

An Daras Multi Academy Trust

Managing Medicines in School Policy

The An Daras Multi Academy Trust (ADMAT) Company
An Exempt Charity Limited by Guarantee
Company Number/08156955

Status: Approved	
Recommended	
Statutory	Yes
Version	v1.0
Adopted (v1.0)	Summer 2018
Review (v2.0)	Summer 2021
Advisory Committee	Local Governing Advisory Body
Linked Documents and Policies	<ul style="list-style-type: none">• SEND Local Offer• SEND Code of Practice 0-25 years – 2014• SEND Policy• Intimate Care Policy• Single Equality policy• Access to Education for Pupils with Medical Needs Policy

Managing Medicines in School Policy

AIMS

A clear policy that is understood and accepted by all staff, parents and children providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

The policy is to include:

- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Roles and responsibilities of staff administering medicines
- A clear statement of parental responsibilities in respect of medicines
- Written permissions from parents for medicines
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures
- Risk assessment and management procedures

In all instances the school will do all it can to persuade the parent to come into school to administer medicines.

As an inclusive setting, we recognise that there may be times when medication needs to be administered to ensure a child's participation in our school. We will therefore administer medication and supervise children taking their own medication according to the procedures in this policy.

- We ask parents and carers to ask their doctor wherever possible to prescribe medication which can be taken outside of the school day.
- We are prepared, however, to take responsibility for those occasions when a child needs to take medication during the school day in strict accordance with the procedures in this policy and following the guidance in the DfES document 'Managing Medicines in Schools and Early Years Settings' (2014)
- We will usually only administer prescribed medication.

Children with Special Medical Needs

- Should we be asked to admit a child to the school with special medical needs we will, in partnership with the parents / carers discuss their individual needs and write a Personal Care Plan. We will also involve other outside agencies as appropriate to the needs of the child and family.
- Care Plans will be shared with all staff working with the pupil.
- Any resulting training needs will be identified and arranged from the appropriate support agencies and the family as required.

Procedures On Admission

All parents and carers are asked to complete a family record giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. These details are updated every 12 months.

Emergency Medication

Specific specialised training is required for those staff prepared to act in emergency situations. Staff who agree to administer the emergency medication must have training from an appropriate health care professional which should be updated annually. Emergency medication could include asthma reliever inhalers, emergency treatment for allergies e.g. Epi-pen, emergency treatment for epilepsy, emergency treatment for diabetes.

Prescribed Medicines

We will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions. Form 3B to be completed by parents / carers.

It is helpful when clinically appropriate that medicines are prescribed in dosages that enable it to be taken outside of school hours. We will encourage parents to discuss this with the prescriber.

Prescribers should be encouraged to issue two prescriptions, one for home and one for school, thus avoiding the need for repackaging of medicines e.g. asthma pumps.

Controlled drugs should never be administered unless cleared by the Head of School. Reference should be made to the DfES document *Managing Medicines in Schools and Early Years Settings 2005*.

Non-Prescription Drugs

Staff should **never** give non-prescribed drugs to a child unless there is specific permission from the parent / carers. Administration of the medicine will be witnessed, and counter signed by a second member of staff. Telephone permission then written confirmation / permission will be sort by sending home a copy of Form 3B, Parental agreement for school / setting to administer medication. This will be an exceptional situation rather than the norm. A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Short Term Medical Needs

In order to reduce the time a child is away from school the school will administer medicines, for example the end of a course of antibiotics or apply a lotion, but only for a short course of up to 5 days, and only when previous avoidance strategies have been examined. **Note the exceptional terms in the previous paragraph. Form 3 will be completed by parents / carers.**

Long Term Medical Needs

The school will be fully informed of the child's needs before admittance. It is essential to have sufficient information in order for the child's medical needs to be adequately supported. (Reference should be made to the 2005 DfES document.)

