

St Dunstan's Catholic School



Medication In School Policy

Annex a. Anaphylaxis Policy

Medication in School Policy

Definition

Pupil medical need may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities which they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Rationale

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

There is no legal or contractual duty on teachers to administer medicines or supervise pupils taking medicines, nevertheless we would wish to support our pupils where we can. Pupils with special medical needs have the same right of admission to school as other children and are not refused admission or excluded from school on medical grounds. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school policy is understood and accepted by staff and is communicated to parents and staff through the school prospectus, staff handbook. etc. Self-administration of medication is encouraged when possible and appropriate.

Aims

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of medical needs;
- arrange training for volunteer staff to administer medicine;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education if possible;
- monitor and keep appropriate records.

Entitlement

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

Expectations

It is expected that:

- where parents have asked the school to administer the medication for their child they must ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The name of the pharmacist should be visible. **Parents are informed that ONLY prescribed medication will be administered in school. Any medications not presented properly will not be accepted by school staff.**
- employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- Children and adults that need access to medication frequently or quickly (eg. For treatment of asthma) will have their medication stored in their classroom, in the green medical bag. Syrups/liquid medication is stored in a fridge in the medical room. Staff will access this for children.
- Pupils and adults with identified medical need will have their own care plan which will be shared with professional partners as appropriate. Children with food and other allergies will be made known to staff through photographs displayed in appropriate areas (eg. Kitchen) to alert ALL staff, including those new to the school, of a child's specific need.
- Children with medical needs
- When the medical condition of a child gives cause for concern to staff and/or when medication does not give expected response, parents and carers will be notified and if necessary medical advice will be sought. Emergency services will be called if deemed necessary by Headteacher, Deputy Headteacher or first-aid staff.

Procedures

Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil should have training and guidance and should check the following: -

1. The pupil's name
2. Written instructions provided by parents or doctor
3. Prescribed dose and frequency
4. Expiry date

- He or she should be aware of possible side effects of the medication and what to do if they occur
- School staff should generally not give any non-prescribed medication to pupils i.e. aspirins, paracetamol. **A child under 12 should never be given aspirin, unless prescribed by a doctor.** If a pupil suffers from acute pain i.e. Migraine, the parents should authorise and supply appropriate painkillers, with written instructions about when the child should take the medication. A member of staff should supervise the pupil taking the medication and notify the parents, in writing, on the day painkillers are taken
- No pupil will be given medication without his/her parents written consent
- It is good practice to allow pupils who can be trusted to manage their own medication from a relatively early age (parents should state this on health care plan). If doing so, staff will supervise them at all times
 - If a pupil refuses to take medication, staff should not force them to do so. The school should inform the parent as a matter of urgency, and if necessary call the emergency services
- Some medicine needs to be refrigerated and will be stored in the designated fridge in the medical room.
 - Medicines will be stored in the medical room.
- Parents should deliver and collect medicines held at school and are responsible for the disposal of date expired medication. If a child brings any medication into school this will be taken from the child and locked

in a cupboard in the administration office. Parents will be contacted immediately and advised that they must collect the medication.

- Inhalers are kept in classrooms (green medical bag) and are offered freely to children as they identify need.
- Children with severe allergies are identified in the classroom and staff room with photographic notices. When required to store on site, EpiPens each child's green medical bag in the classroom, they are taken out with the children for off-site activities where necessary.
- All children with dietary allergies or intolerances wear a lanyard detailing their information at lunchtime as a visible reminder to catering and school staff of their needs.
- The emergency EpiPen kits and the emergency asthma inhaler kits are located on the wall of the medical room, which is never locked. Many food allergic children also have asthma, and asthma is a common symptom during food induced anaphylaxis. This is a safe, centrally placed position within school and close to the dining hall and the playground.

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.

Anaphylaxis Policy

Purpose

To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.

The Headteacher (Mr Tehan) and the SENDco (Mrs Hafeez) are the named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

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1. Introduction

An allergy is a reaction by the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings, or drugs.

Definition: Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.

This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how St Dunstan's Catholic School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and Responsibilities

Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform the SENDco of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan ([BSACI plans](#) preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. Schools nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The SENDco will ensure that the up to date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the SENDco will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The SENDco keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

3. Allergy Action Plans

Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

St Dunstan's Catholic School recommend using the British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plan](#)) to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- **sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
- **life threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- **changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all

If the pupil has been **exposed to something they are known to be allergic to**, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment and it starts to work within seconds. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection)

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier

- **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh - through clothing if necessary)
- CALL **999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, storage and care of medication

Younger children (Primary School age) are assessed as not ready to take responsibility for their own medication, an anaphylaxis kit is kept safely, not locked away and **accessible to all staff**.

Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® or Emerade® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan) – this is kept in the fridge in the medical room.
- spoon if required
- asthma inhaler (if included on plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the SENDco will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the medical room.

6. 'Spare' adrenaline auto injectors in school

St Dunstan's Catholic School has purchased spare **adrenaline auto-injector (AAI) devices for emergency use in children who are risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in an orange colour rigid box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

St Dunstan's Catholic School holds 4 spare pens which are kept in the following location/s:-

Wall mounted rigid orange boxes in the medical room containing;

1 x 150mg Emergency Junior Anaphylaxis Kit (2 x Jext Auto Injector & Salbutamol inhaler & spacer)

1 x 300mg Emergency Senior Anaphylaxis Kit (2 x Jext Auto Injector & Salbutamol inhaler & spacer)

The SENDco is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's Allergy Action Plan.

If anaphylaxis is suspected **in an undiagnosed individual**, call the emergency services and state you suspect **ANAPHYLAXIS**. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

The Headteacher and the SENDco are the named staff members responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

The SENDco will arrange a practical anaphylaxis training session for staff, at the start of every new academic year.

All staff will complete online anaphylaxis awareness training at the start of every new academic year. In school training is also available on an ad-hoc basis, for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Inclusion and safeguarding

St Dunstan's Catholic School is committed to ensuring that all children with medical conditions, including allergies, 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.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products. Alliance In Partnership who are the school meals provider for St Dunstan's School, have a 'no nuts' policy for all their food.

The school menu is available for parents to view half termly advance, on the school website at www.stdunstans.bham.sch.uk

- The SENDco will inform the Catering Manager & Cook of pupils with food allergies.
- The SENDco issues all children who have food intolerances, allergies or medical conditions with a lanyard that is worn at lunchtime, to identify their needs to all staff.
- Parents/carers are encouraged to meet with the SENDco to discuss their child's needs.

The school adheres to the following [Department of Health guidance](#) recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The pupil should be taught to also check with catering staff, before selecting their lunch choice.
- School has a 'non sharing food' policy and does not allow 'celebration' foods to be sent into school from home (e.g. birthday cakes, food treats).
- Foods containing nuts are discouraged from being brought in to school.
- Use of food in craft or technology lessons, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness

St Dunstan's Catholic School supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

St Dunstan's Catholic School will conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed.

[Template Risk Assessment](#)

13. Useful Links

- Anaphylaxis Campaign- <https://www.anaphylaxis.org.uk>
- AllergyWise training for schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- AllergyWise training for Healthcare Professionals <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcare-professionals/>
- Allergy UK - <https://www.allergyuk.org>
- Whole school allergy and awareness management (Allergy UK) <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>
- Spare Pens in Schools - <http://www.sparepensinschools.uk>
- Official guidance relating to supporting pupils with medical needs in schools: <http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>
- Education for Health <http://www.educationforhealth.org>
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/gs118>
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf