



MANAGING MEDICAL CONDITIONS AND ADMINISTERING MEDICATION IN SCHOOL

The School Vision:

Let us not love with words or speech but with actions and in truth

St Andrew's C of E (VA) Primary School and Nursery takes as its inspiration and cornerstone, the life and teaching of Jesus Christ with the vision and values strongly rooted in the Christian narrative of **1 John 3:18**, thereby enabling all to have a sense of responsibility and love towards others, by respecting all cultures and faiths. The school aims to demonstrate openness, acceptance and empathy.

Our emphasis is to respect and listen to the voice of the unique child and then to build on this and work together to create an environment of excellence for all. Within that environment, we aim to help children flourish and grow as individuals, developing their personal skills and characters, their understanding of the world and their place within it. As they establish their personal identities, we move to inspiring academic aspiration – a love of learning and the desire to succeed and to follow Christ's path by valuing everyone and having a responsibility to contribute as future global citizens.

St Andrew's school has high expectations of every member of the school community committing to our school vision and values through daily actions and interactions.

We communicate at all levels by working hard to ensure that every member of our school community has a voice. We aim to create a community, which does not judge or offer judgment but rather promotes values, acceptance and understanding.

We achieve our vision through six elements that enable all learners within our community to grow, flourish and contribute - thereby living life in its fullness.



Fostering Curiosity and Creativity
Providing inspirational, innovative and reflective learning that dares to be different.



Christian Values in Action
Christian values and spirituality are at the heart of our school and embraced by all members.



Growing Minds
Being attentive, building relationships and developing resilient learners.

1 John 3:18

Let us not love with words or speech but with actions and in truth.



One voice
Working collaboratively with open minds; speaking honestly by questioning and reflecting to uphold our shared vision.



Inspirational Environments
Developing a respectful, creative and stimulating environment that embraces the natural world.



Our place in the world
Making a difference by sharing our skills and passions and working in partnership.

Purpose

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA). Under part 4 of the Act responsible bodies for schools must not discriminate against disabled pupils in relation to their access to education and associated services. St Andrew's C of E (VA) Primary School complies with the duties under that Act. Some children with medical needs may also have special education needs (SEN) and may have an Education, Health and Care Plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the SEND Policy and the Special Educational Needs and Disability (SEND) code of practice.

Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk. The school recognises that medical conditions of pupils may be serious, and adversely affect a pupil's quality of life and impact on their ability and confidence. In order to minimise adverse effects for our pupils in all cases, reasonable adjustments and support will be provided to ensure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child.

Common long term medical conditions include asthma and allergy (including the risk of anaphylactic reaction) and the details of how the school will manage these conditions, is detailed below including where appropriate when an Individual Healthcare Plan (HCP) will be drawn up in conjunction with the parents. For rarer medical conditions for example (diabetes, sickle-cell anaemia,) the school will work with the parents and medical professionals to develop an Individual Healthcare Plan (HCP) to ensure that the child has full access to the same opportunities and activities as their peers.

Administration of medication

Parents and guardian are asked to provide relevant and adequate up to date information to the school with regards to any medical condition or medication that their child requires. The school will regularly send out data collection sheets, however parents should advise the school of any changes as and when they happen and not wait until the next time a data collection sheet is sent home.

Medication will only be administered by the school when it would be detrimental to a child's health or school attendance not to do so following completion of an Individual HealthCare Plan. Written instructions and consent must be provided by a person with parental responsibility and a documented record will be kept of all medication administered. No child under 16 should be given any medicines without their parents written consent.

We will not administer over the counter medications unless it has been recommended by a healthcare professional as part of an Individual Healthcare Plan (for example anti-histamine in cases of known allergy or administration of liquid paracetamol to children with known history of febrile seizures would be included in their Individual Healthcare Plan) We would not administer over the counter medications in other circumstances (for example anti-histamine for hayfever (as this could be administered at home) or liquid paracetamol because a child is not feeling well (as if the child is unwell enough to need medication it is likely that they will need to be sent home)).

