

# Keswick School



MULTI ACADEMY TRUST

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## SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY (KSMAT/STAT/048)

<b>Responsible:</b>	Directors of Keswick School Multi Academy Trust
<b>Lead Officer:</b>	Head teacher
<b>Date of Review:</b>	June 2019
<b>Date to be Reviewed:</b>	June 2021
<b>Signed:</b>	
<b>Date:</b>	

# SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

## REVIEW SHEET

The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date.

Version Number	Version Description	Date of Revision
1	Original	Nov 2012
2	Policy review	Nov 2014
3	Policy review Boarding House policy and procedures incorporated	Nov 2015
4	Policy review	Dec 2017
5	Policy review Incorporation of allergy information for students and the use of emergency adrenaline	June 2019

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

# SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

## Contents

1.0	Definitions	Page 5
2.0	Aims	Page 5
3.0	Roles and Responsibility	Page 6
3.1	Governing body	Page 6
3.2	Head teacher	Page 6
3.3	School staff	Page 7
3.4	Nurse in the School	Page 7
3.5	Head of Lairthwaite House	Page 8
3.6	Pupils	Page 8
3.7	Parents	Page 8
4.0	Arrangements and Procedures	Page 9
4.1	Notification that a pupil has a medical condition	Page 9
4.2	School attendance and re-integration	Page 9
4.3	Individual Healthcare Plans (IHCP)	Page 10
5.0	Managing Medicines	Page 12
5.1	Prescription medicines	Page 12
5.2	Storage of medicines	Page 13
5.3	Pupils managing their own medical conditions	Page 13
5.4	Staff administration of medicines	Page 14
5.5	Day trips, residential visits and sporting activities	Page 14
5.6	Disposal of medicines	Page 14
5.7	Controlled drugs	Page 15
5.8	Non-prescription medicines	Page 15
5.9	Emergency salbutamol inhalers	Page 16
6.0	Managing Food Allergies	Page
7.0	Emergency Adrenaline	Page
6.0	Emergency Procedures	Page 17
7.0	Unacceptable Practice	Page 17
8.0	Record Keeping	Page 18
9.0	Training	Page 19
10.0	Insurance	Page 20
11.0	Complaints	Page 20

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

- Appendix 1 Medicine administration information sheet: PARACETAMOL
- Appendix 2 LBH Individual Health Monitoring Form
- Appendix 3 Medical Referral Procedure for Boarding pupils
- Appendix 4 Process for developing an Individual Healthcare Plan (IHCP)
- Appendix 5 Individual Healthcare Plan (IHCP)
- Appendix 6 Medication Permission and Record
- Appendix 7 Protocol for Assessing Boarders ability to keep their own Medication
- Appendix 8 Procedure for Administration of Medicines
- Appendix 9 Boots MAT Sheet
- Appendix 10 Record of medicine administered to all children
- Appendix 11 Record of Emergency Salbutamol Inhaler Administration
- Appendix 12 Staff Training Record – Supporting pupils with medical conditions
- Appendix 13 Summoning Emergency Services
- Appendix 14 Epipen Action Plan
- Appendix 15 Emerade Action Plan
- Appendix 16 Jext Action Plan

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

# SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

## 1.0 DEFINITIONS

- 1.1 For the purpose of this policy a child, young person, pupil or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.
- 1.2 Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

## 2.0 AIMS

- 2.1 This policy is based on the statutory Department for Education (DfE) guidance '*Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England*', April 2014. This coincides with the application of section 100 of the Children and Families Act 2014 which came into force on 1 September 2014.
- 2.2 We believe that all children with medical conditions, in terms of both physical and mental health, should be supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential including access to school trips and physical education (PE).
- 2.3 We are committed to ensuring that effective support for a child's medical condition is provided and that they feel safe by putting in place suitable arrangements and procedures to manage their needs.
- 2.4 We understand that children's health needs may change. This may result in extended periods of absence and our arrangements take this into account. We will consider advice from healthcare professionals and listen to the views of parents and pupils.
- 2.5 We appreciate that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have a Statement of Special Educational Needs or an Education, Health and Care (EHC) plan.
- 2.6 This policy should be read in conjunction with:
  - Accessibility Plan (KSMAT/STAT/018)
  - Child Protection and Safeguarding Policy (KSMAT/STAT/040)
  - Equality Policy (KSMAT/STAT /007)
  - First Aid Policy (KS/C&P/010)
  - Health & Safety Policy (KSMAT/STAT /013)
  - SEND Policy (KSMAT/STAT /073)
  - Trips and Visits Policy (KS/C&P/076)

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

## **3.0 ROLES AND RESPONSIBILITY**

### **3.1 The Governing Body**

3.1.1 The governing body is responsible for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in Keswick School. It is the responsibility of the governing body to ensure that:

- no child with a medical condition will be denied admission because arrangements to manage their medical condition have not been made. At the same time, in line with safeguarding duties, the governing body will ensure that no pupil's health is put at unnecessary risk, for example, from infectious diseases;
- there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this policy;
- sufficient staff have received suitable training and are competent, or as the need arises, before they take on duties to support children with medical conditions;
- staff who provide such support are able to access information and other materials as needed;
- funding arrangements support proper implementation of this policy e.g. for training etc.

### **3.2 The Head teacher**

3.2.1 The Head teacher has overall responsibility for this policy in association with the Deputy Head (Pastoral), the Nurse in the School and the Head of Lairthwaite House. The Head teacher will ensure that:

- all staff are aware of this policy and understand their role in its implementation;
- all staff and other adults who need to know are aware of a child's medical condition including supply staff, peripatetic teachers, coaches etc.;
- where a child needs one, an IHCP is developed, implemented, monitored and reviewed;
- sufficient trained staff are available to implement the policy and deliver against all IHCPs, including in contingency and emergency situations;
- staff are aware that they are insured to support pupils with medical conditions;
- the Nurse in the School/Head of Lairthwaite House is made aware of any child who has a medical condition that may require support at school or in the boarding house;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners (such as the Local Authority or alternative education providers) aims to ensure a good education for them;
- risk assessments take into account the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.
- an audit of record keeping will be undertaken every half term with the Deputy Head (Pastoral) to ensure that this complies with the guidance set out in this policy.

### **3.3 Nurse in the School**

3.3.1 The Nurse in the School is responsible for:

- notifying school staff when a child has been identified as having a medical condition which will require support. They will liaise with other healthcare professionals and, where possible, will do this before a child starts at school.
- supporting and monitoring pupils with medical conditions through the development of an IHCP (Section 4.3), supporting staff with implementing an IHCP, ensuring that medical record keeping is accurate and provide advice/training as appropriate.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

- liaising with clinicians, a child's General Practitioner (GP) or other healthcare services on the appropriate support for a child and the associated staff training needs to inform the development and implementation of an IHCP.
- ensuring that the boarding house is made aware of any medications administered to boarding pupils during the school day by providing the pupil with an administration of medication slip and calling the boarding house before the end of the school day.

### **3.4 Head of Lairthwaite House**

#### **3.4.1 The Head of Lairthwaite House is responsible for:**

- notifying boarding staff when a boarding pupil has been identified with a medical condition. This will involve liaising with other healthcare professionals including the Nurse in the School.
- ensuring that boarding pupils are registered with a local GP and that the GP arranges for any required booster vaccinations or immunisation.
- providing guidance to boarding staff on implementing a child's IHCP and speaking with the Nurse in the School or other healthcare professionals to seek clarification as necessary.
- ensuring boarding staff are suitably trained to support boarding pupils with medical conditions. This will include up-dates at staff meetings, training sessions, new staff induction and will be an appraisal objective for boarding staff where necessary.
- ensuring only competent boarding staff undertake the administration of medicines, including regular reviews during a member of staff's probationary period and periodically thereafter.
- ensuring that the Nurse in the School is aware of any non-prescription medicines administered to pupils in the boarding house by sending a scanned image of the general record form (Appendix 10) at the start of each school day.

### **3.5 School Staff**

3.5.1 Staff may be asked to help provide support to pupils with medical conditions. While administering medicines is not part of teachers' professional duties, all teachers must take into account the needs of pupils with medical conditions that they teach. They must be aware of the medical information available on SIMS and speak to the Nurse in the School if they require further information.

3.5.2 Education trip, visit and extended school activity organisers must speak with the Nurse in the School regarding pupils with medical conditions. They must be aware of pupils' IHCPs and the control measures required in order to produce individual risk assessments where necessary.

3.5.3 The Deputy Head (Pastoral) will identify staff training needs linked to this policy, this will be informed by any updated information from the Nurse in the school. (Section 9).

3.5.4 Staff will receive appropriate training to achieve the necessary level of competency before they support pupils with medical conditions. However, all staff must know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.5.5 If the Nurse in the School is absent the administration of medicine will be overseen by a first aider. If there is any cause for concern we would activate the emergency procedures which might include taking a pupil directly to the Keswick Cottage Hospital or calling an ambulance.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

### **3.6 Pupils**

3.6.1 We will seek the views of pupils about their medical support needs at a level appropriate to their age and maturity. They should contribute to the development of an IHCP, if necessary, with a view to developing their long term capability to manage their condition effectively.

