

# Supporting Children with Medical Conditions Policy

<b>Reviewed:</b>	<b>August 2025</b>
<b>Next review:</b>	<b>August 2026</b>
<b>Person in charge:</b>	<b>Headteacher</b>
<b>Governance:</b>	<b>Chair of LGB</b>

## Policy Statement

Dame Dorothy Primary School is an inclusive community that welcomes and supports pupils with medical conditions. We understand that pupils can suffer from long term, short term, chronic and acute illnesses and will provide for all pupils without exception or discrimination. This includes both physical and mental health conditions. We endeavour to provide all pupils with any medical condition the same opportunities as others at school, enabling them to play a full and active role in school life, remain healthy and achieve their academic potential.

We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution

All staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency. This school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. This school understands the importance of medication and care being taken as directed by healthcare professionals and parents. All pupils with medical conditions will have an Individual Care Plan (ICP) written as soon as possible after diagnosis and reviewed at least annually or more often if necessary. All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

Staff have had the appropriate first aid training and are aware of the location of first aid equipment. All classrooms have a key locked cupboard to hold any inhalers in. Portable first aid kits / medication / inhalers are taken off site for any educational visits.

This school ensures this policy is applied across the curriculum, including PE and Educational Visits.

The named member of school staff responsible for these medical conditions policy, care plans, Including the administering of medicines and first aid and its implementation is **Mrs Ryan**

## Policy Framework

The policy framework describes the essential criteria for how the school can meet the needs of children and young people with long term and short-term medical conditions and those suffering from unexpected illness or injury at school.

**We are an inclusive community that supports and welcomes pupils with medical conditions.**

- We are welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both schools based and out of school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

- We listen to the views of pupils and parents.
- Pupils and parents feel confident in the care they receive from this school and the level of care that meets their needs.
- We ensure all pupils joining at normal transition times will have arrangements in place to manage their medical condition by the beginning of that term.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- We understand that all children with the same medical condition will not have the same needs.
- We recognise that duties in the Children and Families Act 2014 (England only) and the Equality Act (England, Wales and Scotland) relate to children with disability or medical conditions is anticipatory. This school understands that some children who have medical conditions may also have disabilities and / or special educational needs and this policy may be read in conjunction with the school's SEN policy and the SEN code of practice.

**Our medical conditions policy is drawn up in consultation with local key stakeholders within both the school and health settings.**

**The policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation.**

Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the policy through clear communication channels. The policy will be available on the school's website for public view and all staff will be reminded of the policy and how it is implemented at induction and on an annual basis.

**All staff understand and are trained in what to do in an emergency at school.**

All school staff, including temporary or supply staff (and volunteers if appropriate), are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.

- Nominated staff have received training in what to do in an emergency and this is refreshed at regular intervals.
- All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff have access to protective clothing and suitable disposal equipment to safely deal with spillages of blood or other bodily fluids, including the changing of dressings.
- All children with a medical condition at this school have an Individual Care Plan (ICP), which explains what help they will need in an emergency. The ICP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the ICP for sharing the ICP with emergency care settings.
- ICPs should be developed in the context of assessing and managing risks to the pupil's education, health and social wellbeing and to minimise disruption.

## Procedures for dealing with sick or injured students

- Students who are taken ill or injured should be sent to the medical room. In the case of serious injury, the casualty should be treated immediately, at the location, ensuring dignity is always maintained, while emergency services contacted.

## Illness or less serious injury

- At the medical room the student, if injured or if the illness warrants it, will be seen by a qualified First Aider. If necessary, the parent/carer will be contacted to arrange for the student to either be collected or gain permission for the child to leave site, or they will be returned to normal activity school. At all times prime consideration must be for the sick or injured student.

## Serious Injury

- If the injury is serious and the student is unable to walk or unconscious, normal first aid procedures apply, ensuring that the emergency services are called immediately.

## Head injury

- A member of the office or First Aider will contact home if a student sustains a head injury or is seen by a First Aider in relation to a head injury. If necessary, the school will contact the emergency services.
- Staff should be aware that they are always acting in loco parentis during the educational day, and that their prime consideration is a duty of care to all students.

**\* All students who are treated for first aid will wear a wrist band for the remainder of the day, this will make other staff / parents aware that this child has had first aid. Parents will be contacted if the injury is deemed to be serious or it's a head injury.**

## ICPs should consider.

- The medical condition, its trigger, signs, symptoms and treatment.
- The pupil's resulting needs, including medication (its side-effects and storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues.
- Specific support for the pupil's educational, social and emotional needs, for example how absences will be managed, requirements for extra time to complete work, rest periods or additional support including counselling.
- The level of support needed, including in emergencies. If a child is self-managing their own medication, this should be clearly stated with arrangements for monitoring.
- Who will provide this support, their training needs, and expectations of their role and confirmation of their proficiency to provide support for the pupil's medical needs from a healthcare professional.
- Who in school needs to be aware of the child's condition and the support required.
- Written permission from parents and the headteacher for medication to be

administered.