It is helpful, where possible, if medication is prescribed in dose frequencies which enable it to be taken outside of school hours (eg medicine that needs to be taken three times a day can be taken before school, after school and at bedtime and can be managed at home). We encourage parents and guardians to ask the prescriber about this.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. We will not accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

Prescribed medication kept at the school should be securely located in the office/clearly identified area of the fridge. Children should know where their medicines are stored. **All emergency medicines (asthma inhalers, epi-pens etc.) should be readily available and not locked away.** Under no circumstances should medicines be kept in first-aid boxes.

Appropriate members of staff are trained to manage medicines as part of their duties. Such staff should receive appropriate training and support from health professionals. If a child refuses to take medication staff will not force them to do so, but will note this in the records and inform the parents/guardians as soon as possible. If a pupil misuses their medication, or anyone else's, their parent or guardian will be informed as soon as possible and the school's disciplinary procedures will be followed. We will return all unused medication back to the parent for disposal.

Accidents which result in a broken bone

If a child is diagnosed as having a broken limb, for example at Accident and Emergency, parents are responsible for informing the school office about the broken limb and the school office would pass this information on to the class teacher. It is helpful, although we appreciate not always possible, if we can be advised of this prior to the child returning to school. The class teacher then informs the parent and child of any alternative arrangements that need to be made as a result of the broken limb (for example amended fire evacuation procedures for a child on crutches). The parents are responsible for letting the school know about any medical appointments which may be required (such as follow up hospital visits).

Long term medical needs

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. It is the responsibility of the child's parent to advise the school office of any such medical condition either prior to the child's admission (on the data collection forms) or as soon as such a condition is diagnosed. In most cases an appointment will be made for the parents to meet with the Inclusion Coordinator to discuss the implications of the medical condition and draw up an Individual Healthcare Plan (HCP). Depending on the condition, this meeting

may also include a representative from the School Nurse Team to provide a medical context and arrange training for staff.

The only exception to this is where a child has a diagnosis of asthma that is considered mild or moderate and only requires occasional or emergency in school medication. **In this case a short health care plan is completed with the staff in the office.**

Any medication provided by the parent must be within the expiry date listed on the medication itself. Parents are responsible for replacing this medication when it is no longer in date. Staff should review expiry dates of medication and notify parents or guardians when further supplies are required. All emergency medication is sent home at the end of the academic year and it is the parents responsibility to ensure that the expiry date is checked and that it is returned on the first day of term.

In the event of an evacuation the priority of staff would be to keep all pupils safe by evacuating them in line with our policy. In the event that medication was required, but not available, during an emergency evacuation, emergency services would be informed immediately.

Absences

The main aim of educating children with medical needs is to minimize, as far as is possible, the disruption to normal schooling by continuing education as normally as the incapacity allows.

It is important that good links between all those involved in a pupil's education are established. This is especially important at certain stages such as starting school and secondary transfer.

School responsibility

1. Where children are to be at home for absences that are expected to be less than 15 days and that are not part of a pattern of recurring illness, we will make arrangements with parents/carers about provision of home work as soon as is appropriate. If necessary and where possible we will loan appropriate resource materials.
2. A link teacher will be designated for any pupil referred to the Hospital and Tuition service. The link teacher will attend planning meetings and provide work programmes and materials for pupils as appropriate.
3. We will notify the Attendance Officer if a pupil is or is likely to be absent from school for more than 15 days.
4. We will liaise with the hospital tuition service to enable them to jointly draw up a personal education plan to cover the education for a pupil who is likely to be in hospital or at home for more than 15 school days and pupils with a chronic illness that means they regularly miss school. The plan will be agreed with the appropriate Health personnel. The plan will take effect as soon as the pupil is unable to attend school or is admitted to hospital.
5. We will provide the Hospital Tuition Service with information about the curriculum for individual pupils, their progress and ability, in order to facilitate continuity and enable education to be provided.
6. Regular meetings of appropriate frequency will be held with the Hospital and Tuition service, parent or carers and involve the child as appropriate. The review meetings will be especially important for pupils who have recurrent admissions to hospital, pupils with progressive medical conditions and those approaching national tests.