### **3.7 Parents**

3.7.1 Parents may be the first to notify the school that their child has a medical condition. They must provide sufficient and up-to-date information and will be asked to draft an IHCP, if one is required.

3.7.2 Parents must carry out any action they agreed in the IHCP e.g. provide any medicine and equipment and ensure that they or another nominated adult are contactable at all times.

3.7.3 Meetings will only be arranged with the Nurse in the School if a pupil's medical conditions are complex and more information is required. Apart from that the Nurse in the School can be contacted by telephone/email and is available on induction days.

3.7.4 Parents will be asked to review the IHCP when a change occurs to their child's medical condition or requirements. IHCP forms will be resent to all parents at the end of each academic year for review and to be up-dated.

3.7.5 Parents must be contactable at all times and must ensure that the school/boarding house has their current home, work and mobile telephone numbers. In addition the boarding house requires guardians home, work and mobile telephone numbers.

3.7.6 There is an expectation that parents will attend at the hospital should any pupil have to be taken there for treatment.

## **4.0 ARRANGEMENTS AND PROCEDURES**

### **4.1 Notification that a pupil has a medical condition**

4.1.1 Parents must keep children who are unwell or infectious at home.

4.1.2 A pupil who becomes unwell at school, during a trip/visit or on a sporting activity will initially be treated by the Nurse in the School or an appropriate first aider. Parents will be notified and may be requested to collect the pupil from school or alternative arrangements will be agreed.

4.1.3 The health of boarding pupils will be monitored by the boarding house (Appendix 2). If a boarding pupil becomes unwell during the school day the Nurse in the School will follow the medical referral procedure for boarding pupils (Appendix 3).

4.1.4 Boarding pupils who are unwell will be cared for in one of the sick bays in the boarding house. Parents or guardians will be notified and may be requested to collect the pupil. If a parent or guardian cannot be contacted or cannot collect the pupil they will be taken to their GP.

4.1.5 Notification that a pupil has a medical condition must be made at the earliest opportunity to the Nurse in the School during the school day (9.00-3.30pm weekdays during term time) or, for boarding pupils, the Head of Lairthwaite House outside the school day.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

4.1.6 Notifications may come from a parent or a medical practitioner/GP. The school requests that parents seek a medical diagnosis if they are in any doubt about their child's symptoms.

4.1.7 All notifications will be recorded on a pupil's medical record. This will include:

- who made the notification;
- the date;
- whether the notification was made with or without a diagnosis by a medical practitioner/GP;
- the symptoms/evidence presented;
- any treatment/medication that has been given or prescribed;
- who else in the school/boarding house will need to be informed.

4.1.8 Following notification the Nurse in the School will discuss with the Deputy Head (Pastoral) and the Head of Laiorthwaite House (boarding pupils) the next steps. This will include whether an IHCP is required (section 4.3). If we have any concerns about the validity of the information provided we will contact the child's GP or another appropriate medical professional.

4.1.9 The school does not need to wait for a formal diagnosis before providing support to a pupil but judgements will need to be made about the support provided. This will involve some form of medical evidence and consultation with the pupil and parent.

## 4.2 School attendance and re-integration

4.2.1 We will liaise with the Local Authority to work in the interest of children under the DfE statutory guidance, 'Ensuring a good education for children who cannot attend school because of health needs', January 2013.

4.2.2 When a child is absent from school due to a medical condition for more than 5 consecutive or cumulative school days the Education Support Officer and/or Head of Year will contact parents to discuss academic and emotional support. We will try to ensure that, as far as possible, the absent child can access the curriculum that they would have in school.

4.2.3 The Local Authority has a duty to make other arrangements, such as home and hospital education, when it becomes clear that a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year) due to their health needs. The Education Support Officer will notify the Local Authority if this becomes the case.

4.2.4 Regular school communication will continue with a pupil's family regardless of the period of absence. This will include parent mail bulletins, newsletters and invitations to school events.

4.2.5 Following a period of home or hospital education or alternative provision we will establish an individually tailored re-integration plan to enable a successful return to school. This may involve the Local Authority, the Nurse in the School, other children's services and the provision of any extra support a child might need to access and fill the gaps that may have arisen from their absence.

4.2.6 We will ensure that transitional procedures are in place to support children with medical conditions who change school or attend alternative educational provision.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

#### **4.3 Individual Healthcare Plans (IHCP)**

4.3.1 An IHCP is a working document to ensure we effectively support a pupil with a medical condition. It details what needs to be done, when and by whom.

4.3.2 An IHCP will be initiated in consultation with pupils, parents, the Nurse in the School, Head of Lairthwaite House (boarding pupils) and the healthcare professional involved in providing care (Appendix 4/5).

4.3.3 An IHCP will be put in place if a child's medical condition fluctuates, is long-term, complex or if there is a high risk that emergency intervention will be required. The level of detail will depend on the complexity of the medical condition and the support the child needs. Not all children will require an IHCP.

4.3.4 Where a child has SEND but does not have an EHC Plan, their special educational needs will be mentioned in their IHCP. Where a child has SEND identified in an EHC Plan, the IHCP will be linked to or become part of the EHC Plan.

4.3.5 IHCPs will be reviewed annually or earlier if a child's needs change. This will trigger a check of any registers held e.g. asthma sufferers with permission to receive emergency salbutamol.

4.3.6 In general, an IHCP will cover:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's needs, including medicine (dose, side-effects and storage) and other treatments, facilities e.g. the need for privacy, equipment, testing, access to food/drink (where this is used to manage their medical condition), dietary requirements and environmental issues e.g. travel time between lessons etc. A Personal Emergency Evacuation Plan (PEEP) will also be drawn up in accordance with the Health and Safety policy (KS/FIN&PREM/013) if necessary;
- specific support for the pupil's educational, social and emotional needs – for example, how absence will be managed, extra time in exams, rest periods or additional support to catch up with lessons, counselling sessions etc;
- the level of support needed - some children can take responsibility for their health needs and this is encouraged. If a child is self-managing their medicine, this will be stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, confirmation of their proficiency to provide support for the child's medical condition from a relevant healthcare professional (where necessary) and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- written permission from parents for medicines to be administered by a member of staff, or self-administered by the pupil during school hours or whilst in the care of the boarding house, including emergency salbutamol in the case of a child suffering an asthma attack without their own inhaler being in working condition;
- any separate arrangements or procedures required for school trips or other activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information will be agreed upon (sharing confidential information for a purpose not sanctioned by the school is regarded as a serious breach of professional conduct); and

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

- what to do in an emergency, including who to contact, and contingency arrangements. If a child has an emergency health care plan prepared by a clinician it will be used to inform their IHCP.

4.3.7 The Nurse in the School will hold a copy of IHCPs for pupils in school. The Head of Lairthwaite House will hold a copy of IHCPs for boarding pupils in the boarding house office.

4.3.8 The Local Authority will be informed if a pupil travels on Local Authority home/school transport has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. This will be made clear to parents in the IHCP development meeting.

4.3.9 Parents are responsible to share information about life-threatening conditions and emergency medicine with bus operators where they have agreed on a private arrangement for home/school transport.

## **5.0 MANAGING MEDICINES**

5.1 Medicines will be administered in the school/boarding house only when it would be detrimental to a child's health or school attendance not to do so.

### **5.2 Prescription Medicines**

5.2.1 No child under 16 will be given prescription medicines without their parent's written consent except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child concerned to involve their parents while respecting the child's right to confidentiality.

5.2.2 Prescription medicines must be delivered by a parent, or with parental consent by a pupil, to the Nurse in the School or a member of Lairthwaite House staff (Appendix 6) as indicated in the IHCP.

5.2.3 Only prescription medicines that are in-date, clearly labelled (in English), provided in the original container as dispensed by a pharmacist with instructions for administration, dosage and storage will be accepted. Any prescription medicines that do not comply with this criteria will be logged and retained until a parent can collect it. Labels must contain the following information:

- Pupil's name and date of birth
- Name of medication
- Dose and frequency
- Full administration instructions
- Storage requirements
- Date of dispensing
- Expiry date

5.2.4 Multiple containers must be individually labelled. Where items have an inner container (e.g. eye drops) a label should be applied to this as well as the outer container. If a label becomes detached, damaged or illegible the medicine will be returned to parents (day pupils) or a pharmacist (boarding pupils) for disposal.

5.2.5 An exception to this is insulin which must be in date, but will generally be made available inside an insulin pen or a pump, rather than its original container. This may be the case for other emergency

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

medicines such as a reliever inhaler for the treatment of an asthma attack or adrenalin for the treatment of anaphylaxis. This will be made clear in the IHCP.