- Separate arrangements or procedures required for school trips or other school activities outside.
- The normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Arrangements for travel to and from school and what should be done if an emergency arises (at this school we request that the parent, or an appropriate representative, delivers and collects the pupil to and from school).
- Where confidentiality issues are raised by the parent or pupil, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including who to contact and contingency arrangements.

### **All staff understand and are trained in the school's general emergency procedures.**

- All staff, including temporary or supply staff, know what action to take in an emergency. Updates and any required training is provided at the start of each academic year, and as required throughout the year, and policies and procedures are discussed with temporary and supply staff. Training needs will be identified and discussed at least annually as part of the school's appraisal process.
- The induction of new staff will include training for supporting pupils with medical needs.
- Any member of staff providing support to a pupil with medical needs will have received suitable training.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent or legal guardian arrives, or accompany a child taken to hospital by ambulance. A member of staff must not take a pupil to hospital in their own car.

### **Dame Dorothy Primary School has clear guidance on providing care and support and administering medication and first aid at school.**

- We understand the importance of medication being taken and care received as detailed in the pupil's ICP.
- We make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child.
- We will ensure there are sufficient members of staff trained to cover any absences, staff turnover and other contingencies. The school's Governing Board has made sure that there is the appropriate level of insurance and liability cover in place.
- We will not give medication to a child without a parent's written consent except in exceptional circumstances. Medication may only be administered if prescribed by a healthcare professional. Medicines bought 'over the counter' may not be administered, except for a single dose of travel sickness medication required for the return journey of an educational visit and then only upon the explicit written consent of the parent. Parents may be permitted to come into school during school hours to administer a single dose of analgesic and/or antipyretic medicine such as paracetamol or ibuprofen if they feel it is necessary.
- Medicines will only be administered at school when it would be detrimental to the

pupil's health not to do so and where it is not clinically possible to arrange doses to be taken solely outside of school hours.

- When administering medication, for example prescribed pain relief or antibiotics, this school will check the maximum dosage and when the previous dose was given with parents being informed.

Children at this school will not administer their own medication, unless they have received appropriate training and it is the wish of the pupil and their parent. This will be recorded on their ICP. A member of staff must be present to supervise and be prepared to intervene if necessary to ensure the child's health and safety are not compromised. Whilst pupils will be encouraged to keep themselves healthy, and self-care is to be promoted, this school recognises that some pupil's needs may be complex and some medical conditions can be fatal if not managed well.

- If a pupil refuses to take their medication or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the ICP. Parents will be informed immediately.
- We will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site educational visit and the needs of the pupil, associated risks and how these are to be managed will be included in the risk assessment for the visit.
- Parents at this school understand that they should let the school know immediately if their child's needs change and provide enough information to ensure their needs are met.

### **Dame Dorothy has clear guidance on the storage of medication and equipment at school.**

- We make sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication / equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication / equipment with them if this is appropriate or know where and how to access it. Children at this school know to ask any member of staff and that they may have immediate access to their medication when required.
- In our school medications are stored safely in the medicine's cupboard in the first aid room or the medical fridge (also in first aid room) if required to be stored at a controlled temperature.
- We keep controlled drugs stored securely, but accessible, in a non-portable container with only named staff having access. Staff at our school can administer a controlled drug to a pupil once they have had specialist training. It is legal for a child who is competent to carry their own controlled drug, but it is an offence for them to pass it to anyone else to use.
- We store medication that is in date and labelled in its original container.
- The exceptions to this are insulin and adrenalin (auto-injector or AAI), which although must still be in date, will generally be supplied in an injector pen or pump. Medication will only be accepted where it is in its original container, complete with dispensing label including the child's name and instructions for administering from a qualified healthcare professional. For extended guidance around AAIs please refer

to Appendix 1.