7. We will ensure that pupils with medical needs who also have statements of special educational needs have annual reviews of their statements. We will consider whether pupils with medical needs may also require a SEN.
8. The pupil will be kept on the school roll, even if they are unable to attend for long periods of time.
9. We will work with the Hospital and Tuition service and health personnel to ensure that an individual re-integration plan is in place for all pupils before they return to school. We will work with all agencies involved to ensure a smooth transition and ensure that peers are also involved in a pupils' re-integration.
10. We will ensure that pupils unable to attend school because of medical needs are kept informed of school social events.
11. We will monitor and review the effectiveness of this policy for children with medical needs

Controlled medication

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act 1971. Therefore, it is imperative the controlled drugs are strictly managed between the school and parents. Ideally controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded. Controlled drugs will be stored in a locked non-portable contained and only specific named staff allowed to access it. Each time the drug is administered it must be recorded, including if the child refused to take it. The person administering the controlled drug should monitor that the drug has been taken. If a child refuses to take medication staff will not force them to do so, but will note this in the records and inform the parents/guardians as soon as possible. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act. As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. All children who are prescribed controlled medications will require an Individual Healthcare Plan (HCP), for their long term medical condition.

Training

The Headteacher working with the Inclusion co-ordinator is responsible for ensuring that staff are suitably trained. All staff (including temporary and supply staff) are informed of and understand their duty of care to children and young people and know what to do in the event of an emergency. Each class maintains a confidential list of children with medical conditions which is brought to the attention of and available to the person who is teaching the class.

Staff must not administer medication or undertake healthcare procedures without appropriate instruction, information and training. This should be proportionate to risk and in line with any specific requirements detailed in the pupil's Individual Healthcare Plan (HCP).

All staff undergo yearly Asthma, Allergy and Anaphylaxis training provided by the School Nursing Team and specific staff undergo accredited First Aid or Paediatric First Aid training which is updated in line with recommendations. School staff have also been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. Further training is provided depending upon needs of children within school and the School Nursing Team would be contacted in the first instance to provide this.

Where a member of staff needs to undertake a specific medical procedure for a pupil they will receive training to do so from a competent person. No medical procedures will be carried out

without a signed competency document being received from the trainer which confirms that the member of staff is confident and competent at carrying the procedure out safely.

The governing body of St Andrew's Church of England (VA) Primary School and Nursery has public liability insurance which covers all staff while they are acting on behalf of the school including any duties that are undertaken to support a healthcare plan. This school fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training and are following these guidelines. For the purpose of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides.

Offsite Visits and Sporting Activities

Most pupils with medical conditions can participate in PE and extra-curricular sport. Any restrictions on a child's ability to participate in PE should be recorded in their health care plan. If restrictions apply, individual risk assessments should be conducted.

All pupils are encouraged to participate in offsite visits whether or not they have a medical need. All supervising staff will be made aware of any medical needs and relevant emergency procedures by the class teacher. Where necessary, individual risk assessments for particular pupils will be conducted by the class teacher. It will be ensured that a member of staff who is trained to administer any specific medication (e.g. epipens) accompanies the pupil and that the appropriate medication is taken on the visit.

During school residential trips prescribed medication will be administered with parent consent and we will also administer over the counter medications such as anti-histamine where the child normally takes this on a daily basis (during the period of the residential) as we are looking after the child for the whole day and therefore taking on the role that a parent would normally be able to fulfil themselves. We will not administer painkillers or other medication which would not routinely be taken by the child.

An exception is made for travel sickness medication which will be administered under written parental direction for school trips.