5.2.6 When a boarding pupil requires medical treatment parents will be informed at the earliest convenient opportunity. Boarding staff must ensure that clinical practitioners write full instructions on any prescription given. This must include criteria for an 'as required' medicine, including dose, frequency and maximum daily dose.

5.2.7 Only a reasonable quantity of medicine should be supplied (up to four weeks for day pupils and half a term for boarding pupils). Parents are responsible for renewing medication for day pupils when supplies are running low and ensuring that medication supplied is within its expiry date.

5.2.8 If a prescribed medicine is supplied to a boarding pupil which is different to that received in the past, boarding staff must check with the pharmacist before administering the medication.

5.2.9 The school/boarding house will not change the dosage or frequency of a prescribed medicine or alter any information on the labels. If a doctor changes the dosage or frequency of a prescribed medicine they must provide written authorisation and the container must be re-labelled by a pharmacist.

5.2.10 Parents are responsible to notify the school in writing if a pupil's need for medication has ceased.

### 5.3 Storage of Medicines

5.3.1 Medicine must be stored safely, in its original container and in accordance with its storage instructions. Children must know where their medicine is kept and be able to access it quickly if needed. They must know who holds the key to any locked storage facility.

5.3.2 Medicines will be held by the Nurse in the School or in the boarding house surgery unless the agreed procedure is for a pupil to have them on their person e.g. medication for life-threatening situations, asthma inhalers or if a boarding pupil is deemed to be Gillick competent (Appendix 7).

5.2.3 Medicines will be stored in secure designated areas:

- The medicine cabinet or refrigerator in the Nurse in the School's office.
- The medicine cupboard or refrigerator in the boarding house surgery (keys are held by authorised members of boarding staff and duplicate keys are available from the Head of Lairthwaite House.)
- Locked in a boarding pupil's personal drawer (if self-administering).

5.2.4 Medicines can be kept in refrigerators containing food but must be in clearly labelled in airtight containers. Access to a refrigerator holding medicines is restricted.

5.2.5 The temperature of refrigerators is monitored on a daily basis. If a temperature is recorded outside the normal range (2-5°C) the Nurse in the School or Lairthwaite House staff must seek medical advice regarding any medicines being stored.

5.2.6 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens must be available to children and not locked away. This will be considered as part of the risk assessment process for educational visits.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

### **5.3 Pupils managing their own medical conditions**

5.3.1 Following agreement with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected in the IHCP.

5.3.2 To facilitate this children will be allowed to carry their own medicines and relevant devices where possible, or will be able to access them for self-medication quickly and easily.

5.3.3 Children who can take their medicines or manage procedures themselves will have an individual risk assessment which will be completed by the Nurse in the School/Head of Lairthwaite House. This may require an appropriate level of supervision, such as regular checks, to ensure a schedule is being adhered to.

### **5.4 Staff Administration of Medicine**

5.4.1 If it is not appropriate for a child to self-manage, a relevant member of staff will help to administer medicines and manage procedures for them (Appendix 8).

5.4.2 Medicines will be administered in accordance with the instructions stated. Crushing tablets or opening capsules to aid administration will be avoided - advice about alternative formulations can be sought from a GP. Prescription medicines will not be administered to anyone other than the pupil named on the label.

5.4.3 If a child refuses to take medicine or carry out a necessary procedure staff will not force them to do so. Staff will then follow the procedure agreed in the IHCP and inform parents. This may trigger a review of the IHCP. If refusal to take medicine results in an emergency, the school's emergency procedures will be followed (section 6).

5.4.4 If an administration error is made medical advice must be sought immediately. The pupil's parents and GP (even if advice is initially sought elsewhere) must be informed. An Incident Form must also be completed to enable a review into how the error occurred to take place.

### **5.5 Day trips, residential visits and sporting activities**

5.5.1 Staff leading such activities must check in SIMS for information about the medical needs and relevant emergency procedures for the students involved. They must consult with the Nurse in the School regarding any additional medical information or specific guidance required.

5.5.2 Every effort will be made to ensure that all children can participate according to their abilities and with any reasonable adjustments. This may include changing a less accessible venue for one that is more so but can still achieve the same educational aims and objectives.

5.5.3 A pupil will only be excluded from an activity if the Head teacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician which states that an activity is not possible for that child.

5.5.4 Risk assessments for trips, visits and sporting activities must consider arrangements and controls required to support a pupil with a medical condition. These will make reference to the IHCP and may require consultation with parents and pupils, advice from a relevant healthcare professional and an additional individual risk assessment.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

## **5.6 Disposal of Medicines**

- 5.6.1 Prescription medicines for day pupils must be collected by a parent at the end of each half term. Prescription medicines for boarding pupils must be given to a parent or to the pupil at the end of each half term.
- 5.6.2 The Nurse in the School will not dispose of prescription medicines. Date expired prescription medicines or those no longer required for treatment will be returned to a parent for transfer to a pharmacist for safe disposal.
- 5.6.3 Boarding staff will transfer date expired medicines or those no longer required for treatment for boarding pupils to a pharmacist for safe disposal. A receipt signed by the pharmacist will be retained in the boarding house surgery.
- 5.6.4 If a dose of medicine is removed from the original container but not taken by a pupil it will be kept securely and returned to a parent (day pupils) or a pharmacist (boarding pupils) for safe disposal.

5.6.5 A sharps box is used for the disposal of needles and other sharps. These are found in the Nurse in the School's office and the boarding house surgery. The Nurse in the School and Head of Lairthwaite House will dispose of the contents by taking the sharps box to Keswick Cottage Hospital.

## **5.7 Controlled Drugs**

- 5.7.1 The supply, possession and administration of some medicines, e.g. methylphenidate (Ritalin), are strictly controlled by the Misuse of Drugs Act 1971 (amended 2010) and its associated regulations. These are referred to as 'controlled drugs'.
- 5.7.2 Controlled drugs should be brought into school on a daily basis by parents. The details and quantity handed over must be recorded (Appendix 6). This must be signed by the parent and the receiving member of staff. If a daily delivery is not possible supplies must be limited to one week unless there are exceptional circumstances. If controlled drugs are delivered to school by a third party they must be received in a security sealed container/bag.
- 5.7.3 A child who has been prescribed a controlled drug may legally have it in their possession, if they are competent to do so, otherwise we will securely store controlled drugs in a non-portable container with the child's photograph attached. They will be easily accessible in an emergency. Monitoring arrangements will be agreed in the IHCP.
- 5.7.4 Staff may administer a controlled drug to a child for whom it has been prescribed. A record will be kept in the same way as for the administration of other medicines with the exception that a second member of staff will witness the administration (section 9).

## **5.8 Non-Prescription Medicines**

- 5.8.1 Parents are requested to provide written consent at the beginning of the academic year so that non-prescription medicines, such as paracetamol, can be administered. Children under the age of 16 will not be given medicine containing aspirin or ibuprofen unless it is prescribed by a doctor. Such medicine can result in respiratory difficulties and a GP will be aware of any genetic predisposition before prescribing them.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

5.8.2 Non-prescription medicines will not be administered without first checking the maximum dose and when the previous dose was taken. Every effort will be made to contact day pupils' parents prior to administration to check this and to inform them that medication is being given.

5.8.3 In exceptional circumstances non-prescription medicines may be administered (or self-administered) without parental consent, for example, anti-histamines to relieve allergy symptoms on an educational trip or visit.

5.8.4 Non-prescription medicines will not be administered for more than 48 hours without obtaining medical advice.

5.8.5 Non-prescription medicines will only be accepted if they are in-date, in their original container and have full administration instructions. Non-prescription medicines will also be purchased by the school and the boarding house, and recorded after each administration (Appendix 10). This will be monitored by the Nurse in the School (day pupils) and the Head of Lairthwaite House (boarding pupils).

5.8.6 When a non-prescription medicine is administered we will inform the child's parents on the same day indicating the amount and frequency of doses given. The Nurse in the School will do this using a medicine administration slips that allows for carbon copies of the administration to be given to pupils/parents and to be kept in school.

5.8.7 The Nurse in the School and boarding house staff will ensure that each is notified on the same day where a non-prescription medicine has been administered to a boarding pupil, indicating the amount and frequency of doses given.

## 5.9 Emergency Salbutamol Inhalers

5.9.1 From 1 October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in an emergency. A child may be prescribed an inhaler which contains an alternative reliever medicine (such as terbutaline). The salbutamol inhaler should still be used by these children if their inhaler is not accessible – it will still help to relieve their asthma and could save their life.

5.9.2 We have 3 salbutamol inhalers so they are available in school and in the boarding house. This does not in any way release a parent from their duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs and providing a back-up inhaler to the Nurse in the School. Students who do not have their own inhalers must not be allowed to go on school trips unless consents has given by the parents.

5.9.3 The emergency salbutamol inhaler will 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 has been given.

5.9.4 We will buy inhalers and spacer equipment (as advised by a person no less qualified than a pharmacist) from a pharmaceutical supplier in writing confirming the following:

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

- the name of the school;
- the purpose for which the product is required; and
- the total quantity required.