- We check all medication held in school on at least a termly basis and all medicines which will expire before the end of the following term will be returned to parents and replacements requested.
- We dispose of needles and other sharps in line with local policies. Sharps boxes are held securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

### **We have clear guidance about record keeping.**

- Parents at Dame Dorothy are asked if their child has any medical conditions on the admissions form.
- We use an ICP to record the support an individual pupil needs around their medical condition. The ICP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- We have a centralised register of ICPs, and an identified member of staff who has responsibility for this register.
- ICP's are reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate), parents, specialist nurse (where appropriate), and relevant healthcare services hold a copy of the ICP. Other school staff are aware and have access to the ICPs for pupils in their care.
- We make sure that the pupil's confidentiality is protected.
- We seek permission from parents before sharing medical information with any other party.
- We meet with the pupil (where appropriate), parent, specialist nurse (where appropriate), and relevant healthcare services prior to any extended residential visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded on the pupil's ICP which will accompany them on the visit.
- We keep an accurate record of all medication administered, including the dose, time, date and supervising staff.
- We make sure that all staff providing support to a pupil have received suitable training and ongoing support, to make sure they have the confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's ICP. This should be provided by the specialist nurse / school nurse / other suitably qualified healthcare professional and / or the parent. The specialist nurse / school nurse / other suitably qualified healthcare professional will confirm their competence, and we keep an up to date record of all training undertaken and by whom.

### **Wherever possible, we ensure that the whole school environment is inclusive to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.**

- We are committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility.
- We are also committed to an accessible environment for out of school activities.
- We are sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, including

extended school activities.

- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti-bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- We understand the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out of school clubs and team sports.
- We understand that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid / take special precautions during activity, and the potential triggers for a pupil's condition when exercising and how to minimise these.
- We make sure that pupils have the appropriate medication / equipment / food available during physical activity.
- We make sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absence relates to their medical condition. Following absence, reintegration back into school will be properly supported so pupils with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term absences, including those for medical appointments are effectively managed as per the school's Attendance Policy.
- We will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCo who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- A risk assessment is carried out before any out of school educational visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

**Dame Dorothy Primary School are aware of the common triggers that can make common medical conditions worse or can bring on an emergency. This school is actively working towards reducing or eliminating these health and safety risks and has a written schedule or reducing specific triggers to support this.**

- We are committed to identifying and reducing triggers both at school and on out of school visits.
- School staff have been given training and written information on medical conditions which includes avoiding / reducing exposure to common triggers. It has a list of the triggers for pupils with medical condition, a trigger reduction schedule and is actively working towards reducing / eliminating these health and safety risks.
- The ICP details an individual pupil's triggers and details how to make sure the pupil remains safe during the whole school day and on out of school activities. Risk assessments are carried out on all out of school activities, considering the needs of

- pupils with medical conditions.
- We review all medical emergencies and incidents to see how they could be avoided, and changes school policy according to these reviews.
- In the event of an emergency, the emergency services will be contacted on 999.

**Each member of staff and health community knows their roles and responsibilities in maintaining and implementing an effective Medical Conditions Policy.**

- We work in partnership with all relevant parties including the pupil (where appropriate), parent, governing board, staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- The Governing Board ensures parents are aware of the school's Complaints Policy by having it on the school website.

**The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.**

Appendix 1: Guidance on the use of adrenaline auto-injectors in schools –released by Department of Health September 2017

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).

Any AAI(s) held by school will be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times.

Schools are not required to hold AAI(s). Arrangements for the supply, storage, care, and disposal of spare AAI(s) in line with the main policy. School will hold an AAI if a pupil in the school requires the need for an AAI. Training will be provided to staff in line with the main policy.

A register will be kept of pupils who have been prescribed an AAI(s) (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis). Written consent must be given from the pupil's parent/legal guardian for use of the spare AAI(s), as part of a pupil's individual healthcare plan.

School will keep a record of use of any AAI(s), and inform parents or carers that their pupil has been administered an AAI and whether this was the school's spare AAI or the pupil's own device.

Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

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

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), School will call 999 without delay, even if the child has already used their own AAI device, or a spare AAI. Dame Dorothy Primary School recognise that delays in action may result in fatality.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) will be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate. Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

### Practical points:

- When dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location
- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, 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

### 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

### What can cause anaphylaxis?

#### Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- insect stings (e.g. bee, wasp)
- medications (e.g. antibiotics, pain relief such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps)

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- Food: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating.<sup>4</sup> Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present
- Severe reactions to insect stings are often faster, occurring within 10-15 minutes

### Reducing the risk of allergen exposure in children with food allergy

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should be taught to also check with catering staff, before purchasing
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples

- include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils
- Food should not be given to food-allergic children in primary schools without parental engagement and permission (e.g. birthday parties, food treats)
  - Implement policies to avoid trading and sharing of food, food utensils or food containers
  - Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen
  - Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted depending on the allergies of particular children and their age
  - In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). Consider substituting non-food containers for egg cartons
  - When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the food-allergic child and emergency planning (including access to emergency medication and medical care)

Children and young people diagnosed with allergy to foods or insect stings are frequently prescribed AAI devices, to use in case of anaphylaxis. AAIs (current brands available in the UK are EpiPen®, Emerade®, Jext®) contain a single fixed dose of adrenaline, which can be administered by non-healthcare professionals such as family members, teachers and first-aid responders.