Hygiene, Disposal and Infection Control

All staff follow the Health and Safety and First Aid guidance on the prevention of the spread of infection and contamination from blood borne viruses.

If they are required, UN approved sharps containers should always be used for the disposal of needles or other sharps. These should be kept securely at school and provision made for off-site visits if necessary. All sharps boxes are collected and disposed of by a dedicated collection service or through the child's parents in line with local procedures.

The school is aware of its responsibility under Regulation 5 of the School Premises (England) Regulations 2012 and provided appropriate, readily available facilities for medical examination and treatment and for caring for sick and injured pupils within the disabled bathroom facilities. Plans are in place with the view to providing better quality accommodation for this when it is practicable.

Record keeping

As part of the school's admission process and annual data collection exercise parents/carers are asked if their child has any medical conditions. This school uses an individual health care plan (HCP) to record the support an individual pupil's needs around their medical condition. The plan is developed with the pupil (where appropriate), parent/carer, the Inclusion Co-ordinator, school nurse or specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN these needs are also mentioned on their HCP. The school records on a secure system called SIMs the pupils who required an HCP and these are reviewed annually or when information about a pupil's medical condition changes. Copies of the HCP are held in the Inclusion Co-ordinator's files, in the medication boxes (where appropriate) and by the class teacher. The school makes sure that these documents are held confidentially. Each child also has a record of when the medication in school has been administered this is stored with the medication and includes the dose, time, date and name of supervising staff.

If it becomes necessary to share medical information about a child, permission from the parents is sought prior to sharing of this information.

Self-Management

It is important that as children get older they should be encouraged to take responsibility and manage their own medication where there is a long term medical condition. This should be clearly set out in the child's health care plan in agreement with the parents, bearing in mind the safety of other pupils. Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action) when, for example, participating in outdoor physical education. Children should always know where their medicines are stored and how to access them.

Asthma

St Andrew's Church of England School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma and encourages them to achieve their potential in all aspects of school life. All staff that come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

This section of the policy has been written with advice from the British Thoracic Society (2012) and Asthma UK (2014), the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils. The school has chosen not to hold an emergency salbutamol inhaler for use by pupils as all pupils with Asthma have their own prescribed inhaler's available at school.

Roles and Responsibilities

St Andrew's School:

- Will hold a register of pupils with asthma and encourage parents / carers to complete the asthma questionnaire.
- Ensure key school staff members are aware of pupils with asthma within the school.

- Will inform the child's parent/ carer if a pupil has an asthma attack or if they have concerns regarding their asthma management.
- Will take the appropriate emergency measures for dealing with an asthma attack as outlined in 'WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK.'
- Will follow the emergency Salbutamol Inhaler guidance (Department of Education, 2014) if the school has chosen to adopt the guidance.
- Will facilitate, and in partnership with the School Nurse/Health Visitor, complete a care plan for pupils with severe asthma.
- Will ensure inhalers are kept in a safe but readily accessible place known to all staff, this includes the emergency inhalers if held by schools.
- Will ensure all key staff have been provided with the opportunity to partake in annual training concerning asthma.
- Will display the WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK in designated agreed areas within the school
- Will take reasonable steps to reduce potential trigger factors influencing asthma within the school environment- e.g. classroom plants and pets.
- Will remind children with asthma partaking in PE or going off the school site for activities or school trips to take their inhalers with them and ensure the inhalers are taken on school trips.
- Provide indemnity insurance for teachers and other school staff who volunteer to administer medication to pupils with asthma who need help.

Hertfordshire Community NHS Trust (HCT)

- Will ensure that relevant health professionals have access to training on asthma care to equip them with the knowledge and skills to provide support, education, and training for school/nursery staff, pupils, and parents on asthma care.
- Will ensure that relevant health professionals are provided with the necessary resources to support the training of school staff.
- Will work in partnership with parents, pupils, head teachers, school/nursery staff and other key healthcare professionals as required.