5.9.5 Emergency asthma kit will contain the following:

- a salbutamol inhaler;
- at least two single-use 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;
- a list of children permitted to use the inhaler as detailed in their IHCP (asthma register);
- a record of administration (Appendix 11).

5.9.6 It is the responsibility of the Nurse in the School and the Head of Lainthwaite House to maintain the emergency inhaler kits in the school and Boarding house ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- 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.

5.9.7 Emergency inhaler kits are kept in the Nurse in the Schools office and the boarding house office. The emergency inhaler will be clearly labelled and kept separate from any child's prescribed inhaler. Storage will always be in line with manufacturer's guidelines, usually below 30°C and protected from direct sunlight and extremes of temperature.

5.9.8 An inhaler must be primed when first used e.g. spray two puffs. As it can become blocked when not used over a period of time. Regular priming by spraying two puffs will be carried out monthly as part of the working order checks.

5.9.9 To avoid cross-infection, the plastic spacer must not be reused. The inhaler itself however can usually be reused, provided it is cleaned after use.

## **6.0 MANAGING ALLERGIES IN SCHOOL**

### **6.1 Purpose**

6.1.1 Keswick School has a number of pupils that have food allergies. This policy outlines the protocols in place to minimise and/or remove student exposure to their allergies. Whilst they endeavour to either eliminate or highlight the allergens in their food/drinks through the processes outlined below; it cannot be 100% guaranteed that all of the dishes are allergen free and cannot prevent students from 'food swapping'.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

## **6.2 Preventative Measures**

### **6.2.1 Training**

All Catering staff complete certified allergy awareness training. New starters complete a full online course followed up with refresher training every three years.

### **6.2.2 Electronic File**

Catering Department hold an electronic allergen file which contains specific information regarding all 14 allergens that may be contained in the recipes/ingredients used in their menu items for reference. This is created through bespoke software that is provided by the school main food supplier. On each menu refresh the electronic system is updated to reflect the change in ingredients.

### **6.2.3 Student Responsibility**

If the student is in any doubt in relation to contents of the menu item and plan to consume food/drinks from the catering department, it is strongly recommend that they double check with any member of the catering team. They will endeavour to answer all questions in relation to the food/drinks that they serve, and may at times suggest alternatives if they cannot categorically assure them that it is free from specific allergens.

### **6.2.4 Point of Payment**

At each till point there is a 'Food Allergy' list which identifies each student (with photograph) that has food allergies. The information on this list is derived from Individual Health Care Plans (IHCP) which are generated, held and maintained by the school nurse.

When a (IHCP) student uses the biometric system to pay, a warning message is displayed, prompting the cashier to ask whether or not the food/drinks that they are about to purchase is suitable for them to consume.

### **6.2.5 Food Displays**

At each location of service (L60, Canteen and Terrace) tray bakes which contain or may contain allergens are clearly shown and labelled. Those items are on Red trays and are clearly labelled.

In house prepared snacks, ie sandwiches or hot snacks are served separately or clearly labelled Gluten Free (GF).

### **6.2.6 Staff**

Staff are encouraged to consume food/drinks in their department office or staff room. This removes the risk of severely affected students from exposure to their allergy as students do not enter these areas. Staff are discouraged from sharing/swapping food with students.

## **6.3 Boarding Students**

### **6.3.1** The Catering Department provide boarders with their meals (Monday to Friday – breakfast, lunch and dinner and Saturday & Sunday – lunch & dinner). The same guidelines apply for boarders, except that they don't pass through a till point for breakfast and dinner. Food items available in the Boarding House are kept in their wrappers to ensure that those with any allergies can check products before consumption. An allergy matrix is displayed in the kitchen area of the boarding house for a visual check.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

#### **6.4 Alternative Solution**

6.4.1 If a student suffers from a severe form of food allergy and would like to completely remove any risk, it is advised they consume their own packed meal, prepared at home, for morning break or lunch. It is also recommend that they do not 'swap' any of their food/drink items with other pupils in order to avoid ingesting anything that could potentially cause harm.

### **7.0 EMERGENCY ADRENALINE**

- 7.1 Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen e.g. 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.
- 7.2 From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows (but does not require) all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working e.g. because it is broken, or out-of-date.
- 7.3 We feel that keeping an AAI for emergency use will benefit children at this school and have decided to purchase and manage devices on a risk assessment basis i.e. one or more depending on likelihood of device failure and need.
- 7.4 Our procedures will ensure that the spare AAI will only be used on pupils known to be at risk of anaphylaxis, and for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

#### **7.5 Steps to Reduce Anaphylaxis Risks**

7.5.1 We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should also be taught to check allergen information with catering staff, before purchasing.
- Where we provide the food, our staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.
- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g. wheat-free flour for play dough or cooking), non-food containers for egg cartons.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

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

## 7.6 Supplies of Auto-Injectors

7.6.1 We will use the template letter available from [www.sparepensinschools.uk](http://www.sparepensinschools.uk), signed by the headteacher, to purchase a reasonable number of AAIs of the brand our pupils most commonly use, in the doses necessary (based on the 'Guidance on the use of Adrenaline Auto-Injectors in Schools', September 2017), on an occasional basis (due to their expiry dates averaging 12-18 months) and, in accordance with our assessment of the risks.

## 7.7 The Register and Emergency Adrenaline Kit

7.7.1 The spare AAI in the Emergency Adrenaline Kit may only be used in a pupil where both medical authorisation and written parental consent have been provided.

7.7.2 This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent or legal guardian must be obtained. Such a plan is available from the British Society for Allergy and Clinical Immunology (BSACI [www.sparepensinschools.uk/plans](http://www.sparepensinschools.uk/plans) or [www.bsaci.org/about/pag-allergy-action-plans-for-children](http://www.bsaci.org/about/pag-allergy-action-plans-for-children)).

7.7.3 The spare AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay. This information will be recorded in the pupil's IHCP and where they have no healthcare needs other than the risk of anaphylaxis, we will consider only using the BSACI Allergy Action Plan suitable for their prescribed device.

7.7.4 We will compile a register of all children who have a diagnosed allergy and have been prescribed an AAI (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis) which includes:

- Known allergens and risk factors for this individual's anaphylactic reaction;
- Whether the individual has been prescribed AAI(s), and if so, what type and dose;
- What type and dose of AAI the individual can receive if they have **not** been prescribed one of their own, but they **do** have a written medical plan confirming that an allergen exposure incident could require AAIs to be administered which includes specific consent for use of the spare AAI from both a healthcare professional and parent or legal guardian;
- Whether written parental consent has been given (usually agreed as part of the IHCP) for use of the spare AAI which may be different to the personal AAI prescribed;
- A photograph of each pupil to allow a simple visual check to be made;
- The spare AAIs will be stored as part of an emergency anaphylaxis kit which will include:
  - One or more AAI(s);
  - Instructions on how to use and store the device(s);
  - Manufacturer's information;
  - A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded (including the locations of other devices if more are needed);
  - A note of the arrangements for replacing the injectors;
  - A list of pupils to whom the AAI can be administered;
  - An administration record (see Appendix E3).

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

7.7.5 This kit will be stored with the emergency asthma kit and in other places as necessary because many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

## 7.8 Storage and Care of Auto-Injectors

7.8.1 It is the responsibility of the School Nurse to maintain the emergency adrenalin kit ensuring that, on a monthly basis, the AAIs (and sharps box if necessary) are present and appear to be in working order and that replacement AAIs are obtained when expiry dates approach.

7.8.2 AAIs are kept in the Pastoral office and Pupil which is a safe and suitably central location, known to all staff, accessible at all times, but which is out of the reach and sight of children. They will not be locked away and will be kept separate from any child's own prescribed AAI (if stored nearby) and be clearly labelled to avoid any confusion with a child's own AAI.

7.8.3 Storage will always be in line with manufacturer's guidelines, usually at room temperature in a cool dark place preferably at 18-26°C, and we take into account what the prolonged ambient temperature might be in storage locations during holiday periods without any heating on.

## 7.9 Disposal

7.9.1 Manufacturers' guidelines usually recommend that out of date medicines are returned to the pharmacy to be recycled. To do this legally, a school should register because an out-of-date AAI counts as waste for disposal. Registration only takes a few minutes online at [www.gov.uk/waste-carrier-or-broker-registration](http://www.gov.uk/waste-carrier-or-broker-registration), it is free, and does not usually need to be renewed in future years.

## 7.10 Staff Use and Training

7.10.1 Staff will be trained on managing anaphylaxis. When staff recognise the signs of anaphylaxis:

- the child should be made as comfortable as possible and their own AAI located, and the spare sent for at the same time;
- the spare AAI will be administered only if the child's own devices are not functioning, in-date, sufficient, or available;
- the child will be checked against the register for confirmed identity, consents, and dose before administration;
- although all staff have received allergen awareness training which included training videos on AAI administration and there are very clear administration instructions in each kit, where possible, the AAI will be administered by a first aider whose first aid course included AAI practice;
- administration will be recorded in the kit record and on the individual child's personal administration record (where one is being kept);
- in line with the Department of Health guidance, arrangements will be made as soon as possible to transfer to hospital any pupil that we have administered adrenaline to for further monitoring of their condition;
- parents will be informed about AAI administration through normal emergency contact arrangements as soon as possible, and usually by telephone.

## 6.0 EMERGENCY PROCEDURES

6.1 In an emergency help must be sought from the Nurse in the School or a relevant first aider. If required any member of staff can contact the emergency services (Appendix 13) in accordance with normal school procedures (First Aid policy KS/PP&PW/010).

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

- 6.2 Relevant staff will be briefed on emergency signs, symptoms and procedures outlined in an IHCP. This will be part of the new staff induction, re-visited regularly and updated as an IHCP changes.
- 6.4 If a child needs to be taken to hospital they must be accompanied by a member of staff who must remain with them until a parent arrives, unless a parent is available to go instead or parental permission is given for a child to go unaccompanied.
- 6.5 Cardiac arrests can happen to people at any age. CPR and defibrillation can save lives. We have two defibrillators located in the pupil reception and main school reception. First aiders and other volunteers are trained in the use of defibrillators.
- 6.7 If, in an emergency, staff are taking a young person to hospital or a doctor in their own car they must have the appropriate level of vehicle insurance.

## **7.0 UNACCEPTABLE PRACTICE**

- 7.1 It is essential that staff act in accordance with their training and feel able to exercise discretion with reference to a child's IHCP. However it is unacceptable to:
- prevent children from easily accessing their medicine, and administering it when and where necessary;
  - assume that every child with the same condition requires the same treatment;
  - ignore the views of the child or their parents; or ignore medical evidence or opinion (although staff will be supported to challenge this where they have genuine concerns);
  - send children with medical conditions home frequently or prevent them from staying for normal school activities unless this is specified in their IHCP;
  - if the child becomes ill, send them to the Nurse in the School unaccompanied or with someone unsuitable;
  - penalise children for their attendance record if this is related to their medical condition e.g. hospital appointments;
  - prevent pupils from drinking, eating or going to the toilet whenever they need to in order to manage their medical condition effectively;
  - require parents to attend school to administer medicine or provide medical support to their child; or
  - create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## **8.0 RECORD KEEPING**

- 8.1 The school/boarding house will keep a record of medicine administered to children, stating what, how and how much was administered, when and by whom. Any medicine refused, missed or lost doses (dropped or spilled) and side effects the pupil experiences will also be noted.
- 8.2 Pupils will have a medication permission and record form (Appendix 6) which parents must sign when they deliver medicine. This will record the quantity received, repeat prescriptions, date administration is discontinued and medicines transferred out of the school/boarding house for safe disposal.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

- 8.3 The Nurse in the School, trip/visit and sporting activity organisers will use the medication permission and record form to record the administration of prescription medicines (Appendix 6). The boarding house will use Boots MAR sheets (Appendix 9).
- 8.4 Where a pupil requires administration or self-administration of a controlled drug the record kept will include the signature of a witness.
- 8.5 When a non-prescription medicine is administered to a pupil during the school day and they will be provided with an administration of medication slip for their parents or the boarding house. Parents and the boarding house will also be contacted as required. This also applies to any pupils on trips/visits and sporting activities.
- 8.6 When a boarding pupil is given a non-prescribed medicine it will be recorded on a general record sheet (Appendix 10). This will be scanned and sent to the Nurse in the School at the start and end of each school day to ensure medicine administered never exceeds the maximum recommended amount.
- 8.7 To ensure that only eligible and appropriately identified pupils are given the emergency salbutamol inhaler, the school/boarding house will keep a photo-based register of such pupils in each emergency asthma kit.
- 8.8 Where a pupil is given the emergency salbutamol inhaler, it will be recorded in the Emergency inhaler kit (Appendix 11). The parents of any pupil who requires administration of the emergency salbutamol inhaler will be informed that this has happened.

## **9.0 TRAINING**

- 9.1 The Deputy Head (Pastoral) and HR officer will ensure there are sufficient trained staff in the school/boarding house to implement this policy. This includes appropriate briefings for occasional, peripatetic or supply staff.
- 9.2 Staff who support a pupil with a medical condition will receive training to ensure they are competent and confident to meet the requirements in an IHCP. Some staff may have knowledge of the support needed for a medical condition, so extensive training may not always be required.
- 9.3 Staff must not administer prescription medicines or undertake a healthcare procedure without appropriate training. A first-aid certificate does not constitute appropriate training.
- 9.4 A healthcare professional, often the Nurse in the School, will identify the type/level of training required during the development and review of an IHCP.
- 9.5 A healthcare professional, often the Nurse in the School, will confirm the proficiency of staff in administering medicine or a healthcare procedure. The HR officer, Deputy Head (Pastoral) and Head of Lairothwaite House will keep records of training (Appendix 12) and proficiency checks.
- 9.6 There are 3 levels of training which will be implemented in Keswick School. These are:

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

9.6.1 An annual awareness of school policies and procedures through INSET/Code of Conduct to ensure all staff are aware of this policy and their role in implementing it. This will include some basic information about the conditions staff may have to recognise and deal with (such as asthma, diabetes, anaphylaxis or epilepsy) and where further information can be found.

9.6.2 General competence to administer non-complex and topical medicines. This will be delivered in-house and will include:

- an awareness of safeguarding issues around Fabricated or Induced Illness (FII);
- hygiene requirements e.g. washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again etc;
- pre-administration checks e.g. having the correct record sheet and checking the medicine has not already been administered, child's identity, child's medicine (including that the dosage, frequency etc. on a IHCP matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e. if it should be refrigerated that it was in the fridge) etc;
- procedures for administration e.g. whether the child self-administers, the supervision required (as described in the IHCP), what should be done with used administration devices (spoons, oral syringes, self-administered sharps etc.), what to do if a child refuses a medicine etc;
- recording procedures.

9.6.3 Specific competence to manage a medical condition and administer complex medicines. We will take advice from a relevant healthcare professional when developing an IHCP to cover such needs and up-date as required.

9.7 We will follow the Department of Health's publication '*Guidance on the use of emergency salbutamol inhalers in schools*', September 2014. The Nurse in the School and Head of Lairthwaite House are responsible for overseeing the protocol for the use of an emergency inhaler, monitoring its implementation and for maintaining the asthma register in the school and boarding house.

9.8 All staff will be trained to:

- recognise the symptoms of an asthma attack and how to distinguish them from other conditions with similar symptoms; and
- be aware of this policy, check if a child is on the asthma register, access the emergency inhaler kit and summon assistance from a first aider.

9.9 First aiders will also be trained to:

- recognise when emergency action is necessary;
- administer salbutamol inhalers through a spacer;
- make appropriate records of asthma attacks.

## **10.0 INSURANCE**

10.1 Staff are insured to support pupils with medical conditions so long as they have received sufficient and suitable training, followed this policy and its associated procedures and acted reasonably under the circumstances. This includes the administration of medicines and any required healthcare procedures identified through the IHCP process.

10.2 The risk protection arrangement (RPA) wording is available from the Business Director on request.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

## **11.0 COMPLAINTS**

- 11.1 Parents or pupils dissatisfied with the support provided can discuss their concerns directly with the Deputy Head (Pastoral). If this does not resolve the issue, they may make a formal complaint through the School Complaints policy (KS/PER/021) which is available on the school website.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

## Medicine administration information sheet: PARACETAMOL

Approved Drug Name	<ul style="list-style-type: none"> <li>• ACETAMINOPHEN</li> </ul>
Trade Name	<ul style="list-style-type: none"> <li>• Paracetamol</li> </ul>
Preparations	<ul style="list-style-type: none"> <li>• Tablets 500mg</li> <li>• Soluble tablets 500mg</li> <li>• Suspension 500mg</li> </ul>
Dose to be given	<ul style="list-style-type: none"> <li>• 12 years-adult 500mg – 1000mg (1-2 tablets) repeated every 4-6 hours when necessary. A maximum of 4 doses in 24 hours. Use tablets or soluble tablets.</li> </ul>
Route and method of administration	<ul style="list-style-type: none"> <li>• Oral</li> </ul>
Criteria for use	<ul style="list-style-type: none"> <li>• 11 years - adults</li> </ul>
Indications for use	<ul style="list-style-type: none"> <li>• Mild to moderate pain</li> <li>• Fever (raised temperature)</li> <li>• Post immunisation</li> </ul>
Possible Side Effects	<ul style="list-style-type: none"> <li>• Very rare may include rashes.</li> <li>• <b>Over dosage very dangerous.</b></li> </ul>
Advice to be given	<ul style="list-style-type: none"> <li>• Explain treatment and potential side effects</li> <li>• If symptoms worsen consult the nurse or doctor.</li> </ul>
Time to respond	<ul style="list-style-type: none"> <li>• Paracetamol will start to ease symptoms of pain within 20-30 minutes. Temperature reduction may take longer but should be noticeable within 1 hour</li> </ul>
Record Keeping	<ul style="list-style-type: none"> <li>• Record the drug dose, time of administration and reason for giving on the treatment chart in the pupil's individual file and record of medicine administered.</li> </ul>