Children at risk of anaphylaxis should have their prescribed AAI(s) at school for use in an emergency.

Depending on their level of understanding and competence, children should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted.

Pupil must still have access to an AAI when travelling to and from school.

A number of different brands of AAI are available in different doses depending on the manufacturer. It is up to the school to decide which brand(s) to purchase. Schools are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training. Where all pupils are prescribed the same device, the school should obtain the same brand for the spare AAI. If two or more brands are currently held by the school, the school may wish to purchase the brand most commonly prescribed to its pupils. However, the decision as to how many devices and brands to purchase will depend on local circumstances and is left to the discretion of the school. The school will base its decision on this matter dependent on the needs of the child.

AAIs are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age-

based criteria,<sup>8</sup> 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).

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s)
- Instructions on how to use the device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer's information
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

Any spare AAI devices held in the Emergency Kit will be kept separate from any pupil's own prescribed AAI which might be stored nearby; the spare AAI will be clearly labelled to avoid confusion with that prescribed to a named pupil.

The AAI devices will be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

School requires parents to take their child's own prescribed AAIs home before school holidays (including half-term breaks) to ensure that their own AAIs remain in date and have not expired.

### Disposal

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

Schools will consider whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

The spare AAI in the Emergency Kit will only be used on a pupil where both medical authorisation and written parental consent have been provided for the spare AAI to be used on them. This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent/guardian must be obtained.

All children with a diagnosis of an allergy and at risk of anaphylaxis will have a written Allergy Management Plan.

The signs of an allergic reaction are:

**Mild-moderate allergic reaction:**

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

**ACTION:**




- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



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

- AIRWAY:** Persistent cough  
Hoarse voice  
Difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing  
Wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness  
Becoming pale or floppy  
Suddenly sleepy, collapse, unconscious

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

1. Lie child flat with legs raised:  
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector\* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS

**\*\*\* 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 dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

### 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 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. 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.

Schools will want to ensure there are a reasonable number of designated members of staff to provide sufficient coverage, including when staff are on leave. In many schools, it would be appropriate for there to be multiple designated members of staff who can administer an AAI to avoid any delay in treatment.

ALL staff will:

- be trained to recognise the range of signs and symptoms of an allergic reaction
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g. skin) symptoms
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective)
- be aware of this anaphylaxis appendix
- be aware of how to check if a pupil is on the register

- be aware of how to access the AAI
- be aware of who the designated members of staff are, and the policy on how to access their help

School will arrange specialist anaphylaxis training for staff where a pupil in the school has been diagnosed as being at risk of anaphylaxis. The specialist training will include practical instruction in how to use the different AAI devices available.

Online resources and introductory e-learning modules can be found at <http://www.sparepensinschools.uk>, although this is NOT a substitute for face-to-face training.

School will have agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff, to help administer an AAI, as well as for collecting the spare AAI in the emergency kit.

Designated members of staff should be trained in:

- recognising the range of signs and symptoms of severe allergic reactions
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering AAIs according to the manufacturer's instructions
- making appropriate records of allergic reactions

Schools must provide a written letter when ordering "spare" back-up adrenaline auto-injector devices.

A sample letter is provided below, which will be printed on the school's headed paper and signed by the principal or head teacher at the school. Ideally appropriate headed paper should be used, although school recognises this is not a legislative requirement.

In line with legislation, the order must state:

- the name of the school for which the adrenaline auto-injector devices are required
- the purpose for which that devices are required
- the total quantity required for each device

[To be completed on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at <https://www.gov.uk/government/consultations/allowing-schools-to-hold-spare-adrenaline-auto-injectors>).

Please supply the following devices:

Brand name*	Dose* (state milligrams or micrograms)	Quantity required
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Adrenaline auto-injector device		
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Adrenaline auto-injector device		
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Print name: Head Teacher

\*AAs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children age under 6 years:

Epipen Junior (0.15mg) or

Emerade 150 microgram or

Jext 150 microgram

For children age 6-12 years:

Epipen (0.3 milligrams) or

Emerade 300 microgram or

Jext 300 microgram

For teenagers age 12+ years:

Epipen (0.3 milligrams) or

Emerade 300 microgram or

Emerade 500 microgram or

Jext 300 microgram