BELL FARM

PRIMARY SCHOOL

SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY

October 2023

Bell Farm Primary School

Supporting Children with Medical Conditions Policy

Our School Aims

Children are the focus of everything that we do and we have the highest expectations for all our pupils in terms of achievement, attainment and behaviour

We offer our pupils the highest quality and most engaging curriculum possible in a secure environment that fosters co-operation, self-confidence, independence, tolerance, respect for each other, and positive attitudes to learning. This is set within an explicit Rights Respecting and Values led context where each child is able to make a valued contribution.

Section Contents

This policy is written with regard to:

i. Supporting pupils at school with medical conditions, DfE (December 2015)
ii. Guidance on the use of emergency salbutamol inhalers in schools (March 2015)
iii. Diabetes UK document 'Children with diabetes in school'
iv. Epilepsy Action's document 'Epilepsy policy for schools'
v. Young Epilepsy's model policies for schools

vi. Supporting pupils with medical conditions- Surrey guidance January 2020
vii. Automated External Defibrillators (AEDs) A guide for Schools, DfE (April 2016)
viii. Allergy.uk.org

1. Children and Families Act 2014

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to support children with medical conditions. Schools must make arrangements for supporting pupils at with medical conditions and in meeting that duty they must have regard to the statutory guidance issued by the Secretary of State in September 2014.

Bell Farm Primary School will ensure that children with medical conditions in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Individual Health Care Plans (IHCP) will be produced for children where appropriate.

2. Procedure to be followed when a school is notified that a pupil has a medical condition

When we know of a child coming to or going from Bell Farm Primary School, we will liaise with the other school(s) to ensure arrangements are in place for the start of the relevant school term.
In other cases, such as a new diagnosis or children moving to a new school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

Bell Farm School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be need to be made about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

3. Individual healthcare plans (IHCP)

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children with medical conditions will require one.

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Annex A.

The format of individual healthcare plans may vary in order to be effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the

child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in an EHC plan, the individual healthcare plan should be linked to or become part of that EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

4. What does an IHCP include?

- information about the pupil's medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; 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;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

5. Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

Governing bodies - must ensure arrangements are in place to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed, implemented and reviewed regularly. They should ensure that children with medical conditions can access and enjoy the same opportunities at school as any other child. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with

medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
It is Surrey County Council policy to maximise inclusion for children and young people with medical needs in as full a range of educational opportunities as possible. To promote this aim, settings should assist parents and health professionals by participating in agreed procedures to administer medicines when necessary and reasonably practical. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The Governing body should ensure that its arrangements give parents and pupils' confidence in the schools ability to provide effective support for medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care.

The headteacher ensures that their school's policy and procedures are developed and effectively implemented with partners. This includes ensuring that all staff and parents are aware of the policy and procedures for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should agree to staff volunteering to help children and ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

The **Deputy Headteacher** is responsible for ensuring that sufficient staff are suitably trained for supporting children with medical conditions, organising appropriate cover arrangements and briefing any supply teachers.

The **Assistant Headteacher** for Inclusion, is responsible for liaising with relevant parties to write, implement and monitor Individual Health Care Plans (IHCPs), supporting the children and making sure that all relevant staff are aware of a child's needs. They are accountable for local decisions about Bell Farm's role in administering medicines. Where a child may also have Special Educational Needs, this will be done in partnership with the school's SENCO.

School staff - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so, unless administering medicines is included in their contractual duties. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also section 6 below about training for school staff.

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/Carers – are responsible for making sure that their child is well enough to attend school and able to participate in the curriculum as normal. They should keep their children at home if they are acutely unwell. They should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. If there are any special religious and/or cultural beliefs, which may affect any medical care that the child needs, particularly in the event of an emergency, it is the responsibility of the parent to inform the setting and confirm this in writing. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting (see 4. IHCPs). They should carry out any action they have agreed to as part of its implementation, eg provide current and in-date medicines and equipment and ensure they or another nominated adult are contactable at all times. Some parents/carers may have difficulty understanding or supporting their child's medical condition themselves. Health services can often provide additional support and assistance in these circumstances.

6. Staff training and support

Staff will be supported in carrying out their role to support pupils with medical conditions through appropriate training as identified in the IHCP, and receive emotional support from line managers. Support to staff will be reviewed by the SENCO, Assistant Headteacher for Inclusion or Deputy Headteacher at regular intervals, including IHCP reviews, training dates, appraisal reviews and more informally on an ongoing basis.

Training needs for staff will be identified during the development or review of individual healthcare plans. They will be reviewed in line with IHCP reviews, or sooner should a child have a change of diagnosis and need, or should the staff member feel additional training in a key area would support them. Staff with existing knowledge of the specific support needed by a child with a medical condition may not require extensive training. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The school will hold whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy (this may be delivered separately to teachers and teaching assistants/ lunchtime staff/ support staff).

Medical awareness training will be included in induction arrangements.

The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

7. The child's role in managing their own medical needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within the child's IHCP.

A competent child should be allowed, where possible, to carry their own medicines and relevant devices to access their medicines for self-medication quickly and easily. They may require an appropriate level of

supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure identified in the IHCP. Parents will be informed so that alternative options can be considered.