The Pupil with Asthma

- Should be encouraged to take responsibility for their own asthma management.
- Should know how and when to take their reliever inhaler (normally blue).
- Should know how and where to access their inhaler at all times.
- Should inform a member of staff if he/she becomes unwell at school.
- Should care for their inhaler in a safe manner.
- Should remember to take their inhalers to PE lesson/off site activities.

The Parents/ Carers of Pupils with Asthma

- Must inform the school/nursery if their child has asthma.
- Should complete the asthma questionnaire and return it to the school/nursery office annually.
- Must inform the school/nursery of any relevant changes to their child's asthma status or changes to medication and update their child's Asthma Maintenance plan
- Should ensure at least one reliever inhaler (normally blue) and spacer – two maybe required in particular circumstances - has been supplied to the school/nursery, with the child's full details clearly labelled on the inhaler and spacer.
- Must ensure their child's inhaler/s in school/nursery are in date and replaced as and when necessary. Parents should ensure the spacer is cleaned regularly.
- Must communicate any concern about their child's asthma care in school/nursery to the head teacher/class teacher.

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 (see below) without delay if the child:

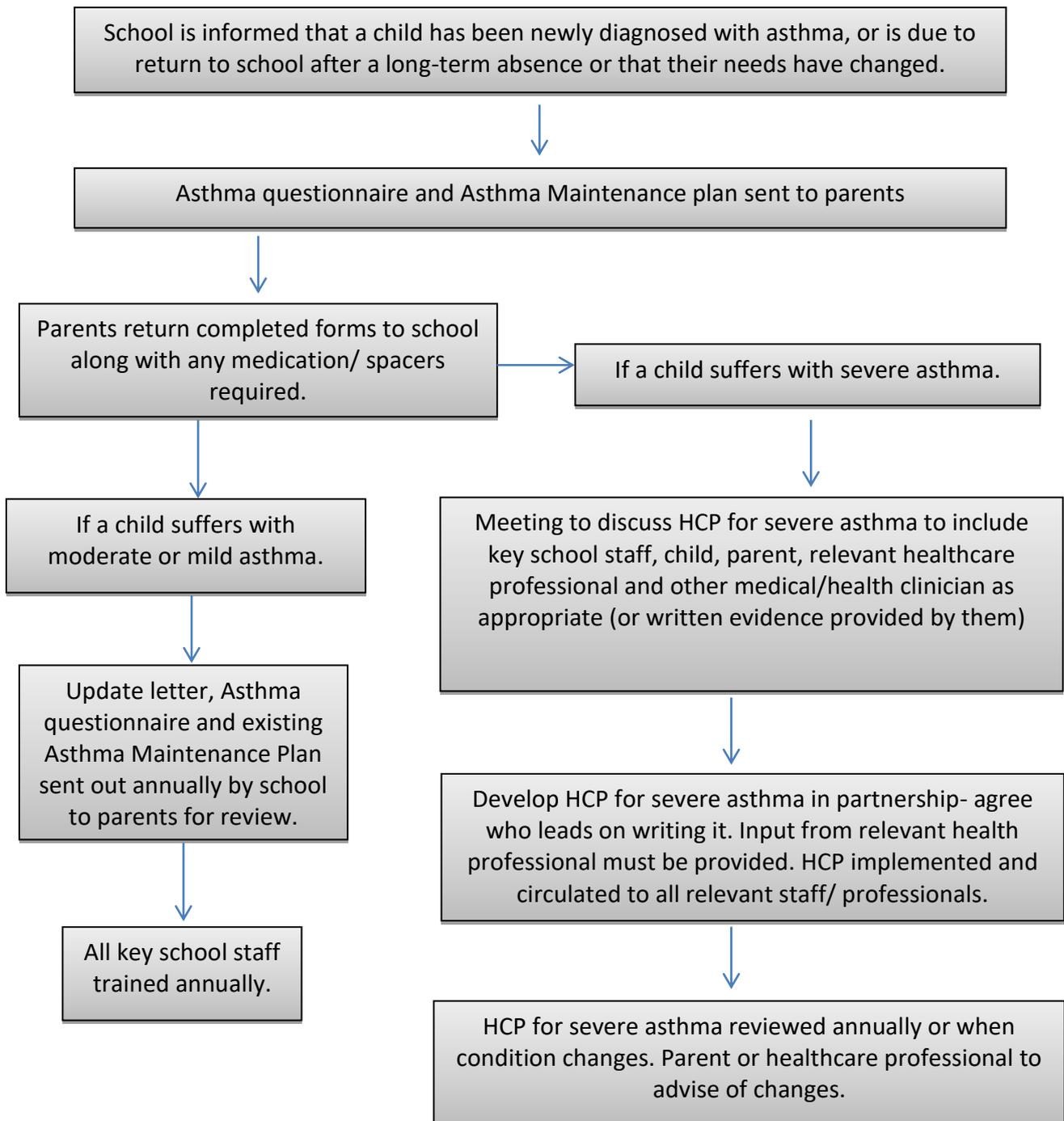
- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