Administration of Prescribed Medication

- Should a child need to receive medication during the school day parents or carers will be asked to come into school and personally hand over the medication to Reception Office.
- On receipt of medication, a 'Medicine Record Sheet' should be completed and signed by the Parent/Carer (see: [Appendix A](#)) - (a separate form should be completed for each medication). Completed forms will be kept with medications in the Reception Office.
- The medication should be in the original container as dispensed clearly labelled with the instructions for administration including:
 - * The child's name
 - * Name of medication
 - * Strength of medication
 - * How much to be given
 - * When to be given
 - * Date dispensed and / or expiry date. (If no date given, the medication should be replaced 6 months after date dispensed)
 - * Length of treatment
 - * Any other instructions
- **NB A LABEL 'TO BE TAKEN AS DIRECTED' DOES NOT PROVIDE SUFFICIENT INFORMATION.**
- Liquid medication should be measured accurately using a medicine spoon or syringe.
Medication should not be added to food or drinks unless there is a specific reason.
- A record of the administration of each dose will be kept and signed by Reception Office staff, on the reverse of the Medicine Record Sheet
- Should the medicine need to be changed or discontinued before the completion of the course or if the dosage changes the school should be notified in writing by the parent/carer. A new supply of medication – correctly labelled with the new dose – should be obtained and a new consent form completed.
- Should the supply need to be replenished this should be done in person by the parent or carer.

Alternative Medication

Alternative medication, including homeopathic medication and herbal remedies, will not be administered unless prescribed or agreed by a GP/consultant.

Simple Analgesics (Pain Relief)

- These will only be given if there is an on-going medical condition i.e. febrile convulsions and it has been prescribed by a GP/consultant.

- A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Refusing Medication

- If a child refuses medication staff will not force them to take it.
- The refusal will be noted, and parents contacted by telephone.
- In the event of a child refusing emergency medication parents and carers will, of course, be contacted immediately by telephone. The emergency services will be contacted immediately, and a member of school staff will accompany the child to hospital to allow parents time to arrive.

There is no legal or contractual duty on teachers to administer medicine or to supervise a pupil taking it. This is a purely voluntary role and is recognised as such by the Government. While teachers have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines.

Members of staff giving medicines **may** therefore not be teaching members of staff but support staff who are:

- Willing to perform such tasks
- Trained where necessary for the task

If in doubt, then do not administer medicines without checking with one of the schools First Aiders who will then contact parent / carer.

A record must be kept in a written form each time medicines are given.

Application of Creams and Lotions – see also Intimate Care Policy

- Non-prescribed creams and lotions may be applied at the discretion of the Head of School in line with this policy but only with written consent from parents and carers.
- Parents and carers are responsible for sending in the cream, labelled for the individual child, if they wish cream to be applied.
- Steroid creams are usually applied twice daily only – we would usually expect these to be applied at home.
- Sun cream needs to be supplied by parents and carers. We ask parents and carers to apply sun block in the morning before coming to school. Children may bring in their own creams, but parents and carers must ensure it is in date and of at least SPF 25 or above. It should be labelled clearly and is the child's responsibility.

Self Management

Children who are able will be encouraged to manage their own medicines. This will generally apply to relief treatments for asthma. Other medicines should be kept in secure storage, so access will only be through the medical room.

Record Keeping

Parents should inform the school of the medicines their child needs. School will check that the medicine is in its original container and that the dispenser's instructions are

clear. **A written record of medicines administered will be kept and a copy of consent form 3 will also be kept with the medicine.**

Offsite Activities and Educational Visits

- All medicines required by children on such undertakings will be part of the overall risk assessment for the visit.
- For residential visits, if a pupil requires medicines which he / she takes at home only
i.e. not during the school day, then a consent form must be completed by parents / carers before departure for the medicine to be administered during the residential. This also includes over the counter medication such as travel sickness.
- Medication is administered by a teacher on a voluntary basis or a member of support staff who is willing to carry out the task and witnessed by a second member of staff. These should be two members of staff willing to accept this responsibility and a record of medicines administered to be completed.
- The named leader of the activity must ensure that all children have their medication, including any emergency medication available. The medication will be carried by a named member of staff. This also includes asthma inhalers and other relief medication. Record forms are also taken to ensure normal administration procedures are followed.
- All parents and carers are asked to sign a consent form to give permission for a small dosage (stated on the consent form) of paracetamol to be administered should the child require this during the trip. Any such administration of paracetamol is recorded, and parents are informed and asked to counter sign on the child's return.

Sporting Activities and Off-site Venues

Given the distance between the school and many off-site sporting / venues it would be advisable to prepare a risk assessment of medical needs of individual children, where needed, including those who may suffer from an asthma attack. Asthma relievers not self managed should be taken to off-site activities and be supervised by a support member of staff who is willing to accept this responsibility. All staff to be made aware of pupils who have medical needs, i.e. Asthma.