8. Managing medicines and record keeping

In most circumstances the administration of medicines is the responsibility of parents or carers and they should be administered at home. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. In certain circumstances, however, and following agreement by the school, parents/guardians may come in during the school day and administer medication to their own children.

As a guide, when children are prescribed antibiotics three times a day they can be administered before school, after school and before going to bed. In some circumstances a child may be fit or well enough to attend school. Over the counter products may not be brought into school. This includes throat lozenges, Tunes and cough sweets.

8.1 Exceptions
In exceptional circumstances the school office will administer prescribed medicines, for example Ritalin and Concerta to support children with ADHD, antihistamine for children who suffer from acute hay fever. Staff administering prescribed medicines should do so in accordance with the prescriber's instructions.

In these circumstances parents/carers are required to:

- Provide full details of any medication requirements and ensure medicines supplied to the school are labelled and in date.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, dosage and storage. The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- Deliver medicines to the school office. In the event the school office is closed then it should be given to a member of staff with the completed form (see Annex B). Children should not be asked to carry medicines into school. The only exception to this may be travel sickness medication or asthma reliever inhalers.
- Ensure the school has a telephone number where you can be contacted in an emergency.

School staff:

- must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plan). Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or administering medicines.
- may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so unless it is within their contract of employment.
- must administer medicines in a location where privacy and confidentiality of the child may be maintained, unless it is an emergency situation. The medical room is available if the child needs to rest and recover.
- must administer and document medicine for one child at a time and complete this before the next child is seen. Staff must wash their hands before and after administering medicines.
- must check before administering:
    - The identity of the child

- The written parental consent form for administration of the medicine(s)
- That the written instructions received from the parent and the medicines administration record match the instructions on the pharmacy dispensed label of the medicine container i.e. name of the medicine, formulation, strength and dose instructions. For non-prescribed medicines or if the school has a protocol for non-prescribed medicines, the manufacturer's information must be followed as there will be no pharmacy label.
- The name on the pharmacy dispensed label matches the name of the child
- Any additional or cautionary information on the label or manufacturer's information which may affect the times of administration, e.g. an hour before food, swallow whole do not chew, or may cause drowsiness.
- The medicine administration record to ensure the medicine is due at that time and it has not already been administered
- The medicine is in date and is not past its expiry date. The expiry date of the medicine (if one is documented on the medicine container or the pharmacy dispensed label). Some medicines once their container is opened will have a shortened expiry date from the date it was opened. If this is the case the manufacturer's information or pharmacy label will state this. For these medicines the date opened and the shortened expiry date, calculated from the pharmacy or manufacturer's information, must be written on the label. It must be written as 'date opened' and 'expiry date' to distinguish the two dates.
- All the necessary equipment required to administer the medicine is available e.g. medicine spoon, oral syringe, injecting syringe. This equipment should be stored securely.

- must not administer the medicine if there are concerns or doubts about any of the details listed above. They must check with the child's parent/carer or a health professional before taking further action. All advice and actions must be documented, signed and dated and stored securely in line with the settings record administration policy.
- involved with the administration of medicines should be alert to any excessive requests for medication by children or by parents/carers on their behalf. In any cases of doubt advice may be obtained from health professionals.
- must not interfered with the medicine formulation prior to administration (e.g. crushing a tablet) unless there are written instructions on the pharmacy label and information provided from the parent/health professional. This advice and information must be documented.
- must complete, sign and date the appropriate written records immediately after the medicine has been administered.
- must record, if for any reason the medicine is not administered at the times stated on the medicine, the reason for non-administration, signed and dated. Parents must be informed as soon as possible on the same day.

Travel Sickness

Medication for travel sickness for use on educational visits should be given to the class teacher or party leader accompanied by written permission.

Inhalers

The children are encouraged to have full responsibility for their inhalers. They are encouraged to act independently and have easy access to them. *See also section 11 on Asthma*

Auto-adrenaline injectors (AAIs)

Support staff and other first-aid trained staff receive training in the use of Auto-adrenaline injectors. Parents are requested to supply two Auto-adrenaline injectors to the school. The Auto-adrenaline injectors are stored, clearly labelled with the child's name, in the child's class and spare emergency Epipens are kept in the school office. The child's prescribed auto-adrenaline injectors accompany them on trips outside the school. Individual protocols are held by class teachers.

Calpol and Piriton

The school will keep a small stock of Calpol, and Piriton, for administration with parental consent (Annex H) for symptoms that arise during the school day. All other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the school office with the appropriate consent form. The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day.

8.2 Storage of medications
All medication is kept in a dedicated cupboard, or fridge (for those needing to be kept cool), within the school office. Sharps boxes should always be used for the disposal of needles or other sharps. Parents are responsible for disposal of expired medicines or those no longer required, however, if parents fail to collect medicines after we have contacted them, the school will dispose of the medicine.

8.3 Record keeping
A consent form must be completed if a medicine is to be administered in school, a new form must be completed if there is a change. All medication administered by school staff, stating what, when how much, when and by whom, is recorded by staff in the school office.

