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Approving Body	Board of Governors
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Medical Policy including EYFS (Incorporating Medicines Guidelines)

St Aubyn's School

Foreword to the Medical Conditions Policy

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

Notification of medical conditions

Before starting school, a Pupil Health Information Form will be sent to the parents by the Admissions Registrar. This is to be completed and returned to the School Nurse prior to the child starting school. This form will enable the School to help care for the child appropriately if he/she has a medical condition. A Medical Conditions List (MCL) will be available for all staff on the School Network, along with any specific Healthcare Plans (HCP), Allergy Action Plans (AAP) and Anaphylaxis Risk Assessments (ARA).

Food Risk Assessment

Periodically, food items are used for educational and/or social activities, e.g. playdough, science experiments or during charity events. Some pupil's allergies are so severe they cannot be in the same room as certain allergens and therefore the member of staff undertaking the activity must complete a Food Risk Assessment form. This involves listing the ingredients and cross checking the children due to do the activity, with the Medical Conditions List. If any child is allergic to any of the ingredients, a suitable alternative must be found. The form must be signed off by the teacher, Head of Department and the School Nurse.

Healthcare Plans

If an individual Healthcare Plan is required, a meeting will be arranged between the School Nurse, the parents and any other relevant Health Care Professionals. It is the parent's responsibility to notify the School Nurse if there are any changes to their child's health. Individual Healthcare Plans will be reviewed annually or earlier if required. All relevant staff will be informed about a pupil's Healthcare Plan.

Allergy Action Plans

Any pupil with a severe allergy will require an Anaphylaxis Risk Assessment (ARA – Appendix 8) which will be used to develop an individual Allergy Action Plan (AAP – Appendix 9). A meeting with the parents and School Nurse will be arranged and the ARA and AAP agreed. Incorporated in the AAP is permission from the parents to display their child's photo where appropriate.

Sharing information with staff

Staff are informed of all relevant information in the following ways:

- A detailed Medical Conditions List is e-mailed to all staff. This list is also available on the Network. This is reissued if there are any updates or changes to a pupil's medical condition so that staff are aware.

- Individual Healthcare Plans are e-mailed to relevant staff in contact with that child. These plans are also available on the Network. They are reissued if there are any updates or changes to a pupil's Healthcare plan so that staff are aware.
- Allergy Action Plans along with the ARAs are e-mailed to relevant staff in contact with that child. These plans are also available on the Network. They are reissued if there are any updates or changes to a pupil's allergies so that staff are aware. Food allergy information is also shared and discussed with catering staff.
- All of the above medical conditions and plans are also discussed at the relevant departmental staff meetings. This ensures that all staff are aware and have access to this information.
- Details of all of the above medical conditions and plans are also included in First Aid kits which are issued for any day trips and residential visits

Record keeping

All relevant medical data, regardless of its source, is stored confidentially in the Medical Room or on a secure, cloud based server (treatment, accident data, health information from parents, counselling details etc.). Medical Records are confidential and any information that needs to be shared with relevant staff will be incorporated onto the Medical Conditions List.

Risk Assessments for pupils

These may be required when a pupil returns to school following significant injury or illness. These may be short term and reviewed periodically. Pupils with a long-term disability may need the risk assessment incorporated into their Healthcare Plan. Relevant staff will be informed and the Risk Assessments will be made available on the network

Day/residential trips

Teachers should be aware of how a pupil's medical condition or disability will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Risk assessments should take into account any steps needed to ensure pupils with medical conditions are included

Staff Training and Support

The Head Teacher and School Nurse will be responsible for ensuring sufficient staff are suitably trained before they take responsibility to support a child with a Medical Condition. A first aid certificate does not constitute appropriate training. The School Nurse will give training in the administration of medicines to relevant staff. When undertaken, a staff training record for administering medicines will be kept. An annual update is given to all teaching staff on managing severely allergic pupils in school, pupils with asthma and any other specific conditions that arise. The Head Teacher's PA keeps a record of attendance.

Medicines Guidelines

Children with medical needs have the same rights of admission to a school as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with diabetes or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an Adrenaline Auto Injector (AAI). Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

St Aubyn's School has a full time School Nurse who will take responsibility for the storage, administration and disposal of medicines; however, in the absence of the School Nurse, certain medicines can be administered by a member of staff at the parent's request. This will include medicines required on a short-term regular basis e.g. antibiotics, eye drops and emergency medication such as asthma inhalers and adrenaline injections. It may also include non-prescription medicines such as paracetamol (Calpol). All medicines, whether prescription or non- prescription, should only be given with the parents written consent. In the case of EYFS pupils, non-prescription medicines can only be given if parental consent is obtained on the day the non-prescription medicine is to be administered.

Written Consent

Specific, named medication brought into school

- If this is the first time it is to be given, consent will be obtained by completing the 'APPLICATION FOR ADMINISTRATION OF MEDICINE' form (kept in the small shelving unit in the Medical Room or from the School Office or Before School Care), (Appendix 1). Once completed, the forms are kept in a GREEN ring file on the desk in the Nurse's Office.
- Those children already on a course of medicine should have a completed form already in the GREEN file (this includes long-term medication such as asthma inhalers and eczema cream). The parent fills in the top section and signs it, the member of staff completes the section marked for 'School use only' and files it in the front of the GREEN file. These forms are updated annually by the School Nurse.
- If the parent has dropped the child off at school, the parent must be telephoned before any medicine is administered. The parent must complete the form at the end of the day.

Medication kept as stock items

From time to time, a child may become unwell or injured at school and would benefit from the administration of simple over-the counter medicines such as paracetamol or antihistamines. A member of staff may administer such medication under the direction of the School Nurse, but in the case of EYFS pupils, non-prescription medicines can only be given if parental consent is obtained on the day the medicine is to be administered. For pupils in Year 1 to Year 6, if possible, the parents should be contacted first**,** however with the occasional exception; parents of these pupils have given written consent for such medication to be given in an emergency, when their child started at school. (Those exceptions are on the 'CAUTION' list, stuck on the medicine cupboard door). It is important that the member of staff ensures that no other medication has been given within the recommended dosage schedule.

Medicines Act 1968

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration. Anyone may administer a prescribed medicine, with consent, to a third party, so long as it is in accordance with the

prescriber's instructions. This indicates that a medicine may only be administered to the person for whom it has been prescribed, labelled and supplied; and that no one other than the prescriber may vary the dose and directions for administration.

Therefore, any medicine brought into school must be in the original container with the dosage, frequency, expiry date and batch number. If it is a prescription medicine, the name of the child must also be on the container.

The administration of prescription-only medicine by injection e.g. adrenalin, may be done by any person but must be in accordance with directions made available by a doctor, dentist or non-medical prescriber in respect of a named patient.

Storage of Medicines

Children need to have access to their medicine when required. All emergency medicines, such as asthma inhalers and adrenaline injections, should be readily available to children and should not be locked away. Asthma inhalers and AAIs for EYFS, Pre-Prep and Prep (except for Year 6) are kept in classrooms in the class asthma/allergy box. Spare supplies of these medicines, along with an emergency diabetic kit, are kept in an unlocked, clearly labelled cupboard in the Medical Room. AAI's for Year 6 pupils are kept in the same cupboard in the Medical Room or the child if they carry them themselves.

Other non-emergency medicines should generally be kept in a secure place not accessible to children. On no account should medicines be left in school bags or carried by pupils themselves except in certain circumstances previously agreed by the School Nurse and parents.

Correct storage of medicine is necessary. Some will require refrigeration. As a rule, most liquid antibiotics and eye drops should be stored in the fridge. This may be marked on the bottle but if in doubt, refrigerate – it will not harm them, unless otherwise stated. Ear drops should be stored at room temperature.

Record Keeping

Records must be kept of all medicines administered to children. This will normally be recorded on SchoolBase by the School Nurse. In the absence of the School Nurse, a written record must be kept of:

- The child's name
- The name of the medicine
- Expiry date and batch number
- The dose and time
- Method of administration

This record must be passed to the school Nurse on her return.

If a child has become unwell during the school day and medication has been administered, including use of their asthma inhaler, the parents must be notified as soon as possible.

School Trips

Administration of medication may be required during an educational visit. All educational visits have a risk assessment undertaken by the Group Leader that includes a request for all relevant Medical information and requirements. Any medication required will be discussed with the parents, School Nurse and Group Leader prior to the visit. However, as detailed above, non-prescription medicine for EYFS pupils can only be

administered if permission from the parent is received on the day the medicine is to be administered. The Group Leader will also take responsibility for emergency medication such as AAIs and asthma inhalers.

Residential Educational visits may also require additional medication such as paracetamol, antihistamines and travel sickness tablets. A Consent form for Educational School trips (Appendix 2) should be completed by parents prior to the visit. The Group Leader must ensure in advance that these forms are sent out and collected.

Any medication administered on an Educational Visit must be recorded in the School Trip Medication Log (Appendix 3)

Location of Medication

AAIs for children in EYFS, Pre-Prep and Prep are kept in the class asthma/allergy box, except for some Year 5 and all Year 6 pupils whose AAI's are kept on their own person, with a second AAI (where provided) in the Medical Room. The class asthma/allergy box is taken by the teacher to different locations in the School which the class may be attending, such as dining hall, games lessons, music room etc. Those children with a second AAI have another one kept in the Medical Room along with emergency antihistamines. AAIs are kept in a named plastic box. Each pupil with an AAI will have an individual Allergy Action Plan (AAP) kept in the plastic box. A copy of the AAP and ARA is also available on the Network. AAIs are prescribed only for that individual pupil and should not be given to anyone else.

Asthma Inhalers for children in EYFS, Pre Prep and Upper Prep are kept in the class asthma box, except for pupils in Year 6 (and some in Year 5, with parental permission) who carry their own and may have a spare inhaler in the Medical Room, kept with the AAIs.

Other Long Term Medication will be kept in the Medical Room either in a named cupboard or fridge (e.g. eczema cream, antihistamines, glucagon injections and insulin).

Emergency Asthma Inhalers

On the 1st October 2014, Guidelines were issued by The Department of Health allowing schools to keep salbutamol inhalers for emergency use

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication and their own inhaler has been misplaced, broken or is empty. The names of these children must be kept on an asthma register. This register is kept in the Emergency Inhaler Box and is available on the Network, or from the School Nurse. Guidance notes (Appendix 4 and Appendix 5) will be displayed in the Staff Room and on the Network.

The Emergency Inhalers will be kept in the Medical Room the, the School Office, by sports staff and in both Pre Prep and Prep After School Care rooms (in the red Emergency Anaphylaxis Kits). Sports Staff taking a pupil with previously diagnosed asthma to an away fixture must check before leaving that a pupil has their own inhaler and it is in working order. As with all medication, a written record must be made if the inhaler is used and the parents informed.

Salbutamol inhalers are intended for use where a child has asthma. It is important that it is not administered inappropriately to a breathless child who does not have asthma. **Therefore the emergency inhaler can only be used for those children on the asthma register.**

Emergency Adrenaline Auto-Injectors (AAIs)

On the 1 October 2017, Guidelines were issued by The Department of Health allowing schools to keep AAIs for emergency use.

The emergency AAI should only be used by children, for whom written parental consent for use of the emergency AAI has been given, who have been diagnosed with anaphylaxis and prescribed an AAI and their own AAI is unavailable, has been misplaced, broken or is out of date. The names of these children must be kept on an Anaphylaxis Register. This register will be kept with the emergency AAI, will be on the Network, or available from the School Nurse. Guidance notes and St Aubyns Anaphylactic Protocol (Appendix 6 and 7) will be kept with the AAIs and displayed on the Network.

The emergency AAI's will be kept in the Medical Room, the lobby area beside the kitchen and in the Pre Prep and Prep After School Care rooms. Sports staff taking a pupil with a previously prescribed AAI to an away fixture must check before leaving that a pupil has their own AAI and the second AAI from the medical room. On all school trips, two AAI'S must be readily available for each pupil with a diagnosed severe allergy and who have a prescribed AAI.

Commented [N1]: Lobby area beside Kitchen

Commented [N2R1]:

As with all medication, a written record must be made if the emergency AAI is used and the parents informed.

Following the issue of the guidelines outlined above, many local authorities are refusing to allow GP's to prescribe AAIs for a child to keep at school. Therefore some children may need to use the school emergency AAI. This is clearly indicated on their individual AAP.

The emergency AAI should only be used for those children on the Anaphylaxis register, however, in the event of a possible severe allergic reaction in a pupil who does not meet the above criteria, Emergency Services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Staff training

Medicine Administration training will be undertaken by the School Nurse or appropriate outside agencies, for relevant staff at regular intervals. Some staff may need to have further information and training about a medical condition or specific training in administering a particular medicine.

St Aubyns School Allergy Policy states that, while all staff should be cognisant of how to recognise and manage an anaphylactic reaction, there will also be designated members of staff who can take responsibility for administering an AAI. These are staff who are on the first aid list and have received additional training, which a one-hour online session provided by the School.

Guidelines on administration of Medication

Before giving any medicine, the following points should be noted: -

- Ensure that you understand what the medicine is for, when and how to give it. Do not give any medication that has come from abroad that is not written in English and you are not sure what it is for. Herbal remedies should not be administered.

- The medicine should be in the original container and clearly marked with: -

  1) The drug name.

2) The child's name – (check the name on the medicine is the name of the child you have been asked to give it to)
3) The dose and time (some antibiotics must be given 1 hour before meals).
4) Expiry date (some pharmacy dispensed medicine will have a dispensing date only).

- Check that there is written permission from the parents.

- When giving the medicine, check all the details on the container and record your activities.
- When the medicine is brought in, in the morning, make sure the parents know it is their responsibility to collect it at the end of the day. Any medicine not collected should be stored in the fridge overnight and a message left for the parents. If a child is attending A.S.C. – the medicine should be given to A.S.C staff to return to the parents.

The aim of giving medicine at school is to enable a child to remain in school with as little disruption as possible, but if you have any doubt about giving a medicine – then do not! – contact the parents. We are under no obligation to administer medicine; it is the parents' responsibility.
With the exception of asthma inhalers, Adrenaline and occasionally anti-histamines, withholding medicines will not be life threatening.

This policy is to be reviewed by the Risk and Compliance Committee and Governors annually.

APPENDIX 1

ST AUBYN'S SCHOOL

APPLICATION FOR ADMINISTRATION OF MEDICINE

Name _____ **Class** _____

Reason for medication _____

Medicine	**Dose and Time**
1 _____	_____
2 _____	_____
3 _____	_____

Special Instructions

_____

_____

I declare the above named medicine (delete as appropriate)

1. **has been prescribed by my child's GP, hospital, dentist**
2. **is on general sale and I have requested the School Nurse or in her absence a First Aider to administer the above medicine.**

Signature Parent/Guardian _____ **Date** _____

For School Use:

Date	Medicine	Batch no	Expires	Manufactured by	Supplied by

Appendix 2

Parental Consent Form for a Residential Educational Visit (including visits abroad)

Trip Destination: _____ Dates: From _____to _____

Child's name: _____ Child's Class: _____

Does your child have any medical conditions and/or allergies? YES/NO

If YES, please provide details: _____

_____

Medication Required:

Name of Medicine	Dosage	Time/frequency	Reason for medication

Does your child experience Travel Sickness: YES/NO
If YES, please provide details of any Medication /Treatment:

_____

Please indicate any **medical or religious** dietary requirements that your child has:

_____

_____

When did your son/daughter last have a tetanus injection? …/…./…. **Parent/Guardian**

Contact telephone numbers (during the trip):

Name/email/contact numbers:……
……
Name/email/contact numbers: ……
……

Alternative emergency contact name/number: _____

I will inform the Group Leader as soon as possible of any changes in circumstances between now and the commencement of the journey.

I agree to ..... (pupil name) taking part in this visit. I agree to his/her participation in the activities available and I acknowledge the need for him/her to behave responsibly.

I agree to my son/daughter receiving treatment/medication in the event of him/her becoming unwell or injured and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I give permission for him/her to be given over-the counter medicines such as Paracetamol (Calpol), Ibuprofen (Nurofen), Piriton/Cetirizine (for an allergic reaction), Strepsils, travel sickness pills if necessary

Parent/Guardian 1 signature: _____Date: _____

Parent /Guardian 2 signature: _____Date: _____

Please note: Any medicines supplied for a trip must be in the original container and clearly labelled with the child's name. If they are prescription medications, the pharmacy label must be included. Staff are unable to administer any medications if these conditions are not met.

Staff cannot administer medications that are not licensed for use in this country, unless prescribed by a UK physician.

- ***THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED IN THE SCHOOL***

This policy is to be reviewed by the Risk and Compliance Committee and Governors annually.

APPENDIX 3

SCHOOL TRIP
MEDICATION LOG
AUTHORISED USE ONLY
Selles Medical
Administration of Medicines
Please ensure authorised staff are familiar with the School/College Homely Remedies Policy and Procedures. Always keep a record of any medication that is given.
Organisation
Trip Details

APPENDIX 4

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

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

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

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

APPENDIX 5

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

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

APPENDIX 6

St Aubyn's School Anaphylaxis Guidelines

Anaphylaxis is a life threatening condition. It is an acute, severe allergic reaction needing urgent medical attention. The symptoms vary but in its most severe form the blood pressure drops dramatically and the patient collapses. It can be triggered by a variety of substances [known as allergens], the most common of which are foods [especially peanuts, tree nuts, eggs, cow's milk, shellfish & legumes], certain drugs [e.g. penicillin], latex and the venom of stinging insects such as bees, wasps and hornets.

In its most severe form, even the smallest trace of the allergen can cause anaphylaxis.

Mild-moderate allergic reaction:

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

Action:

- Stay with child, call for help if necessary
- Locate Adrenaline Auto Injector (**AAI**)- as per individual Allergy Action Plan
- **Give antihistamine: e.g. Cetirizine/ Piriton, GIVE INHALER IF REQUIRED**
- Phone parent/emergency contact

Serious/ life threatening 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 (or more) of these signs are present:

1. **Lie child flat** (if breathing is difficult allow child to sit)
2. **Use AAI without delay**
3. **Dial 999** for ambulance and say ANAPHYLAXIS

*****IF IN DOUBT, GIVE ADRENALINE (AAI)*****

After giving Adrenaline (AAI)

1. Stay with child, do not stand them up
2. If there are no signs of life **COMMENCE CPR**
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, **give a 2nd AAI** if available, **into the alternate leg**

Not all of these symptoms need be present at the same time or in any particular order. On some occasions Anaphylaxis can occur within a few minutes but in some cases, a few hours after exposure. In some cases there may be an initial mild reaction followed by a severe attack a few hours later

Allergy Action Plans

The course of action may differ slightly for each child, depending on which substance triggers the allergy and whether or not they require use of an inhaler. Each child will have an individual Allergy Action Plan. This will be drawn up and signed by the parents, School Nurse and Head Teacher. It will be reviewed annually.
For staff, copies of the Allergy Action Plan can be found on the Network: Non Pupil Share/Staff Documents/ Medical/Allergy Action Plans. Further copies will be kept with the emergency medication, and in the Medical Room. It is essential that all staff responsible at any time for a child with anaphylaxis familiarises themselves with that child's Allergy Action Plan.
Training will be given to all staff on the use of the AAI, by the School Nurse. Clear instructions on how to give an AAI are on the front of each child's individual Allergy Action Plan

Location of AAIs

As this is a 'split site' school, the location of the AAI will vary. Most children have two AAIs; one is kept in the Medical Room in a clearly marked, unlocked cupboard and the other is kept in the class asthma box. For pupils in the Senior School, both AAIs are kept in the Medical Room. The location will be incorporated into the child's individual AAI Treatment Plan. It is important to familiarise yourself with the location.
The class asthma box must accompany the children to all lessons/locations e.g. Dining Hall, Music room, IT suite, Peri music lessons etc.
The catering department are aware of all children in school with food allergies. Care must also be taken with cookery and science experiments and craft activities. A suitable packed lunch must be provided for children going on school trips.
It is important to remember that if a child is going on a school trip or off site for a lesson e.g. swimming, that the AAI, antihistamine and inhaler (if required) are taken, ideally in the class asthma box.
Older pupils may be selected for 'away' games fixtures. The member of staff in charge of the fixture must remember to check whether any pupils with an AAI have been selected and make arrangements to collect any necessary medication from the Medical Room. Any medication taken off site must be taken back to the Medical Room on return. It must be remembered that these pupils may not be able to eat the 'tea' provided and they may need to bring some refreshments with them.

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Commented [N5]: ??

Provision of AAIs

From the 1st October 2017, new legislation from the Government came into force, allowing emergency AAIs, such as EpiPens, Emerades and Jext, to be kept in school. Only children who have been prescribed an AAI by their GP or Hospital Consultant, and whose AAI is unusable or misplaced and whose parents have given written consent, may use an emergency injector. A register will be kept by the school of those children whose parents have given written consent **Only those children on the register will be able to use the spare AAI in an emergency.** The register will be updated annually. The emergency AAI is not intended to replace a child's normal injector. Those children who have previously been prescribed an AAI should have a working, in-date one at school. However recently Local Authorities are refusing to supply spare AAIs for children to keep at school, therefore some children may only have one AAI or none at all. This will be clearly indicated on the child's AAP and in this instance the School Emergency AAIs must be used.
The School Emergency AAIs are located in the kitchen and in the Medical Room. These are not to be taken out of these locations except for use in an emergency.

It is the parent's responsibility to provide the AAIs to be kept in school. The School Nurse will take responsibility for ensuring the AAIs are in date.

Appendix 7

St Aubyns School Anaphylactic Protocol

An anaphylactic episode is a medical emergency. Its most severe form is life threatening.
Each diagnosed pupil with anaphylaxis has an individual care plan. Pupil's plans are
Kept in the medical centre and with their AAI emergency medication in their classroom.
Each plan shows individual signs, symptoms, and management.
However, it is possible that a reaction will occur in an undiagnosed pupil.

General signs and symptoms
Any of the following may occur within seconds or minutes after exposure;

- Tingling or numbness around the mouth
- Difficulty swallowing
- Sneezing
- Itching
- Generalised flushing of the skin
- Widespread red, blotchy skin eruption
- Swelling of the tongue, face and neck
- Difficulty breathing ranging from a tight chest to severe difficulty. The casualty may wheeze or gasp for air.
- Pounding heart – pulse rapid but weak
- May feel sick or vomit
- Sudden feeling of weakness or floppiness
- Loss of consciousness

General management
DO NOT LEAVE PUPIL

- Dial **274** for school nurse if in school
- Observe signs and symptoms continually. **If in any doubt use auto injector pen.**

  Immediately there are symptoms - Give antihistamine medication if prescribed.
- Dial **999** for an ambulance and inform emergency services of anaphylactic shock
- If no signs of recovery and symptoms become worse:-
  - -**Blotchy skin becoming raised and red,**
  - **pale,**
  - **drowsiness,**
  - **difficulty breathing,**
  - **losing consciousness**

- ❖ Administer Adrenaline AAI -EpiPen, Jext or Emerade as prescribed, into the outer side of the thigh, midway between the knee and hip.
- ❖ Give a second AAI Dose into other leg if no improvement in 5minutes.

- Position - Sit pupil up to aid breathing, if collapsed to restore BP lie down, raise legs or if unconscious lay on side in recovery position.

Stay with the pupil and <u>Continue</u> to monitor until the Ambulance arrives.

APPENDIX 8

Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young person:	Date of Birth:
St Aubyn's School:	Teacher:
Name of parent and name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due:
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe: **Signatures:** Head teacher: Date Parents: Date	
What is this child allergic to? Under which conditions is the allergy? Ingestion YES/NO Direct contact YES/NO Indirect contact YES/NO	

Summary of current medical evidence seen as part of the risk assessment (copies attached):
Describe the container the medication is kept in:
Outcome of Risk Assessment **Is an individual health care plan required?** **YES** ☒ **NO** ☐
Key Questions - Please consider the activities below and insert any considerations that need to be put in place to enable the child to take part.
Crayons/painting:
Learning with food: All learning with food is to be risk-assessed using the School's Food Activity and Risk Assessment Checklist, which is checked and approved by the teacher, Head of department and the Nurse. If any of …… allergens would normally be used in an activity, an alternative must be sourced for the class.
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: Kitchen prepared food (is allergy information available): Safeguards for …… foods are already in place Sandwiches: Safeguards for ..... foods are already in place
Snacks (is allergy information available): Any food served in ……. classroom must be allergen free. A Food Activity and Risk Assessment Checklist must be completed as with Learning with Food, and ..... parents advised prior to the event.
Drinks:
Celebrations: e.g. Christmas, Easter: If treats are to be provided by SASS at Christmas and Easter, this will be discussed with the nurses beforehand and a suitable alternative will be provided where necessary
Hand washing (secondary school how accessible is this for the child): Handwashing facilities are available
Indoor play/PE (AAIs to be with the child) :
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI): AAI'S go with .....on off-site trips, all staff are trained in how to use an AAI
Does the child know when they are having a reaction? YES
What signs are there that the child is having a reaction?

What action needs to be taken? Follow the Allergy Action Plan
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes ☐ No ☐ If Yes state when and how this can be adjusted: N/A
If the child is old enough – can the medication be carried by them throughout the day? Yes ☐ No ☐ If No state reason: N/A
How many AAI's are required in the setting? Two
How many staff need are required to be trained to meet this child's need? All staff who come into contact with ……
What is the location of the backup AAI? In the Medical Room in an unlocked, clearly marked cupboard
Is a generic AAI available in school? Yes, in the Medical Room and in the dining hall

PPENDIX 9

ST AUBYN'S SCHOOL ALLERGY ACTION PLAN

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name class
DoB:

Emergency Contact:
Mother:
Father:

Mild-moderate allergic reaction:

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

Action:

- Stay with child, call for help if necessary
- Locate Adrenaline Auto Injector (AAI) – dose 150mcg. **One AAI kept in class asthma box, 2nd AAI kept in Medical Room**
- Give antihistamine: **5mls Cetirizine – give inhaler if required**
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(Life threatening allergic reaction)

Additional information

Please see attached instructions on how to administer the relevant AAI

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:

4. **Lie child flat** (if breathing is difficult allow child to sit)
5. **Use AAI without delay**
6. **Dial 999** for ambulance and say ANAPHYLAXIS

*****IF IN DOUBT, GIVE ADRENALINE*****

After giving Adrenaline

5. Stay with child, do not stand them up
6. If there are no signs of life **COMMENCE CPR**
7. Phone parent/emergency contact
8. If no improvement after 5 minutes, **give a 2nd AAI INTO THE ALTERNATE LEG**

Additional Information

Parent/Pupil Address: GP:

Parent/Guardian Declaration

A. Parent/Guardian Declaration for named Adrenaline Auto Injector (AAI)

I have read and agreed the Allergy Action Plan (overleaf) and I have discussed the Risk Assessment for my child with the School Nurse. I agree to supply working in-date AAI's, and other related medication, for my child to be kept at school. I give permission for appropriately trained school staff to administer this medication in the unlikely event of an allergic reaction arising. I also give permission for my child's photo to be displayed in specific locations within the school, so that staff are aware of my child's medical needs should an emergency arise. I agree to inform the school should my child's treatment or health status change.

B. Parent/Guardian Declaration for Emergency Adrenaline Injector (AAI)

Schools are now allowed to keep spare AAIs for children who have previously been prescribed an AAI by their GP or Hospital Consultant, and whose AAI is unavailable, unusable or misplaced. Following government guidelines, only children whose parents have given consent will be able to use the spare AAI in an emergency.

I can confirm that my child has been diagnosed with a severe allergy and has been prescribed an adrenaline auto-injector. I give permission for them to use the Emergency AAI should theirs not be available.

Please sign below to consent to both of the above

Signed…….. Parent/guardian Date……..

Print name……

Signed on behalf of the school:

…….. Head teacher Date……..

…….. School Nurse Date……..