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 as above.

Asthma Flow Chart

The following process will be followed when we are informed that a child has Asthma.



Allergy and Anaphylaxis

St Andrew's Church of England School recognises that anaphylaxis is a serious condition and that some pupils at the school are known to be at risk of this during an allergic reaction. The school positively welcomes all pupils with allergies and encourages pupils with allergies 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 that come into contact with pupils with those at risk of anaphylaxis are provided with training on this and the use of Epi-pens from the school nurse. Training is updated once a year.

This policy has been written with advice from the school nursing team, the local authority, the Anaphylaxis Campaign 2014, British Allergy Society Clinical Immunology (BSACI) and the Department for Education (2014) Supporting pupils at school with medical conditions document.

Roles and Responsibilities

St Andrew's School:

- Ensure School Staff have received training in managing severe allergies in schools, including how to use an adrenaline auto injector.
- Review health records submitted by parents annually
- Identify a core team to work with parents to establish prevention and treatment strategies.
- Ensure that catering supervisors are aware of an allergic child's requirements.
- Ensure tables are cleaned thoroughly before and after eating. Remind children to wash their hands.
- Ensure the cooks and lunch time staff all know children affected by allergy.
- Include food-allergic children in school activities. Pupils should not be excluded based on their allergy. School activities should be designed and developed to ensure the inclusion of food allergic pupils.
- Ensure all staff can recognise symptoms; know what to do in an emergency, and work to eliminate the use of allergens in the allergic pupil's meals, educational tools, arts and crafts projects.
- Provide indemnity insurance for teachers and other school staff who volunteer to administer medication to pupils.
- Ensure that medications are appropriately stored, and easily accessible in a secure location (but not locked away) central to designated staff members.
- Review policies after an allergic reaction has occurred.

The Parents/ Carers of Pupils with Allergies

- Should notify the school of the child's allergies. Ensure there is clear communication.
- Work with the school to develop a plan that accommodates the child's needs throughout the school including in the classroom, in dining areas, in after-school programmes, etc.
- Provide written medical documentation, instructions and medications as directed by a doctor.
- Replace medications after use or upon expiry. Emergency kits in school should be checked termly to ensure they are stored correctly, are still in date, and ready for use.
- Educate the child in allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction, and how to read food labels.
- Provide a stock of safe snacks for special school events (to be stored in school) and periodically check its supply and freshness.

- Review policies and procedures with the school staff, school nurse, the child's doctor and the child (if age appropriate) after a reaction has occurred and annually before each school year.

The Pupil with Allergies

- Be sure not to exchange food with others
- Avoid eating anything with unknown ingredients
- Be proactive in the care and management of their food allergies and reactions (based on the age level/understanding)
- Notify an adult immediately if they eat something they believe may contain the food to which they are allergic

Definition

Anaphylaxis is:

- A severe, life-threatening allergic reaction within the body.
- Can be rapid – develops in seconds/minutes, although timescale variable, most occur with 1 hour.