8.4 Responsibilities
It is important that the school, staff, parents/guardians and children have a clear understanding of their individual responsibilities with regard to administration.
The child
Children are expected to exercise good responsibility and remember to visit the school office at the right time for any medication they need. If a child refuses to take medicines, they must not be forced to do so, but this must be documented and the parent/carer informed.
Parents / carers
Parents / carers are requested to adhere to this policy and understand the nature of the school's responsibilities in this area. Generally speaking, the administration of medicines is the responsibility of the parents. Parents/guardians should collect medicines held at school at the end of each academic year, or sooner if the medication needs, replenishing, replacing due to an expiry date or a change in medical circumstances. Parents are responsible for ensuring medicines do not exceed their expiry date and for disposing of any date-expired medicines.
Staff
Teachers should take the same care that a reasonable, responsible and careful parent would take in similar circumstances, while they are responsible for the care and control of children. In all circumstances, particularly in emergencies, teachers and other staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. Teachers' conditions of employment do not include giving medication or supervising a pupil taking it.
The school
The school takes this aspect of policy very seriously. It encourages good attendance of children whilst recognising that a variety of health related issues can require either medical intervention, and/or the need for a child to remain at home.
The school cannot be expected to take responsibility for any other non-prescribed medicines which may be brought into school to help with minor ailments.
The school has responsibility for making sure that staff have appropriate training to support children with medical needs.

9. Emergency procedures

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child is unwell, but the situation is not a medical emergency, then the child should be moved to the office and the parents/carers contacted to come and collect the child from the office. If urgent medical assistance is required that cannot be delivered by first aid trained staff on site, then 999 should be called. If someone present has a mobile phone then that should be used in preference to a desk top telephone, as the health care professional on the other end of the phone will ask questions about the child's condition. The office should be

informed that 999 has been called so that they can allow the ambulance access and direct them to the child requiring emergency assistance. The parents/carers should also be contacted.

If a child needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance. If parents are not present then consent is generally not required for any lifesaving emergency treatment given in A and E departments. However, awareness is required for any religious/cultural wishes ie blood transfusions, which should be communicated to the medical staff for due consideration. In the absence of the parents to give the expressed consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. The member of staff accompanying the child cannot give consent for any medical treatment, as they do not have parental responsibility for the child.

Headteachers and managers must realise that medical emergencies, whether illness or injury, make significant emotional demands upon those involved. It is important that support is available to them. This might include a sympathetic listener and time to compose themselves.

Some children suffer from chronic medical conditions, which may require urgent action to prevent a possible life-threatening situation from developing. Specially appointed support staff may not be available to carry out these tasks. Where there are other willing staff they may do so, exercising their duty of care.

10. Day trips, residential visits and sporting activities

At Bell Farm, pupils with medical conditions should participate fully in school trips and visits, or in sporting activities. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Bell Farm will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Bell Farm will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on school visits, residentials and other school activities outside of the normal timetable. As part of our commitment to best practice, we carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

11. Asthma

Bell Farm Primary School is committed to fully meeting the needs of pupils who have asthma, keeping them safe, ensuring they achieve to their full potential, and are fully included in school life. Parents will complete a School Asthma Plan Form. (Annex C)

Asthma is treated with high priority at Bell Farm Primary School. Each class displays information with regard to how to recognise an asthma attack and what to do in the event of an asthma attack, including emergencies.

11.1 Asthma attack protocol
Our asthma protocol follows government guidance from 'Guidance on use of emergency salbutamol inhalers in schools' (March 2015) as below:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer

- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

11.2 Use of emergency salbutamol inhaler in school

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

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

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty, or in case of whole school evacuation).

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

Emergency salbutamol inhaler:

- arrangements for the supply, storage, care, and disposal of the inhaler and spacers are in line with the school's policy on supporting pupils with medical conditions section 9.
- the school has an asthma register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which will kept with the emergency inhaler
- we will obtain written parental consent for use of the emergency inhaler to be included with the asthma register, and we will ensure that the emergency inhaler is only used by children who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication
- the school will provide appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions
- the school will keep a record of use of the emergency inhaler as required by *Supporting pupils* and inform parents or carers that their child has used the emergency inhaler (see Annex E)
-

The school will have at least two members of staff responsible for ensuring the protocol is followed. They will have responsibility for ensuring that:

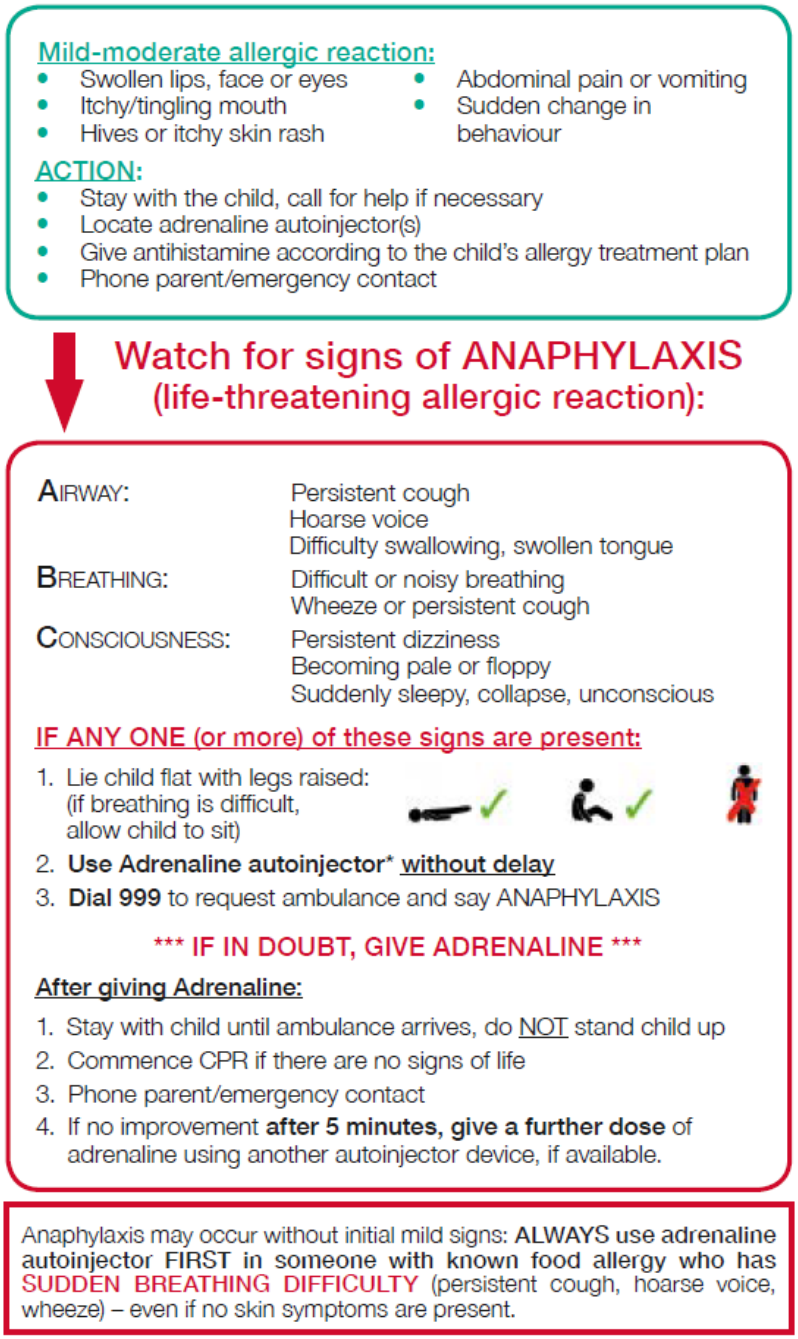
- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient doses available
- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary
- To avoid the risk of cross-infection, the plastic spacer will be sterilised for future use.

12. Allergies

Bell Farm Primary School is committed to fully meeting the needs of pupils who have allergies, keeping them safe, ensuring they achieve to their full potential, and are fully included in school life. Parents will complete a School Allergy Action Plan. (Annex E)

Allergies are treated with high priority at Bell Farm Primary School. Each year, staff are trained in regard to how to recognise allergy symptoms and what to do in the event of an allergic reaction, including anaphylaxis and the use of children's prescribed auto-adrenaline injectors.

12.1 Allergic reaction protocol



Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school, or require urgent medical attention. However, mild reactions can develop into anaphylaxis: children having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms.

What to do if any symptoms of anaphylaxis are present

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed in the red box on page 1, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present.

Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present.

You should administer the pupil's own AAI if available, if not use the spare AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

IF IN DOUBT, GIVE ADRENALINE

After giving adrenaline do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised.11 If breathing is difficult, allow the pupil to sit.

If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own adrenaline injection and this has made them better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards.

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

Practical points:

- Try to ensure that a person suffering an allergic reaction remains as still as possible, and does not get up or rush around. Bring the AAI to the pupil, not the other way round.
- When dialling 999, say that the person is suffering from anaphylaxis ("ANA-FIL-AX-IS").
- Give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil's condition does not improve 5 to 10 minutes after the initial injection you should administer a second dose. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Arrange to phone parents/carer.
- Tell the paramedics:
    - if the child is known to have an allergy;
    - what might have caused this reaction e.g. recent food;
    - the time the AAI was given

12.2 Use of emergency auto-adrenaline injector in school

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow 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).

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

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

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Council (UK) recommends that healthcare professionals treat anaphylaxis using the age-based criteria,8 as follows:

For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).

For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).

In the context of supplying schools rather than individual pupils with AAIs for use in an emergency setting, using these same age-based criteria avoids the need for multiple devices/doses, thus reducing the potential for confusion in an emergency. Schools should consider the ages of their pupils at risk of anaphylaxis, when deciding which doses to obtain as the spare AAI.

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

13. Diabetes

Bell Farm Primary School is committed to fully meeting the needs of pupils who have diabetes, keeping them safe, ensuring they achieve to their full potential, and are fully included in school life.

This policy refers to the management of Type 1 diabetes which is more commonly the type to be diagnosed in children of the age group attending this setting. Type-1 diabetes is a common life-long condition caused when the body does not produce insulin. If there is no insulin, the sugar simply stays in the blood. If left untreated high sugar levels cause damage to the kidneys, heart, eyes and nerve endings leading to damage to feet and hands.

Intensive diabetes management which involves multiple daily injection regimens and insulin pump therapy are increasingly being recommended for children of all ages. Due to the age and development, young children with diabetes may not have the skills or confidence to give their own injections or take responsibility for them. In order to ensure children get the support they need to live a full school life, appropriate diabetes care and management from schools is crucial for the child's short and long term health and optimum academic performance.

13.1 Training

All school staff are made aware of the pupils who have diabetes and are wearing an insulin pump or who administer insulin via injection. General awareness raising training should be made available for all staff.

- School staff will ensure that a trained member of staff is available every school day to give or supervise the injection and will inform the child's parent/ carer immediately if a trained person is not available.
- Training on diabetes management will be provided for staff from a Children's Diabetes Nurse Specialist from Ashford/ St Peter's Hospital in conjunction with parents/carers and/or the school nurse. The Children's Diabetes Team will offer ongoing support and training as needed.
- Staff members who have agreed to give the lunchtime injection of insulin will have all practiced with an insulin pen and demonstrated their competence to the child's parent. Parents will continue to attend until they indicate to school that they are ready to sign the health care agreement and share the responsibility with school.

13.2 Management of diabetes

The ability of a pupil to take responsibility for their diabetes will be entirely dependent upon their age, individual capabilities and level of understanding.

- Parents should provide the school with appropriate testing equipment/medication as required to manage the child's diabetes at school. They can choose to supply the school with equipment and note when extra supplies are required/expiry dates due or instead may send insulin and their injecting equipment to school in daily with the child. At a minimum this will include an insulin pen, a blood glucose monitor, blood glucose strips, ketone strips lancing device, lancets and disposable needles. A

small sharps bin must be provided to the school which will be located in an appropriate place and handed back to parents to dispose of when full.

- Staff will check the child's blood glucose level before the lunchtime bolus of insulin is due. If the child is competent to do this as indicated from the parent/carer, the staff member will supervise. The child's hands should be clean in order to prevent incorrect blood glucose readings.
- Insulin injections will be administered according to the dose instructions given by parents and as detailed in the child's health care plan.
- After the insulin dose is given the child should go to lunch immediately as insulin can cause a child to have a hypoglycaemic episode if they have to wait in line for food.
- Staff should check with parents whether they wish their child to have certain foods if they are having school dinners. Parents should fill in a Special Dietary Request form which will then be passed to the school office. The office will liaise with the catering team to design an appropriate menu, which will be sent home to parents in advance.
- Younger pupils having packed lunch should be supervised to ensure that food provided by parents is eaten and that children do not swap items.
- Blood glucose tests may be conducted at other times of the day, for example before PE or at times where the child or staff member reports symptoms of low blood sugar levels.
- If the child has a hypoglycaemic episode (blood glucose reading is less than 4mmol) just before lunch, the child will usually require a fast acting sugar treatment as documented in health care plan. The lunchtime injection will in this case be given after lunch has been eaten where a full recovery from the event has occurred.
- High blood glucose levels (above 14 mmols) or if the child feels unwell need to be reported to parent(s)/carer immediately. The diabetes team should be contacted if unable to contact parent/carer.
- Parents will provide a 'hypo' box of appropriate treatment snacks to give to their child in the event of a hypoglycaemic episode and a detailed treatment plan.
- Parents should ensure their child has access to fast acting sugar eg. Glucose tablets, on their child's person at all times. Parents may wish to also put snacks into their child's book bag.
- Staff will allow a diabetic child to have access to their sugar treatment at anytime during lessons.
- A child who reports feeling low will be tested in situ and the treatment plan put into action. The child will be accompanied at all times. Once treated and the blood glucose have returned to normal levels, the child can continue with whatever they were doing, even physical activity.
- Some children will know when they are going hypo and will be able to take appropriate action themselves eg glucose tablets, but others, especially younger ones, those newly diagnosed or with learning difficulties may need help in recognising and treating their hypoglycaemic episode.
- Staff shall be aware that diabetic pupils should not be detained in class over either break time or lunch time without access to food and blood testing kit.
- All school staff should be aware of the signs of a hypoglycaemic episode and what to do should a child have a hypo. The signs can be different for each child and the child or their parent/carer can tell staff what their warning signs are.
- These should be noted in the child's individual healthcare plan. In the unlikely event of a child losing consciousness, a child will not be given anything by mouth. The child will be placed in the recovery position (lying on their side with the head tilted back). An ambulance will be called, informing them the child has diabetes.
- If the child is unwell, their blood glucose levels may rise. This can happen even if the child just has a cold. High blood glucose levels may cause them to be thirsty, with the need to go to the loo more frequently. If teaching staff notice this during the day, they should report it to the child's parents/carers so the necessary adjustments can be made to the insulin dose.
- As the child grows insulin regimes may need to be altered. If any changes to the child's condition and/or treatments occur, the healthcare plan should be updated immediately. Parents/carers are responsible for informing the school about changes to their child's diabetes management.
- During school trips the child should take their insulin and injection kit for a lunchtime injection and appropriate extra food/snacks in case of delays. If the child cannot do their own injections/manage their pump and/or check their own blood glucose levels, this will need to be done by a member of staff. Staff should meet with the child's parent/carer well in advance of the trip to discuss what help is required and who will assist. While away, should any medical equipment have been lost, staff will

contact the paediatric department or Accident and Emergency department at the nearest hospital, who will be able to help.

13.3 Insulin pumps

- An insulin pump delivers a small amount of insulin around the clock via a thin flexible tube. The tube is connected to a cannula, which is inserted just under the skin. The cannula can usually stay in place for 2-3 days so should not need changing at school unless it becomes dislodged or blocked.
- When the child eats, or if their blood glucose level is high, they will need to take extra insulin and will do this by pressing a combination of buttons on the pump.
- Pumps may need to be removed for contact sports and swimming.
- Younger children, those new to a pump or those with learning difficulties may need help with using their pump. Appropriate training from the Children's Diabetes Nurse Specialist in conjunction with parents/carers will be sought as appropriate.

13.4 Physical Activity

Being physically active is an important part of diabetes management. Preparations are needed because activity, such as swimming, football, running and athletics, uses up glucose. If the child does not eat enough before starting an activity, their blood glucose level may fall too low and they will experience a hypoglycaemic episode. Also, if their blood glucose level is high prior to getting active, physical activity may make it rise even higher.

- Before, during and after activities, the child may at times need to check their blood glucose level carefully and must make sure they have a good fluid intake.
- Teachers in charge of P.E. lessons, in particular, should be aware of the need to ensure that glucose tablets or a sugary drink are available nearby in case the need arises. On no account will the child be left alone, neither should they be sent off to get food from elsewhere.
- The child's parent/carer will advise on any specific preparations required for physical activities. Diabetes should not be an excuse for opting out of school activities. If this does happen regularly, staff will speak to their parent/carer to find out more about the individual situation.

14. Epilepsy

Bell Farm Primary School is committed to fully meeting the needs of pupils who have epilepsy, keeping them safe, ensuring they achieve to their full potential, and are fully included in school life.

We will ensure at least one member of staff has training in epilepsy and supporting children who have epilepsy in school medically, socially and academically. That person will lead on ensuring that the epilepsy policy is followed.

We will ensure that all pupils who have epilepsy achieve to their full potential by:

- Keeping careful and appropriate records of students who have epilepsy
- Recording any changes in behaviour or levels / rates of achievement, as these could be due to the pupil's epilepsy or medication
- Closely monitoring whether the pupil is achieving to their full potential
- Tackling any problems early
- Letting parents know what is going on in school
- Asking for information about a pupil's healthcare, so that we can fully meet their medical needs and complete a comprehensive IHCP
- Asking for information about if or how the pupil's epilepsy and medication affect their concentration and ability to learn
- Informing parents and health professionals (with the parent's permission) of changes to the pupil's achievement, concentration, behaviour and seizure patterns.
- We will ensure that staff are epilepsy aware and know what to do if a pupil has a seizure
- If needed, there will be an appropriately trained member of staff available at all times to deliver emergency medication.

15. Defibrillator

Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use and safe.

Bell Farm has a fully automated external defibrillator (AED) as part of its first-aid equipment. Other staff attending first aid training will receive full training in the use of CPR and limited training in the use of a defibrillator. A short general awareness briefing session will be given to all staff in the school once a year.

- The AED is located in the medical room.
- The UK standard sign will be displayed at entrances to the school indicating that there is an AED on site and its location. There will also be a sign outside the medical room.
- Others using the school (lettings) will be informed that there is a fully automatic defibrillator on site and its location.
- Both adult and child sized pads are available
- The AED will be checked periodically to make sure that the batteries are satisfactory and that all necessary consumables (pads, razors, gloves, scissors and masks) are in place.
- The AED was purchased in December 2016 and will need to be replaced when it comes to the end of its serviceable life.

16. Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication 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 this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

17. Liability and indemnity

Surrey County Council fully indemnifies all its staff against claims for alleged negligence providing they are acting within the remit of their employment.

As the administration of medicines is considered to be an act of "taking reasonable care" of a child/young person, staff agreeing to administer medication can be reassured about the protection their employer would provide. In practice this means that the County Council, not the employee, would meet the cost of damages should a claim for alleged negligence be successful. It is important that managers make this clear before asking staff to volunteer.

Staff should take the same care that a reasonable, responsible and careful parent would take in similar circumstances, while they are responsible for the care and control of children/young people. In all circumstances, particularly in emergencies, staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The School is insured under the Surrey County Council insurance policy with Zurich Municipal, Policy number QLA-17A003-0223. This includes Public Liability, Employers Liability (each for £50,000,000), and Professional Indemnity and Officials indemnity (each for £5,000,000). Surrey County Council have confirmed that this policy does indemnify individual staff in the event of a claim arising as a result of a staff member providing a medical intervention.