Request for child to carry his / her medicine form A

Where deemed applicable by staff, a pupil can carry his / her own inhaler when offsite i.e. sporting activities and offsite venues, residential visits and educational visits. This must be returned to the first aider when they come back into school. Form A must be completed by parent / carer beforehand.

Inhalers

Mouth pieces to be rinsed to avoid any blockages and expiry dates checked each half term.

Insurance

All staff are covered by the Academy's 'public liability' insurance.

Training

- Training needs are reviewed annually according to the needs of our children.

- This policy is part of our staff induction programme and is reviewed annually.
- Training needs are identified for individual staff through annual performance and appraisal meetings.
- Training for specific conditions e.g. Epilepsy & Asthma is provided as needed
- All First Aiders in the school will be supported in training to maintain current First Aid Certificates.

The Governing Body

The governing body will be made aware of this policy and its role in being generally responsible for all school policies.

The Head of School

The Head of School will ensure that all staff receive appropriate support and training and aware of this policy. Likewise, the Head of School will inform the parents of the policy and its implications for them. In all complex cases the Head of School will liaise with the parents and where parent expectation is deemed unreasonable then the Head of School will seek the advice of the school nurse or some such medical advisor.

Teachers and Support Staff

There is no legal or contractual duty on teachers to administer medicine or to supervise a pupil taking it. This is a purely voluntary role and is recognised as such by the Government. While teachers have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines.

All staff should be aware of the possible medical risks attached to certain pupils. They should be aware of possible emergency action and emergency contacts. Any support member of staff agreeing to administer prescribed medicines should be in receipt of appropriate training. The training shall be commensurate with the situation.

Storage and Disposal of Medication

- All medication (with the exception of any requiring refrigeration) will be kept in the School Reception Office **Children prescribed with an Epi-pen will need to have TWO pens in school – one to be kept with them/in the classroom and the other as a ‘back up’ to be kept in the School Reception Office.**
- **Epi-pens** should be kept in a clearly labelled box in the classroom; this must travel with the children at all times including PE lessons and off-site visits.
- Parents are responsible for ensuring that Epi-pens they supply to school are ‘in date’.
- Medication requiring refrigeration will be stored in the fridge in the staff room inside a plastic closed container clearly labelled MEDICATION. It will not be accessible to children and medicine should always be placed in the storage space within the fridge door.
- Emergency medication will be stored out of the reach of children, in the same room as the child wherever possible and easily accessible to staff. All members of staff working in the school will need to be made aware of the location of the emergency medication.

- A regular check of all medicines in school (Reception Office and classrooms) will be made every half term and will be completed by First Aiders. Parents and carers will be asked to collect any medication which is no longer needed, is out of date or not clearly labelled.
- Any medication which is not collected by parents and carers and is no longer required will be disposed of safely at a community pharmacy. No medication should be disposed of into the sewage system or refuse.
- Any problems or issues arising shall be initially referenced to 'Managing Medicines in Schools and Early Years Settings' (2005) DfES.
- **Asthma medication: please refer to [Appendix 1 – 'Responding to Asthma'](#)**
- **Epilepsy medication: please refer to [Appendix 2 – 'Helping Pupils with Epilepsy'](#)**
- **Anaphylaxis: please refer to [Appendix 3 – 'Allergic Reactions / Anaphylaxis'](#)**

September 2014 the DfE published statutory guidance regarding the support of pupils with medical conditions in school. The guidance can be found by following this link: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medicalconditions>

The head of School will monitor the implementation of this policy and will submit periodic evaluation reports on its effectiveness to the governing body.

This policy will be reviewed every three years or earlier if necessary.

Agreed (v1.0): **Summer 2018**
 Next Review: **Summer 2021**

Signed..... Head of School

Signed..... Chair LGAB

Appendix 1

Responding to Asthma

General

The charity, Asthma UK, estimates that on average there are 3 pupils with asthma in every classroom in the UK.

Academy staff are not required to administer asthma medicines to pupils (except in an emergency), but where staff are happy to administer asthma medicines the school will ensure that they are covered by insurance and will receive any necessary training.

All staff should understand that immediate access to reliever medicines (usually inhalers) is essential. Pupils with asthma should be encouraged to carry their own inhalers as soon as the parent/carer, doctor or asthma nurse agrees that they are mature enough.