Signs and Symptoms

May develop as follows:-

- Anxiety
- Sweating, pale, rapid pulse
- Feeling faint/odd
- Itchy skin, blotchy rash
- Swelling of skin, particularly around face and neck
- Vomiting/diarrhoea
- A feeling of tightness in the throat

Severe Symptoms Requiring Urgent Medical Treatment (not always preceded by the above progression)

- Difficulty in breathing, e.g. with wheeze (distinguishable from an asthma attack by the presence of other signs of allergic reaction, as above)
- Choking/hoarseness
- Collapse
- Loss of consciousness

Procedure

Every pupil who has been prescribed an Adrenaline auto-injector will have a pack, which is clearly labelled and readily available for emergency use in the school office designated cupboard which is not locked and clearly identifiable with a green cross.

The contents of the Emergency Adrenaline pack should include:-

1. Adrenaline – in the form of an Auto-injector. (Epi-pen, Jext or Emerade).
2. Container – e.g. plastic box with lid.
3. A copy of the consent for the individual child, signed by the parent and the school.
4. Photograph with name of pupil – clearly visible.
5. Individual Health Care Protocol.

When a child presents with the signs and symptoms described above. The instructions to staff are as follows:

- Stay with pupil, give reassurance.
- Send for Emergency Adrenaline pack and adult help.
- Send for an ambulance (999 call) – give following details:-

Name, address and access to school and information that a pupil has had an anaphylactic reaction and has been given Adrenaline.

- Check that you have the correct Emergency Adrenaline pack for that pupil.
- Administer auto-injector as per training.
- Keep pupil warm until the ambulance arrives.
- If pupil is breathless, allow to sit up.
- If feeling faint, lay the pupil flat with raised legs.
- If collapsed and unconscious, protect airway and place in recovery position.
- Commence Cardio-Pulmonary Resuscitation, if necessary.
- Note time of injection given.
- Safely dispose of used syringe in the pupil's plastic box (not original container).
- Repeat in 5 minutes, if no response.
- Inform parent/guardian of hospital destination when confirmed with paramedics.

Any child who has Adrenaline administered **must** be taken to hospital **by ambulance** accompanied by an adult.

When the ambulance arrives make available to them:-

- The time the injection was given.
- Used syringe in container/plastic box.
- Pupil's personal details form.
- Ensure parent replaces used Adrenaline auto-injector as soon as possible.
- School to notify School Health Nurse as soon as possible.

