupil's inhaler. 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 pupil to take home for future personal use.
The inhaler itself can be reused, provided it is cleaned after use in accordance with the Guidance. 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. Disposal shall be in accordance with Manufacturer's Guidelines including registering as a low waste carrier if necessary.

The emergency salbutamol inhaler should only be used by children:
- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;
AND for whom written parental consent for use of the emergency inhaler has been given.
This information should be recorded in a child's individual healthcare plan

If a pupil has been prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The Guidance recommends that 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

A record will be kept of use of the Emergency Inhaler, as required by Supporting Pupils and informing parents or carers that their pupil has been administered an Inhaler and whether this was the school's or the pupil's own device.Together with
• Where and when the ATTACK took place (e.g. PE lesson, playground, classroom).
• How much medication was given, and by whom.
• The pupil's parents should be contacted at the earliest opportunity
• The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter at Annex 5 may be used to notify parents.

The Head Teacher shall ensure staff have appropriate training and support, relevant to their level of responsibility. In accordance with "Supporting pupils at school with medical conditions".

ALL staff to be:
• trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
• aware of the asthma policy;
• aware of how to check if a child is on the register;
• aware of how to access the inhaler;
• aware of who the designated members of staff are, and the policy on how to access their help.

Members of staff should be aware of how to summon the assistance of a designated member of staff, to help administer an emergency inhaler, as well as for collecting the emergency inhaler and spacer.

Designated members of staff should be trained in:
• recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
• responding appropriately to a request for help from another member of staff;
• recognising when emergency action is necessary;
• administering salbutamol inhalers through a spacer;
• making appropriate records of asthma attacks.

The Head Teacher shall ensure that:
• a named individual is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;
• at least two individuals are responsible for the supply, storage care and disposal of the inhaler and spacer.