This policy sets out the Academy's response to the problems posed by asthma, taking into account its responsibility for ensuring as far as is reasonably practicable the health and safety of employees and pupils.

Aim

The policy sets out the system for ensuring that:

- Staff and pupils with asthma are known;
- Appropriate training is given to staff and pupils;
- All staff know their roles in ensuring that asthma attacks are dealt with quickly and effectively; and
- Governors, staff, pupils and parents know what the system is and the part they have to play

Responsibilities

The Head of School is responsible for:

- Ensuring that a system is in place and is properly managed and reviewed;
- Ensuring that a system is in place for recording asthma sufferers;
- Ensuring that a system is in place for training staff; and
- Reporting annually to the Local Governing Board on any incidents and the general working of the system.

The SENCo / First Aiders are responsible for:

- The management of the system;
- Ensuring that asthma sufferers are known, and records and register kept appropriately;
- Ensuring that appropriate training is given;
- Obtaining and circulating appropriate guidance;
- Ordering supplies of the Asthma UK School Asthma Cards;
- Ensure that the Asthma UK procedure in the event of an asthma attack is visibly displayed in the staffroom and in classrooms.
- Reviewing the system periodically;
- Ensuring that appropriate storage for medicines is provided, where necessary;
- Liaising with medical staff as necessary;
- Communicating with teaching and support staff, and parents; and □ Reporting to the Head of School.

All Staff will:

- Know which of their pupils is on the medical register – including asthma; (this information will be accessible via class medical file and the school's SCOMIS).
- Allow pupils to take their own medicines when they need to;
- Know what to do in the event of an asthma attack in school;
- Ensure that an asthma inhaler is clearly labelled with the child's name and kept in a box in the classroom (this must travel with the children at all times including PE lessons and off-site visits). **However, all children with a respiratory condition such as asthma must have TWO inhalers in school – one to be kept in the classroom / with them at all times and another as a 'back-up' to be kept in the School Reception Office.**
- Make a note to the First Aider when a pupil has had to use the inhaler.

Parents/Carers of asthma sufferers are responsible for:

- Completing and returning the Asthma cards to the Academy.
- Ensuring that the inhalers are in date.
- Providing the school with two inhalers, labelled with the pupil's name and details

All Pupils will:

- Be told by teachers about asthma, e.g. PHSE / Science sessions.

Record Keeping

- Parents will be asked to complete a medical questionnaire on admission (which will include asthma); these will be updated annually.
- All pupils with asthma will then be sent an Asthma UK School Asthma Card to give to the doctor or asthma nurse to complete. The card must then be returned to the academy. The SBM will ensure that parents/carers are requested annually to update the Asthma Card, or supply a new one if the pupil's medicines, or how much they take, change.
- The names of sufferers will be kept on the school register managed by the SENCo / First Aiders.

PE and Games

- Taking part in PE activities is an essential part of school life for all pupils including those with asthma. They will be encouraged to take a full part in PE activities.
- All staff will know who has asthma from information in the classroom medical file and on SCOMIS
- Before each lesson staff will remind pupils, whose asthma is triggered by exercise to take their reliever inhalers, and to warm up and down before and after the lesson.
- The same applies to class teachers (and where relevant support staff) where other lessons (e.g. drama) might involve physical activity.

School Environment

- St Catherine's C of E School will do all it can to make the environment favourable to pupils with asthma.
- There is a rigorous no smoking policy.
- St Catherine's C of E School will as far as possible not use chemicals in the school that are potential triggers for asthma.
- Pupils with asthma will be told to leave the teaching area and to go to a designated area if particular fumes trigger asthma.

Dealing with the Effects of Asthma

- When it is known that a pupil has to miss a lot of school time or is always tired through the effects of asthma, or the asthma disturbs their sleep at night, the pupil's teacher will talk to parents/carers to determine how best to ensure that the pupil does not fall behind.
- If appropriate the tutor will also talk to the SEN co-ordinator about the pupil's needs.
- In the event of an asthma attack the school will follow the procedure outlined by Asthma UK in its School Asthma Pack.

Guidance

September 2014 the DfE published statutory guidance regarding the support of pupils with medical conditions in school. The guidance can be found by following this link:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medicalconditions>

- The School Asthma Pack – Asthma UK
- Asthma Awareness for School Staff
- Asthma Resources for Pupils
- Order your free Asthma Attack Card from asthma UK:

http://www.asthma.org.uk/order_your_free_asth.html

Monitoring and Review

- Staff will report incidents of asthma to the SENCo / First Aiders, where a record of incidents will be kept.