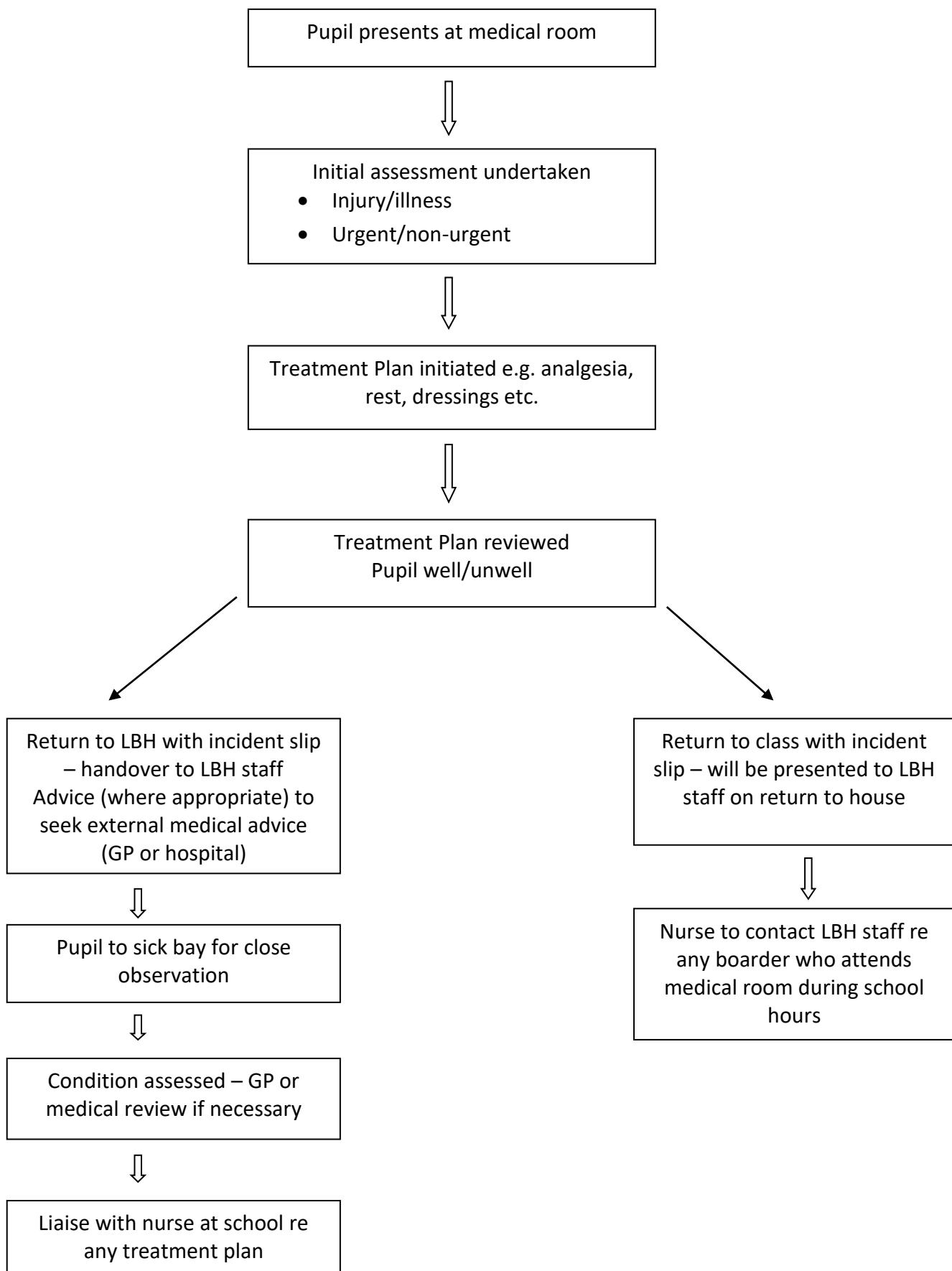
Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

## LBH Individual Health Monitoring Form

Name:		Date:
Complaint / Symptoms:		
Other medical considerations:		
Time last seen by staff	by	Notes:

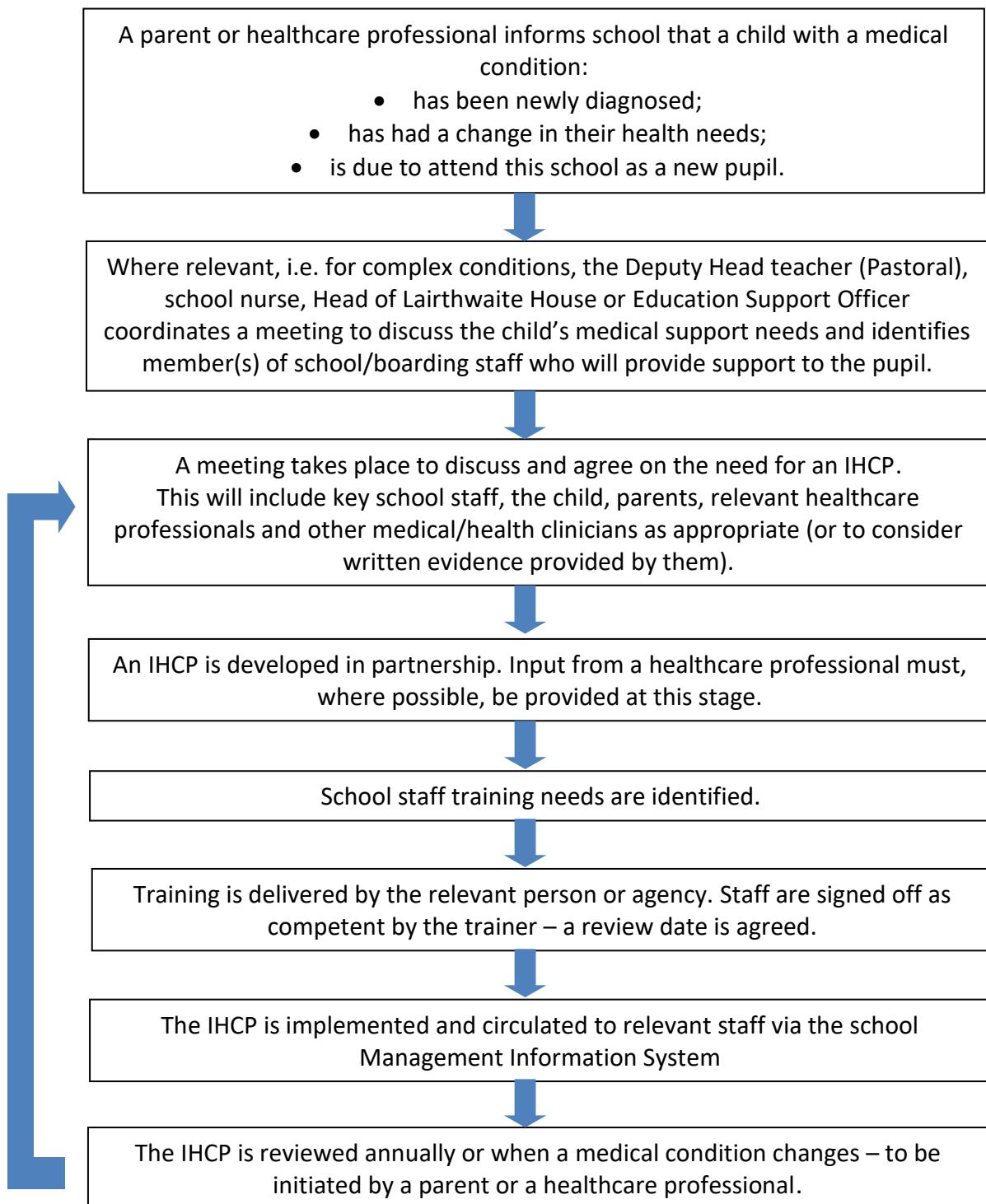
Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

## Medical Referral Procedure for Boarding Pupils



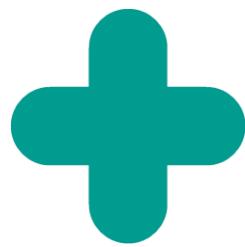
Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

## Process for developing an Individual Healthcare Plan (IHCP)



Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

Date completed \_\_\_\_\_  
Date for review \_\_\_\_\_  
Copies held by \_\_\_\_\_



## **Individual Healthcare Plan For pupils with medical conditions at school**

### **1. Pupil information**

Name of pupil \_\_\_\_\_

Class/form \_\_\_\_\_ Date of birth \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_