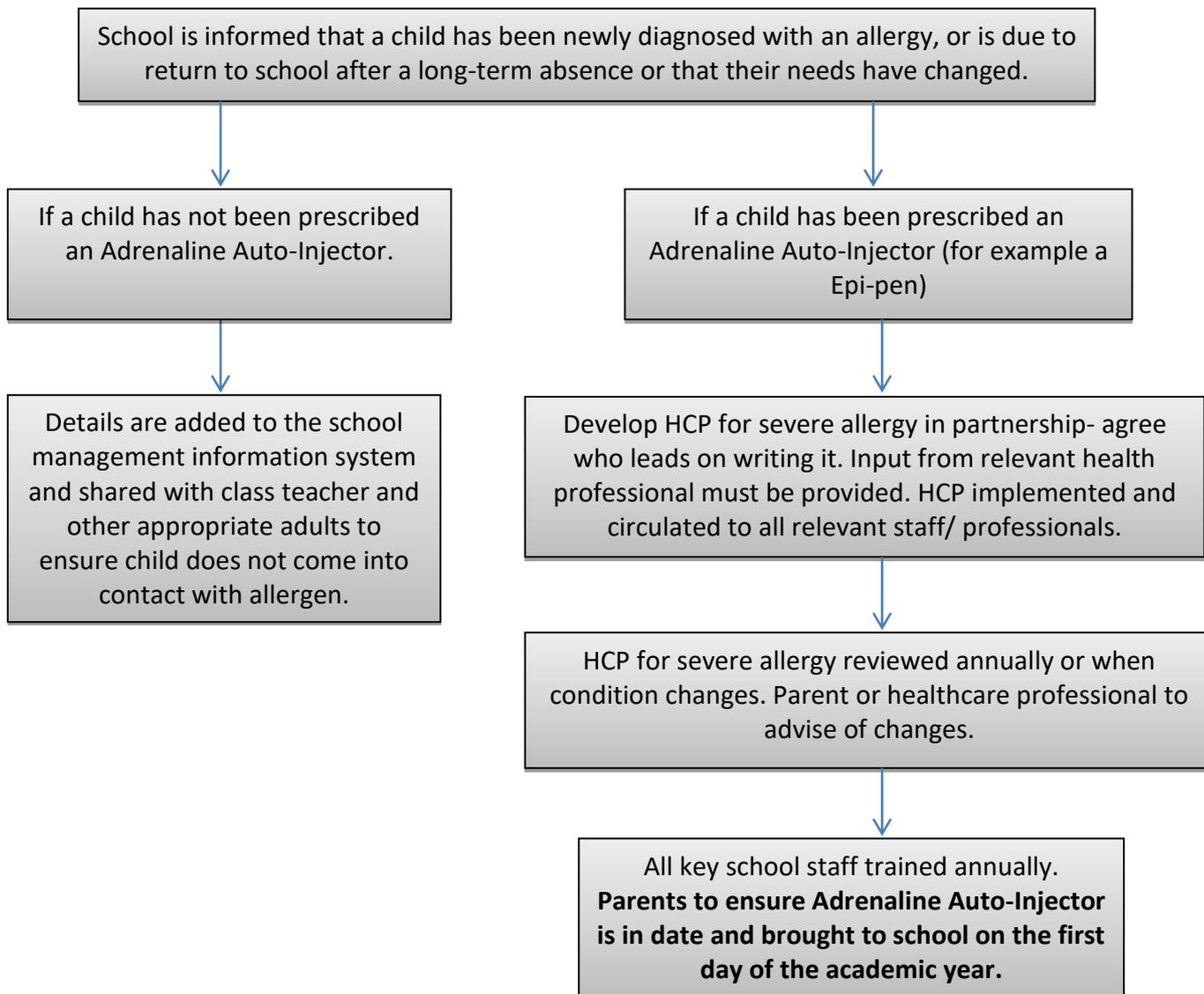
Note

1. If in doubt, it is safer to give Adrenaline than withhold if child is developing anaphylaxis.
2. Never administer Adrenaline prescribed for one child to another child.
3. Do not transfer child in staff car – wait for an ambulance.
4. Do not allow child to sit up, stand or move away after administering Adrenaline, until paramedic assessment is complete.
5. School trip – a recently trained member of staff or parent must accompany children who require auto-injectors and establish responsibility for the auto-injectors.
6. If any accidental puncture of the skin from the exposed needle occurs, follow the first aid procedure below.
 - i. Irrigate wound with running water.
 - ii. Encourage controlled bleeding.
 - iii. Cover with appropriate dressing.
 - iv. It is vital that the person concerned attends local Accident & Emergency (A&E) Department. (See the County Health & Safety Manual, Aids (Acquired Immune Deficiency Syndrome) Occupational Health & Safety Guidelines, March 1995 updated.)

If needle was unused on child but adrenaline was accidentally injected into another person – follow instructions above and attend the local A&E Department.

Allergy Flow Chart

The following process will be followed when we are informed that a child has an allergy.



Policy review

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy. We work in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

This policy is regularly review, evaluated and updated. Updates are produced every year.

School parents and pupils be dissatisfied with the support provided they should discuss these concerns with the Head teacher and follow the process outlined within the school complaints policy.