Appendix 2

HELPING PUPILS WITH EPILEPSY

Contents

1. What is epilepsy?
2. What causes epilepsy?
3. Triggers
4. Medication
5. What the School should do
6. Sporting and Off-site activities
7. Disability and epilepsy
8. References

This section provides some basic information about epilepsy, but it is beyond its scope to provide more detailed medical advice. It is important that the particular needs of pupils are assessed and treated on an individual basis.

1. What is epilepsy?

Pupils with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Five per cent of people with epilepsy have their first seizure before the age of 20.

Epilepsy is the second most common medical condition that teachers will encounter. It affects around one in 130 pupils in the UK.

Eighty per cent of pupils with epilepsy attend mainstream schools. Most pupils with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Epilepsy is not a disease or an illness but may sometimes be a symptom of an underlying physical disorder. Epilepsy is defined as having a tendency to have convulsions or fits. An epileptic seizure happens when normal electrical activity in the brain is suddenly disrupted.

An epileptic seizure can take a number of different forms – it can cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. A seizure or 'fit' is a brief disruption to normal brain functioning

2. What causes epilepsy?

Some pupils have epilepsy as a result of brain damage caused through injury before, during or after birth. This type is known as symptomatic epilepsy. For other pupils there

is no known or identifiable cause, or they may have an inherited tendency to have epilepsy. This type is known as idiopathic epilepsy.

Some develop epilepsy during childhood, and about a third of these will outgrow their epilepsy by the time they become adults. Some teenagers may develop epilepsy. Depending on the type of epilepsy they develop, these young people may or may not grow out of their epilepsy by the time they become adults.

3. Triggers

If the pupil has had seizures for some time the parents, or indeed the pupil if he/she is old enough, may be able to identify the factors that make the seizures more likely to occur. These are often called 'triggers'. The most common are:

- Tiredness;
- Lack of sleep;
- Lack of food;
- Stress;
- Photosensitivity.

There are over 40 types of seizure and it is unnecessary for staff to be able to recognise them. Seizures can take many different forms and a wide range of descriptors are used for the particular seizure patterns of individual pupil.

The school will obtain detailed information from parents and health care professionals for individual pupils. The information should be recorded in an individual health care plan, setting out the particular pattern of an individual pupil's epilepsy.

4. Medication

Pupils with epilepsy may require medicines on a long-term basis to keep them well, even where the epilepsy is well controlled. Most pupils need to take medicine to control their seizures.

Medicine is usually taken twice each day, outside of school hours, which means that there are no issues about storage or administration for school staff. There are some pupils who require medicine three times daily but even then, it is usually taken before the school day, after the school day and before going to sleep.

The only time medicine may be urgently required during the school day is when seizures fail to stop after the usual time or the pupil goes into 'status epilepticus'. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens, an emergency sedative needs to be administered by a trained member of staff. The sedative is either the drug diazepam, which is administered rectally, or midazolam that is administered through the mouth.

Pupils who require rectal diazepam will have an Intimate Care Policy. Two adults should be present when intimate or invasive procedures take place, at least one of whom should be of the same gender as the pupil. For further information see the 'Intimate Care Policy'.

5. What St Catherine's C of E School do:

Most teachers during their careers will have taught pupils with epilepsy in their class. Therefore, all staff should be aware that any of the pupils in their care could have a seizure at any time and therefore should know what to do.

All individual pupils with epilepsy will have a health care plan that details the specifics of their care. The Head of School & SENCo should ensure that all teachers know what to do if the pupil has a seizure.

The health care plan should identify clearly the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required. If a pupil does experience a seizure in school the details should be recorded and communicated to parents and/or the specialist nurse for epilepsy. This will help parents to give more accurate information on seizures and seizure frequency to the pupil's specialist.

Pupils with epilepsy should be included in all activities though extra care may be needed in some areas such as swimming, undertaking gymnastic activities at a height. Concerns about safety should be discussed with the pupil and parents as part of the health care plan

During a seizure it is important to make sure that:

- The pupil is in a safe position (recovery position);
- The pupil's movements are not restricted; and
- The seizure is allowed to take its course

In a convulsive seizure something soft should be put under the pupil's head to help protect it. Nothing should ever be placed in the mouth.