Staff responsible for  
home-school communication \_\_\_\_\_

### **2. Contact information**

Pupil's address \_\_\_\_\_

Postcode \_\_\_\_\_

#### **Family contact 1**

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

Phone (evening) \_\_\_\_\_ Relationship with child \_\_\_\_\_

#### **Family contact 2**

Name \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

Phone (evening) \_\_\_\_\_ Relationship with child \_\_\_\_\_

#### **GP**

Name \_\_\_\_\_ Phone \_\_\_\_\_

#### **Specialist contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Medical condition information

### 3. Details of pupil's medical conditions

Signs and symptoms of this pupil's condition:

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Triggers or things that make this pupil's condition/s worse:

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### 4. Routine healthcare requirements

(For example, dietary, therapy, nursing needs or before physical activity)

During school hours

Staff will be provided with Individual Health Care Plans for students with Anaphylaxis/ Food Allergies to be found on SIMs page A photographic Food Allergy / Anaphylaxis Register will also be maintained and shared with staff on SIMs Medical Bulletin Students with food allergies and/or anaphylaxis are reassured and introduced to the catering team. Students are encouraged to ask about any ingredients if they are unsure and reassured that staff will provide an alternative menu if requested to do so. Students with food allergies will be advised not to share food swaps with peers and to avoid any foods they are uncertain of. In cases of Anaphylaxis parents are responsible for ensuring that their child carries any emergency medication (Epipen Jext Emerade) that is prescribed and that it is kept in date.

Students should carry this AT ALL TIMES including lunchtimes, games , PE and offsite activities. Please specify below where this can be found.

A second Epipen, Jext, or Emerade should be lodged with Mrs Fleming on the first day of school.

It is the parent's responsibility to maintain and provide all necessary prescribed medication and ensure that it is kept in date. An up to date copy of the BSACI ANAPHYLAXIS ACTION PLAN should be completed by the student's Doctor and parents should return this along with IHCP

Please encourage your son/daughter to be allergy aware, your GP practice can support with any health education such as Epipen training that your family may require

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Outside school hours:

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Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

## 5. What to do in an emergency

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Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

## 6. Regular medication taken during school hours

### Medication 1

Name/type of medication  
(as described on the container):

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---

---

Dose and method of administration

(the amount taken and how the medication is taken, eg tablets, inhaler, injection)

---

---

---

When it is taken (time of day)?

---

Are there any side effects that could affect this pupil at school?

---

---

---

Are there any contraindications  
(signs when this medication should not be given)?

---

---

---

Self-administration: can the pupil administer the medication themselves?

yes    no    yes, with supervision by:

Staff member's name

---

---

---

Medication expiry date

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

### Medication 2

Name/type of medication  
(as described on the container):

---

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---

Dose and method of administration

(the amount taken and how the medication is taken, eg tablets, inhaler, injection)

---

---

---

When it is taken (time of day)?

---

Are there any side effects that could affect this pupil at school?

---

---

---

Are there any contraindications  
(signs when medication should not be given)?

---

---

---

Self-administration: can the pupil administer the medication themselves?

yes    no    yes, with supervision by:

Staff member's name

---

---

---

Medication expiry date

## 7. Emergency medication

(please complete even if it is the same as regular medication)

Permission for non-prescribed salbutamol for pupil's with asthma. Yes/ No/ NA

I consent/do not consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them. I understand that my child must have a working in date and sufficiently full inhaler clearly labelled with their name which they will bring every day.

Parent/ Guardian.....Date.....

Name/type of medication (as described on the container):

---

---

Describe what signs or symptoms indicate an emergency for this pupil

---

---

Dose and method of administration (how the medication is taken and the amount)

---

---

Are there any contraindications (signs when medication should not be given)?

---

---

Are there any side effects that the school needs to know about?

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---

Self-administration: can the pupil administer the medication themselves? yes no yes, with supervision by:

Staff members name \_\_\_\_\_

Is there any other follow-up care necessary?

---

---

Who should be notified?

Parents     Specialist     GP

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

**8. Regular medication taken outside of school hours**  
**(for background information and to inform planning for residential trips)**

Name/type of medication (as described on the container):

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Are there any side effects that the school needs to know about that could affect school activities?

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**9. Members of staff trained to administer medications for this pupil**

Regular medication

Emergency medication

**10. Specialist education arrangements required**  
**(eg activities to be avoided, special educational needs)**

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**11. Any specialist arrangements required for off-site activities**  
**(please note the school will send parents a separate form prior to each residential visit/off-site activity)**

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**12. Any other information relating to the pupil's healthcare in school?**

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Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

### **Parental and pupil agreement**

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing

Signed

Date

Pupil

Print name

Signed

Date

Parent (if pupil is below the age of 16)

Print name

### **Healthcare professional agreement**

I agree that the information is accurate and up to date.

Signed

Date

Print name

Job title

### **Permission for emergency medication**

I agree that I/my child can be administered my/their medication by a member of staff in an emergency I agree that my child **cannot** keep their medication with them and the school will make the necessary medication storage arrangements

I agree that I/my child **can** keep my/their medication with me/them for use when necessary Name of medication

carried by pupil

Signed

Date

Parent/guardian (or pupil if above age of legal capacity)

### **Head teacher agreement**

It is agreed that (name of child)

will receive the above listed medication at the above listed time (see part 6). will receive the above listed medication in an emergency (see part 7).

This arrangement will continue until  
(either end date of course of medication or until instructed by the pupil's parents)

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

**Medication Permission and Record****Medication permission  
and record: individual pupil****Form 3a****Pupil's information**Name of schoolDate medication provided by parentName of pupilName of medicationClass/formDose and method (how much and when taken)Any other informationWhen is it taken (time of day)Quantity receivedExpiry dateDate and quantity of medication returned to parentStaff signatureParent signaturePrint namePrint nameParent contact number

Date	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Member of staff	_____	_____	_____
Staff initials	_____	_____	_____
 Date	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Member of staff	_____	_____	_____
Staff initials	_____	_____	_____
 Date	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Member of staff	_____	_____	_____
Staff initials	_____	_____	_____
 Date	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Member of staff	_____	_____	_____
Staff initials	_____	_____	_____
 Date	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Member of staff	_____	_____	_____
Staff initials	_____	_____	_____
 Date	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Member of staff	_____	_____	_____
Staff initials	_____	_____	_____

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Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

## PROTOCOL FOR ASSESSING BOARDERS' ABILITY TO KEEP THEIR OWN MEDICATIONS

Lairthwaite House allows responsible boarders to keep their own prescribed/over the counter medication in a locked area in the boarding house if they have been assessed as competent to do so.

Asthmatics should carry inhalers with them at all times as should **Epipen carriers**.

The criteria used to assess the boarders are:

- 1      The age of the boarder
- 2      Whether the medication is long term or a short course
- 3      What the boarder would prefer
- 4      Whether the boarder has proven they are reliable in general and will remember to take the medication if it is to be taken regularly
- 5      That the boarder understands why they are taking the medication and any side effects, and the risks of overdose
- 6      That the boarder knows when and how to take the medication
- 7      That the boarder can effectively store the medication safely in a locked area
- 8      That the boarder understands that they should never give their medication to anyone else, even if they have similar symptoms
- 9      That the boarder has signed a risk assessment form

If the House Parents feel that the boarder is not demonstrating good control or use of their medication this permission may be rescinded at any time.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

# Lairthwaite House

## Medication Risk Assessment Form for Students Self-Medicating

Name	DofB
Medication	Dose

Assessment Criteria	yes/no	Risk low/ med/high	Action
Can read and understand the information leaflet accompanying the medication			
Knows to ask for any advice from the staff			
Can recognise his different tablets, creams, inhalers etc.			
Able to operate inhaler devices effectively			
Understands how to store medication safely without endangering others (Locked space )			
Understands where it should be stored e.g. fridge			
Aware of expiry date			
Knows there should be no accumulation of medication			
Understands to hand into the staff or pharmacy unwanted/discontinued medication			
Knows to re-order a repeat prescription before medication runs out ie two weeks before			
Understands the medication is for her him and that it is dangerous to give to another boarder			

**I have read and understand fully the above criteria for self-medicating.**

Signed (Boarder):
Date:
Parent / Houseparent:
Head of House :

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

## Procedure for the administration of medicines

- Check the identity of the pupil
- Check the parental consent to administer medicine, the IHCP (if there is one), the record of medicine administered to an individual child, dosage instructions, noting any recent changes and ensure that the medication has not already been administered
- Check that the pupil is not allergic to the medicine before giving it
- Check the expiry date of the medicine
- Administer the medicine following the prescribed instructions
- Sign the record of medicine administered to an individual child immediately after the medication has been given.
- Where there is a choice of dosage (i.e. one or two tablets) record the number given
- Where a medicine is to be given ‘as required’ record whether given or not and the reason.
- Record any refusal of medication and the reason. If persistent refusal is reported to the GP a record should be made of the time, date and who the problem was reported to and be signed by the member of staff. Record also any advice received from the prescriber.