18. Complaints

- Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school.
- If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.
- Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

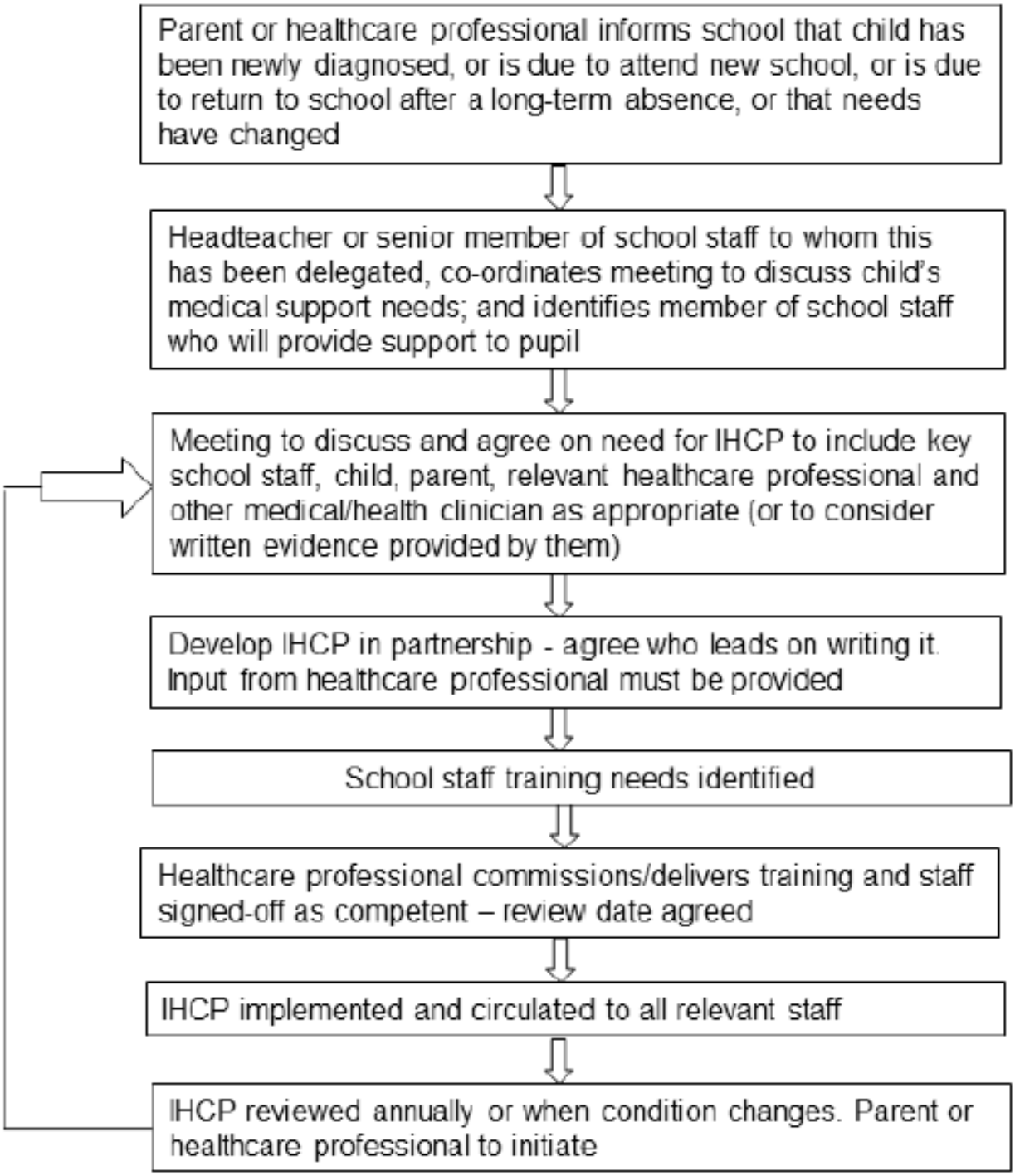
19.Further information

For further information please refer to Surrey CC Supporting children and young people with medical conditions guidance 2023.

Policy source: Supporting children and young people with medical conditions, Surrey CC Guidance: January 2023, available on Surrey Education Services website, Strategic Risk Management, First Aid, Managing Medicines and Medical Conditions.

Status of Statutory Policy	**Date**
Written by C Hendy	November 2014
Policy reviewed by L Greenshields	October 2023
Agreed by Staff	October 2023
Agreed by Governors	N/A Delegated to school
Review	Annually October 2024

Annex A: Model process for developing individual healthcare plans



ANNEX B: PUPIL MEDICATION REQUEST

Bell Farm Primary School, Hersham Road, Hersham, Surrey KT12 5NB

Child's Name: _____

Parent/Guardian Surname if different: _____

Home Address: _____

_____

Condition or illness: _____

 Daytime contact numbers: _____

GP Name: _____  _____

☐ My child will be responsible for the self-administration of medicines as detailed below.

☐ I agree to members of staff administering medicines/providing treatment to my child as directed below.

I agree to update information about the child's medical needs held by the school and that this information will be verified by my GP and/or Medical Consultant.

I will ensure that the medicine held by the school has not exceeded its expiry date.

Signed: _____ Date: _____

Name of medication	Dose	Frequency/times	Completion date if known	Expiry date
Special Instructions:				
Allergies:				
Other medication:				

Note: Where possible, the need for medicines to be administered at school should be avoided.

Parents/ Guardians are therefore requested to try and arrange the timing of doses accordingly.

Annex C – Asthma Action Plan

My asthma triggers:

List the things that make your asthma worse and what you can do to help

Always keep your reliever inhaler (usually blue) and your spacer with you.

You might need them if your asthma gets worse.

I will see my doctor or asthma nurse **at least** once a year (but **more** if I need to)

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents – get the most from your child's action plan

- **Take a photo** and keep it on your mobile (and your child's mobile if they have one)
- **Stick a copy** on your fridge door
- **Share** your child's action plan with school

Learn more about what to do during an asthma attack
www.asthma.org.uk/advice/asthma-attacks

Questions? Ask Asthma UK's nurses:

Call on
0300 222 5800 (9am-5pm; Mon-Fri)
Or message on **WhatsApp**
07378 606 728 (9am-5pm; Mon-Fri)

My Asthma Plan

Name:

My Asthma Plan

1 My usual asthma medicines

- My preventer inhaler is called _____ _____ and its colour is _____ _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day: _____ _____
- My reliever inhaler is called _____ _____ and its colour is _____. I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.

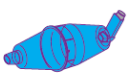
2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe, **or**
- I need my reliever inhaler (usually blue) three or more times a week, **or**
- My peak flow is less than _____, **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better

URGENT! "If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take **emergency action now (see section 3)**"



Remember to use my spacer with my inhaler if I have one.

(If I don't have one, I'll check with my doctor or nurse if it would help me)

Other things to do if my asthma is getting worse

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours, **or**
- I can't talk, walk or eat easily, **or**
- I'm finding it hard to breathe, **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts, **or**
- My peak flow is less than _____

If I have an asthma attack, I will:

Call for help

Sit up — don't lie down. Try to be calm.

Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.

If I don't have my blue inhaler, or it's not helping, I need to call **999** straightaway.

While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse **today**.

Annex D

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
BELL FARM SCHOOL

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate]. I have completed the School Asthma Plan Form.

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: …… Date: ……

Name (print)……

Child's name: ……..

Class: ……

Parent's address and contact details:

……..

……..

……..

Telephone: ……..

E-mail: ……

Annex E

BSACI ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** (If vomited, can repeat dose)
- Phone parent/emergency contact

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**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: . . mg)
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 further adrenaline dose** using a second autoinjectilable 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.

Emergency contact details:

1) Name: . . .

. . .

2) Name: . . .

. . .

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

Signed: . . .

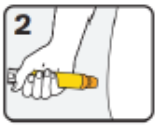
Print name: . . .

Date: . . .

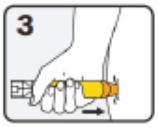
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

How to give EpiPen®

PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

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. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: . . .

Hospital/Clinic: . . .

. . . Date: . . .

Annex F

CONSENT FORM:
USE OF EMERGENCY AUTO-ADRENALINE INJECTOR
BELL FARM SCHOOL

Child showing symptoms of anaphylaxis / having an anaphylactic reaction

1. I can confirm that my child has been diagnosed with an allergy and has been prescribed an auto-adrenaline injector. I have completed the School Allergy Action Form.

2. My child has two in-date auto-adrenaline injectors, clearly labelled with their name, which I have provided the school with.

3. In the event of my child displaying symptoms of anaphylaxis, and if their prescribed auto-adrenaline injector cannot be administered correctly without delay, I consent for my child to be administered with the emergency auto-injector, recommended for their age, held by the school for such emergencies.

Signed: …… Date: ……

Name (print)……

Child's name: ……

Class: ……

Parent's address and contact details:

……..

……..

……..

Telephone: ……..

E-mail: ……

Annex G - SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Bell Farm Primary School
Hersham Road
Hersham
Walton on Thames
Surrey KT12 5NB
Tel: 01932
224009
info@bell-farm.surrey.sch.uk
www.bell-farm.co.uk
Headteacher: Miss Anne Cooper

Date: ……

Dear…….

Re: Notification of Emergency Salbutamol Inhaler Use

Child's name: ……

Class: ……

[Delete as appropriate]

This letter is to formally notify you that……...has used the emergency asthma inhaler containing salbutamol.

The reason for the use of the emergency asthma inhaler containing salbutamol was:

- they did not have their own inhaler with them
- their own inhaler was not working

Yours sincerely,

Annex H - SPECIMEN LETTER TO INFORM PARENTS OF HOMELY ADMINISTRATION OF CALPOL AND PIRITON

Bell Farm Primary School
Hersham Road
Hersham
Walton on Thames
Surrey KT12 5NB
Tel: 01932
224009
info@bell-farm.surrey.sch.uk
www.bell-farm.co.uk
Headteacher: Miss Anne Cooper

Date……..

Dear Parent/Carer

Permission for Homely Administration of Calpol and Piriton

We keep a supply of each in school and occasionally it may be necessary to administer a homely dose of Calpol or Piriton to your child for headache or insect sting. We would always contact you by phone beforehand and would only administer the dose after mid-day in case a dose has been administered at home before school.

□ I agree to a member of staff administering Calpol or Piriton after contacting me by telephone.

□ No member of staff may administer Calpol or Piriton to my child.

Child's Name:……
Parent's/Carer's Name:……..……
Signature: ……
Date:……

Kindest Regards

Miss Anne Cooper
Headteacher

Annex I

PUPIL MEDICATION RECORD

Child's name: _____ Date of Birth: _____

	Date	Time	Medicine given	Dose	Signature(s)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					