After a convulsive seizure has stopped, the pupil should be placed in the recovery position and stayed with, until he/she is fully recovered.

An ambulance should be called if:

- It is the pupil's first seizure;
- The pupil has injured him/herself badly;
- They have problems breathing after a seizure;
- A seizure lasts longer than the period set out in the pupil's health care plan;
- A seizure lasts for five minutes – (if you do not know how long they usually last for that pupil);
- There are repeated seizures - unless this is usual for the pupil as set out in the pupil's health care plan.

This information should be an integral part of the school's general emergency procedures but also relate specifically to each pupil's individual health care plan.

6. Sporting and off-site activities

The school has agreed procedures about what to do when any pupil with a medical condition or disability takes part in PE and sports or is on a school activity off-site or outside school hours. Risk assessments need to take place for such events.

Such procedures should include details of each pupil's individual needs. All staff accompanying the group should ensure that they know the procedure and what is expected of them in relation to each pupil. The parents and pupil should be involved in drawing up the details for the individual and know exactly what the procedure is.

The majority of pupils with epilepsy can participate in all physical activities and extracurricular sport. There should be sufficient flexibility for all pupils to follow in ways appropriate to their own abilities. Physical activities can benefit their overall social, mental and physical health and well being. Any restrictions on a pupil's ability to participate in PE should be recorded in his/her individual health care plan.

The school will encourage pupils with epilepsy to participate in safely managed visits. The school will consider what reasonable adjustments they might make to enable such pupils to participate fully and safely on visits. Staff supervising excursions should always be aware of individual needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

7. Disability and epilepsy

Some pupils with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. Epilepsy is a long-term medical condition and therefore pupils with the condition are usually considered disabled. Whether they also have special educational needs will depend on how the condition impacts on their access to education and their ability to make adequate progress.

Under Part 4 of the DDA, schools and academies must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including admissions, school trips and school clubs and activities. Academies should be making reasonable adjustments for disabled pupils including those with epilepsy at different levels of school life. Thus, pupils with epilepsy should take part in all activities organised by the school, except any specifically agreed with the parents and/or relevant health adviser.

Whether or not the epilepsy means that an individual pupil is disabled, the Academy must take responsibility for the administration of medicines and managing complex health needs during school time in accordance with government and local authority policies and guidelines.

8. References

September 2014 the DfE published statutory guidance regarding the support of pupils with medical conditions in school. The guidance can be found by following this link:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medicalconditions>

Epilepsy Action www.epilepsy.org.uk publishes

Epilepsy - A teacher's guide - <http://www.epilepsy.org.uk/info/education/index.html>.

This looks at classroom first aid, emergency care, and medication and school and school activities. Further information is available from a freephone helpline on 0808 800 5050 (Monday-Thursday, 9:00 am - 4.30 pm, Friday 9:00 am - 4:00 pm)

The National Society for Epilepsy (NSE) <http://www.epilepsysociety.org.uk/> has information on education and epilepsy which looks at epilepsy and learning, special needs, examinations, practical activities, medication, the Disability Discrimination Act, and teaching pupils with epilepsy. Contact the UK Epilepsy helpline, telephone 01494 601 400 (Monday-Friday 10:00 am - 4:00 pm.)

Appendix 3

ALLERGIC REACTIONS / ANAPHYLAXIS

Contents:

1. What is anaphylaxis?
2. Symptoms
3. Triggers
4. Medication
5. What the School should do
6. Sporting and off-site activities
7. References

This section provides some basic information about anaphylaxis (severe allergic reactions) but it is beyond its scope to provide more detailed medical advice and it is important that the needs of pupils are assessed and treated on an individual basis.

1. What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. The whole body is affected, usually within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life can continue as normal for all concerned.

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, Brazils), sesame, eggs, cow's milk, fish, shellfish, and certain fruits such as kiwifruit. Whilst non-food causes include penicillin or any other drug or injection, latex

(rubber) and the venom of stinging insects (such as bees, wasps or hornets) are other causes of anaphylaxis.

In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

2. Symptoms

The most severe form of allergic reaction is anaphylactic shock, when blood pressure falls dramatically, and the patient loses consciousness. This is rare in young pupils but does occur in adolescence.