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	Directors Approved

## Boots MAT Sheet

NAME			D.O.B.		ALLERGIES			
ADDRESS (Room Number, Care Home)			MEDICATION ADMINISTRATION RECORD					
DOCTOR			START DATE		END DATE		START DAY	
			COMMENCING	WEEK 1	WEEK 2	WEEK 3	WEEK	
MEDICATION PROFILE			TIME:DOSE					
Dr Sig.		Carried forward						
Commenced		route		recd.	quant.	by	returned:destroyed	quant.
Dr Sig.		Carried forward						
Commenced		route		recd.	quant.	by	returned:destroyed	quant.
Dr Sig.		Carried forward						
Commenced		route		recd.	quant.	by	returned:destroyed	quant.
Dr Sig.		Carried forward						
Commenced		route		recd.	quant.	by	returned:destroyed	quant.
Dr Sig.		Carried forward						
Commenced		route		recd.	quant.	by	returned:destroyed	quant.
Re								
Ve								
Da								
Dr Sig.		Carried forward						
Commenced		route		recd.	quant.	by	returned:destroyed	quant.
Re								
Ve								
Da								
Dr Sig.		Carried forward						
Commenced		route		recd.	quant.	by	returned:destroyed	quant.

## **Record of medicine administered to all children**

Ref:	Supporting pupils with medical conditions	Type:	Policy
Version:	03	Owner:	Head teacher
Date:	November 2015	Status:	FGB Approved

## Record of emergency salbutamol inhaler administration

Date	Name of Child	Time	Where & When	Dose(s) Given	Staff Signature	Print Name
01/09/14	Anne Other	14:30	Field during PE rounders	2 x 2puffs in 4 mins	J Smith	John Smith

Ref:	Supporting pupils with medical conditions	Type:	Policy
Version:	03	Owner:	Head teacher
Date:	November 2015	Status:	FGB Approved

## Staff Training Record – Supporting pupils with medical conditions

This form is for recording all training delivered to staff (and as appropriate volunteers) with the aim of supporting pupils with medical conditions, including the whole school awareness briefing.

<b>Name of School/Setting:</b>			
<b>Name(s) of Staff:</b>			
<b>Type of Training Received:</b> Describe in brief what was covered e.g. Whole School Awareness (and the content of it), physiotherapy, administering medicine, tube feeding etc.			
<b>Date Training Completed:</b>			
<b>Name of Trainer:</b>			
<b>Training Provider:</b> Organisation, profession and job title of the person delivering the training.			
I confirm that the above named member(s) of staff received the training detailed above and they are competent to carry out any necessary treatment.			
Date by which I recommend this training be updated:			
<b>Trainer Signature:</b>		<b>Date:</b>	
I confirm that I have received the training detailed above.			
<b>Staff Signature(s):</b>		<b>Date:</b>	

Ref:	Supporting pupils with medical conditions	Type:	Policy
Version:	03	Owner:	Head teacher
Date:	November 2015	Status:	FGB Approved

## Summoning Emergency Services

**To summon an ambulance, dial any prefix required to get an outside line followed by 999, ask for an ambulance and be ready with the following information.**

**Your telephone number including any extension number.**

**Your name.**

<b>Your location.</b>	Keswick School Vicarage Hill Keswick Cumbria CA12 5QB  (School telephone number: 017687 72605)
-----------------------	--

<b>Your location postcode.</b>	Main school reception - CA12 5QB  (emergency services must be directed to the entrance that provides best access to the patient)
--------------------------------	--

**The exact location of the patient within the school.**

**The name of the patient and a brief description of their symptoms.**

**The best entrance for the ambulance crew to use and state they will be met and taken to the patient.**

**Display a suitably amended copy of this form close to any phone that might reasonably be used to summon emergency services**

Ref:	Supporting pupils with medical conditions	Type:	Policy
Version:	03	Owner:	Head teacher
Date:	November 2015	Status:	FGB Approved

## Epipen Action Plan



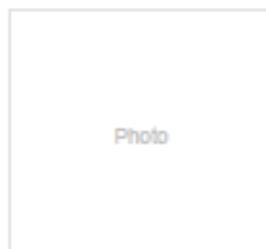
## Allergy Action Plan



THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

Emergency contact details:

1)



2)



Child's Weight: Kg

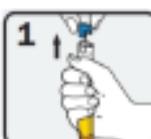
**PARENTAL CONSENT:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' backup adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

(PRINT NAME)

Date:

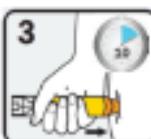
## How to give EpiPen®



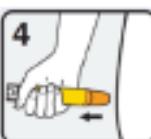
Form fist around  
EpiPen® and  
**PULL OFF BLUE  
SAFETY CAP**



**SWING AND PUSH  
ORANGE TIP** against  
outer thigh (with or  
without clothing) until  
a click is heard



**HOLD FIRMLY** in  
place for 10 seconds



**REMOVE EpiPen®.**  
Massage injection  
site for 10 seconds

©The British Society for Allergy & Clinical Immunology, 09/2017

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:
- Phone parent/emergency contact (if vomited, can repeat dose)

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

Anaphylaxis may occur without skin symptoms: **ALWAYS consider anaphylaxis**.  
In someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- |                       |   |
|-----------------------|---|
| <b>AIRWAY:</b>        | Persistent cough, hoarse voice<br>difficulty swallowing, swollen tongue         |
| <b>BREATHING:</b>     | Difficult or noisy breathing,<br>wheeze or persistent cough                     |
| <b>CONSCIOUSNESS:</b> | Persistent dizziness / pale or floppy<br>suddenly sleepy, collapse, unconscious |

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

1. Lie child flat:  
(If breathing is difficult,  
allow child to sit)
2. Use Adrenaline autoinjector (eg. EpiPen) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**\*\*\* 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 2nd adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.  
Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Date: \_\_\_\_\_

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	FGB Approved

## Emerade Action Plan



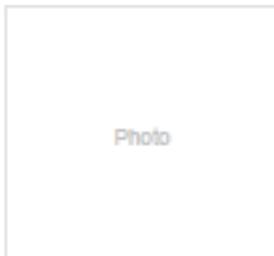
# Allergy Action Plan



**THIS CHILD HAS THE FOLLOWING ALLERGIES:**

Name:

DOB:



Photo

**Emergency contact details:**

1)



2)



Child's Weight: Kg

**PARENTAL CONSENT:** I hereby authorise school staff to administer the medicines listed on this plan, including a spare back-up adrenaline autoinjector (AA) if available, in accordance with Department of Health Guidance on the use of AAs in schools.

Signed:

(PRINT NAME) Date:

**How to give Emerade®**



©The British Society for Allergy & Clinical Immunology, 06/2017

**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:
- Phone parent/emergency contact (If vomited, can repeat dose)

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

Anaphylaxis may occur without skin symptoms: **ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY**

**AIRWAY:**

Persistent cough, hoarse voice  
difficulty swallowing, swollen tongue

**BREATHING:**

Difficult or noisy breathing,  
wheeze or persistent cough

**CONSCIOUSNESS:** Persistent dizziness / pale or floppy  
suddenly sleepy, collapse, unconscious

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

1. Lie child flat:  
(If breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. Emerade) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**\*\*\* 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 2nd adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.  
Medical observation in hospital is recommended after anaphylaxis.

**Additional instructions:**

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a spare back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Date: \_\_\_\_\_

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	FGB Approved

## Jext Action Plan



# Allergy Action Plan



THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo:

Emergency contact details:

1)

2)

Child's Weight:  Kg

## Jext®: Instructions for use



Grip the Jext® injector in your hand with your thumb closest to the yellow cap. Pull off the yellow cap.



Place the black tip against outer thigh, holding the injector at a right angle to the thigh.



Push the black tip firmly into your outer thigh until you hear a 'click' then keep it pushed in. Hold in place for 10 seconds (a slow count to 10) then remove.



Massage the injection area for 10 seconds. (dial 999, ask for an ambulance and say 'anaphylaxis')

Keep your Jext device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to [www.jext.co.uk](http://www.jext.co.uk)

Produced in conjunction with:



©The British Society for Allergy & Clinical Immunology  
[www.bsaci.org](http://www.bsaci.org) Approved Oct 2013

## 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
- Give antihistamine:
- Contact parent/carer (If vomited, can repeat dose)

## 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 / Pale or floppy  
Suddenly sleepy, collapse, unconscious

### If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give Jext®
3. Dial 999 for an ambulance\* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give Jext®

### After giving Jext:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further Jext® or alternative adrenaline autoinjector device, if available

\*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

### Additional Instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by:

Hospital/Clinic:

Date:

Ref:	Supporting Pupils with Medical Conditions	Type:	Policy
Version:	05	Owner:	Head teacher
Date:	June 2019	Status:	FGB Approved