3. Triggers

More common symptoms in pupils are:

- Nettle rash (hives) anywhere on the body;
- Sense of impending doom;
- Swelling of throat and mouth;
- Difficulty in swallowing or speaking;
- Alterations in heart rate;
- Severe asthma;
- Abdominal pain, nausea and vomiting;
- Sudden feeling of weakness (drop in blood pressure).

A pupil would not necessarily experience all of these symptoms. Even where only mild symptoms are present, the pupil should be watched carefully. They may be heralding the start of a more serious reaction.

4. Medication

The treatment for a severe allergic reaction is an injection of adrenaline. Preloaded adrenaline injection devices containing one measured dose of adrenaline are available on prescription for those believed to be at risk. The devices are available in two strengths – adult and junior.

Adrenaline (also known as epinephrine) acts quickly to constrict blood vessels, relax the smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help stop swelling around the face and lips.

Should a severe allergic reaction occur the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

5. What the Academy should do

Pupils who are at risk of severe allergic reactions are not ill and neither are they disabled. They are normal pupils, except that if they come into contact with a certain food or substance, they may become very unwell. It is important that such pupils are not made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Many schools and academies have decided that it is necessary to draw up individual protocols for pupils with severe allergies. St Catherine's C of E School (in consultation

with the school nurse) and the pupil's doctor will agree such protocols with the parents and pupil. The risks for allergic pupils will be reduced if an individual plan is in place.

All staff should have at least some minimum training in recognising symptoms and the appropriate measures. The school will have procedures known to staff, pupils and parents if and when needed.

The general policy could include risk assessment procedures, day-to-day measures for food management, including awareness of pupil's needs in relation to the menu, individual meal requirements and snacks in school. It is important to ensure that the catering supervisor is fully aware of each pupil's particular requirements. A 'kitchen code of practice' could be put in place. It is not, of course, always feasible to ban from the premises all foodstuffs to which a particular pupil may be allergic.

Adrenaline injectors are simple to administer. When given in accordance with the manufacturer's instructions, they have a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the pupil's leg. In cases of doubt it is better to give the injection than to hold back.

Where pupils are sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely but not locked away and accessible to all staff. In large academies, it will be quicker for staff to use an injector that is with the pupil rather than taking time to collect one from elsewhere.

Staff are not obliged to give injections, but when they volunteer to do so training should be provided by an appropriate provider e.g. one from the local health trust.

6. Sporting and off-site activities

Whenever a severely allergic pupil goes out of the St Catherine's C of E School building, even for sports in the school grounds, his/her emergency kit must go too.

A staff member trained to treat allergic symptoms must accompany the pupil. Having the emergency kit nearby at all times is a habit the pupil needs to learn early, and it is important the Academy reinforces this.

Where a pupil has a food allergy, if is not certain that the food will be safe, think about alternatives that will mean the pupil is not excluded from school trips and activities. For example, for a day trip a pupil can take a lunch prepared at home, and for longer visits some pupils take their meals in frozen form to be re-heated individually at mealtimes. In any event, the allergic pupil should always take plenty of safe snacks.

Insect sting allergies can cause a lot of anxiety and will need careful management. Special care is required when outdoors, the pupil should wear shoes at all times and all food or drink should be covered until it is time to eat.

Adults supervising activities must ensure that suitable medication is always on hand.

7. References:

Managing Medicines in School and Early Years Settings, DfES 2005

<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005DOCEN>.

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September 2014 the DfE published statutory guidance regarding the support of pupils with medical conditions in school. The guidance can be found by following this link:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medicalconditions>

Make sure you refer to the updated version amended in November 2007.

Medical Conditions at School: A Policy Resource Pack has been compiled by the Medical Conditions at School Group to compliment the DCSF guidance. It can be downloaded at

<http://www.medicalconditionsatschool.org.uk/>

The Anaphylaxis Campaign website at <http://www.anaphylaxis.org.uk/home.aspx> contains Guidance for schools, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol.

The Anaphylaxis Campaign Helpline is 01252 542 029.

The Anaphylaxis Campaign Allergy in school's website at:

<http://www.anaphylaxis.org.uk/information/schools/information-for-schools.aspx> has specific advice for schools at all levels.

Appendix A

Medicine Record

Child 's Name
Class
Name of Medicine
How much to give (i.e. dose)
When to be given
Any other instructions
Phone number of Parent/Carer or other adult contact
Name of G.P
G.P telephone no.

The above information is to the best of my knowledge accurate at the time of writing and I give my consent to school staff administering the medication in accordance with the school and Academy policy.

Signed _____ Parent / Carer

Print Name _____

Date _____

Staff initials										
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Appendix C

Residential Visit

STUDENT CONSENT AND EMERGENCY CONTACT FORM

This form must be completed by Parent/Guardian and signed on both sides **Student Information**

Details and Date of Visit: _____

Child's Name Address: _____

Home Telephone (include code): _____

Mobile: _____

Water Activities (please tick as appropriate)					
My child is:-					
Able to swim 50 metres	<input type="checkbox"/>	Just water confident	<input type="checkbox"/>	Does not wish to participate in water activities	<input type="checkbox"/>

Diet Declaration (please tick as appropriate)					
My child's diet is:-					
All food	<input type="checkbox"/>	No meat/fish	<input type="checkbox"/>	Other (Please give details below)	<input type="checkbox"/>
He/She requires:- _____					
Continue overleaf if necessary					

Parent/Guardian Name: _____

Consent (Please tick as appropriate)

I am aware of the nature of the Programme that my child is about to take part in, and I understand that I can seek more detailed information by telephone/in writing from the following:

I have told my child to pay particular attention to staff giving advice on matters of safety, behaviour and general procedures.

I consent to my child taking part in all activities organised by the Staff in connection with the Programme.

Signed: _____ Date: _____

Appendix D

EMERGENCY CONTACTS AND MEDICAL INFORMATION
The following information will be treated in confidence.

Student Name: _____ Age: _____ Date of Birth: _____
 Parent/Guardian Name: _____
 Address: _____
 Home Telephone: _____ Mobile: _____
 If parents/Guardians can be contacted at work, please give the telephone numbers
 Name: _____ Phone No: _____

Emergency Contact Numbers		
Name	Phone	Relationship

1. Please provide any information regarding medical conditions that may be relevant, e.g. Allergies, Asthma, Diabetes, Epilepsy, Other. _____

None 2. Is your child currently taking any medication? E.g. Antibiotics _____

None 3. Is there anything else you would wish to bring to the Programme Leaders' attention? E.g. Travel sickness, incontinence, sleepwalker/restless sleeper or any other special needs. _____ None

Name: _____ Phone No: _____

Own Doctors Name: _____ NHS No: _____

Address:

In the event of a medical emergency every possible effort will be made to contact you. We request that you agree to your child receiving emergency medical treatment if the situation arises. It is important for you to understand that such a decision will be decided upon by a Doctor. If you do not agree it will not necessarily bar your child from attending, but we would be grateful if you would discuss this matter with: -

Your Leader in Charge/Principal/Course Co-ordinator:

I consent to my child receiving medical treatment in the event of an emergency.

<i>Non-Suitable Foods</i>	<i>Suitable or Substitute Foods</i>

The following is required for medical diets only and should be copied by the school representative (who signs below) from the pupil's Care Plan. N.B. This is essential to avoid misinterpretation.

EMERGENCY PROCEDURES FOR USE OF A PRELOADED ADRENALIN INJECTION WHERE IS THE PRELOADED ADRENALIN INJECTION LOCATED?

ADMINISTERED BY WHOM?

Details: (school to complete)

LOCAL ARRANGEMENTS FOR IDENTIFICATION OF CHILD AGREED AND EMERGENCY PROCEDURE IN PLACE	Details: (school to complete)
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Signed: _____ Date: _____

Appendix E SPECIAL DIETS REQUEST FORM

Child's Name: _____ Class: _____ Please specify type of diet requested:

Medical (e.g. Nut/ Gluten Allergy): _____

Religious (e.g. Muslim): _____

Ethical (e.g. vegetarian = eats no meat or fish): _____

Please print specific details. Identify food that the child is / is not allowed to eat.

**DOES YOUR CHILD HAVE A SIGNIFICANT OR LIFE-THREATENING FOOD ALLERGY?
(PLEASE CIRCLE) YES NO**

Signature: _____ Print Name: _____
Parent/ Carer

Signature: _____ Print Name: _____
School Representative

Position: _____

Signature: _____ Print Name: _____
Caterer Manager

Date: _____

This form should be held with the child's individual treatment plan within the SEN Class file
Please print specific details. Identify food that the child is / is not allowed to eat.