



## Medical Needs Policy

<b>Approved by:</b>	Board of Trustees (Academy LGBs to receive each Academy version)	<b>Date:</b> June 2025
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<b>Monitoring &amp; Review</b>	At Trust and Academy Level in response to DfE and local authority updates.	
<b>Links</b>	<ul style="list-style-type: none"> <li>• Safeguarding and Child Protection Policy</li> <li>• Equality Information and Objectives</li> <li>• SEND Policy</li> <li>• Complaints Policy</li> <li>• Children Act 2004</li> <li>• SEND Code of Practice: 0-25 years</li> <li>• Supporting pupils at school with medical conditions 2015</li> <li>• Arranging education for children who cannot attend school because of health needs 2023</li> <li>• Mental health issues affecting a pupil's attendance: guidance for schools 2023</li> <li>• Health &amp; Safety Policy</li> <li>• First Aid, accident &amp; RIDDOR Policy</li> <li>• Critical Incident Management Plan</li> <li>• Infection Control Policy</li> </ul>	
<b>Staff responsible</b>	Summit Learning Trust Director of Inclusion, Principal, Inclusion Lead Pastoral Lead	

## **Contents**

<b>Statement of intent</b>	<b>3</b>
<b>1. Legal framework and definitions</b>	<b>4</b>
<b>2. Scope of policy</b>	<b>4</b>
<b>3. Roles and Responsibility</b>	<b>5</b>
<b>4. Notification that a learner has a medical condition</b>	<b>8</b>
<b>5. Attendance</b>	<b>9</b>
<b>6. Individual Health Care Plans</b>	<b>9</b>
<b>7. The learner's role in managing their own health care needs</b>	<b>11</b>
<b>8. Staff member training and support</b>	<b>11</b>
<b>9. Emergency Procedures</b>	<b>11</b>
<b>10. Day trips, residential and sporting activities</b>	<b>12</b>
<b>11. Home to academy transport</b>	<b>12</b>
<b>12. Unacceptable practice</b>	<b>12</b>
<b>13. Liability and indemnity</b>	<b>12</b>
<b>14. Complaints</b>	<b>13</b>
<b>15. Record keeping and data protection</b>	<b>13</b>
<b>Appendix 1 – Administration and Management of Medicines</b>	<b>14</b>
<b>Appendix 2 – Process for developing Individual Health Care Plan</b>	<b>17</b>
<b>Appendix 3 – Individual Health Care Plan Template</b>	<b>18</b>
<b>Appendix 4 – Consent for Medication Administration Form</b>	<b>20</b>
<b>Appendix 5– Individual Learner Medication Administration Form</b>	<b>21</b>
<b>Appendix 6 – Medication Administration Record (all learners)</b>	<b>23</b>
<b>Appendix 7 – Guidance on the use of adrenaline auto-injectors</b>	<b>24</b>

## **Statement of intent**

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to our academies as other children. This means that no child or young person with a medical condition should be denied admission or prevented from taking up a place at an academy because arrangements for their medical condition have not been made.

We take our responsibility to keep our learners' safe very seriously and that includes when administering medicines and/or providing first aid or medical assistance when a child or young person is feeling unwell or has sustained an injury.

We will ensure that learners with medical conditions, in terms of both physical and mental health, are fully supported so that they have full access to education, including academy trips and physical education, and can access and enjoy the same opportunities at the academy as any other learner.

We will consult with healthcare professional colleagues, social care professionals, learners, parents and carers to ensure that the needs of children with medical conditions are effectively supported.

Where learners with medical conditions may be considered disabled, we will ensure compliance with our duties set out in the Equality Act 2010 (see Equality Information and Objectives).

Where learners with medical conditions have a special educational needs (SEN) Education, Health and Care (EHC) plan we will meet the expectations of the Special Educational Needs and Disability (SEND) Code of Practice (see SEND Policy).

We will ensure that staff members are appropriately trained to provide the support that learner's need.

This document sets out our policy for supporting learners with medical conditions. This policy will be made readily available to parents, carers, staff members, volunteers and any other professionals working to support the health and well-being of our learners.

## **1 Legal framework and definitions**

1.1 This policy has due regard to statutory legislation, including, but not limited to

- The Education Act 2002
- The Freedom of Information Act 2000
- The Immigration Act 2016
- The Equality Act 2010
- The General Data Protection Regulation (GDPR)
- The Data Protection Act 2018
- The Education (Independent School Standards) Regulations 2014.
- The Human Medicines (Amendment) (No. 2) Regulations 2014
- The Health and Safety (First-Aid) Regulations 1981
- The Management of Health and Safety at Work Regulations 1992, (with particular attention to regulation 3, regarding risk assessment)

1.2. For the purposes of this policy, we follow the statutory guidance set out in the Department for Education's document Supporting Pupils at School with Medical Conditions 2015 and for Early Years settings the Statutory Framework for the Early Years Foundation Stage.

1.3 Where learners with medical conditions have a special educational need (SEN) and have a statement, or Education, Health and Care (EHC) plan we will have due regard to the Special Educational Needs and Disability (SEND) Code of Practice 2015.

## **2 Scope of this policy**

2.1 This policy applies to

- All those involved in the governance of Summit Learning Trust.
- All staff members and volunteers working within Summit Learning Trust.
- Local authority professionals working to support children or young people in our academies.
- Clinical Commissioning Groups (CCGs), NHA England professionals working to support children or young people in our academies.
- Parents, carers, children, and young people.
- Health Care professional and Social Care professionals working to support children or young people in our academies.
- Anyone who has an interest in promoting the wellbeing and academic attainment of learners with medical conditions, including alternative provision.

**We have clear separate guidance on the administration and management of medication within academies which can be found in Appendix 1.**

### 3.1 Roles and responsibilities

3.1.1 Supporting a learner with a medical condition during academy hours is the responsibility of all staff members. We recognise that our ability to provide effective support often depends on working co-operatively with other agencies. We will ensure that our staff members engage in effective partnership working with healthcare professionals (and, where appropriate, social care professionals), the local authority, parents, carers, and learners.

#### 3.1.2 Table of Responsibilities

Person	Responsibility
The Principal (D. Barker)	Has overall responsibility for medical conditions.
Pastoral lead (K. Carpenter)	Has day to day responsibility for ensuring the policy is put into practice.
The Principal (D. Barker)	Has responsibility for ensuring that sufficient staff members are suitably trained.
SENDCo (E. Vance)	Has responsibility for ensuring a register of Individual Health Care Plans is maintained.
Pastoral lead (K. Carpenter)	Has responsibility for ensuring relevant staff members are made aware of a learner's condition (including briefing relevant supply teachers or support colleagues).
Educational Visits Coordinator (E. Burrows)	Is responsible for ensuring that appropriate risk assessments are in place for academy trips, holidays and other activities outside the normal timetable.
SENDCo (E. Vance)	Is responsible for monitoring Individual Healthcare Plans on an annual basis (or sooner if needs have changed) and ensuring they are followed.
Pastoral lead (K. Carpenter)	Is responsible for ensuring medication is in date and stored appropriately within the academy.

3.1.3 Key roles and responsibilities are set out below:

#### Trustees of Summit Learning Trust

3.1.4 Trustees have overall responsibility for making sure arrangements to support learners with medical conditions are in place and that the policy for supporting learners with medical conditions is developed.

#### Principal

3.1.5 The Principal is responsible for the policy and its effective implementation. This includes ensuring that all staff members are aware of the policy and understand their role in its implementation.

3.1.6 The Principal will ensure that information about what action is required for staff members to take in a medical emergency is displayed in prominent locations for all staff members.

- 3.1.7 The Principal has overall responsibility for the development of Individual Healthcare Plans and will contact the school nursing service in the case of any learner who has a medical condition that may require support at the academy.

### **Academy Staff**

- 3.1.8 There is a common law duty of care owed by all staff members to learners both during and at either side of the academy day in the event of an emergency. In an emergency academy staff members are required, by the common law duty of care, to act in the best interests of the learner as an ordinary reasonable parent or carer. This may include administering medicine.
- 3.1.9 The designated first aid lead will ensure that all staff members who need to know are made aware of a learner's condition and ensure that sufficient trained numbers of staff are available to implement this policy and deliver against all Individual Healthcare Plans, including in contingency and emergency situations. Whole academy training and induction training for new staff will be available on a regular basis.
- 3.1.10 The Principal will ensure relevant information is shared with new staff members to the academy, in particular temporary and supply staff members.
- 3.1.11 The Principal will ensure relevant information is shared with new staff members to the academy, in particular temporary and long-term supply staff members.
- 3.1.12 Any member of academy staff may be asked to provide support to learners with medical conditions, including administering medicines, although they cannot be required to do so.
- 3.1.13 Although administering medicines is not part of teachers' professional duties, they should take into account the needs of learners with medical conditions that they teach and seek to act in the learner's best interests.
- 3.1.14 Academy staff members including temporary and long term supply staff members should know what to do and how to respond accordingly when they become aware that a learner with a medical condition needs help including common medical conditions such as asthma, diabetes and epilepsy.

### **School Nurse**

- 3.1.15 Every academy has access to school nursing services. The school nursing service provides advice and support on a diverse range of areas to promote the safety, health and well-being of children, young people, and their families. They will also refer onto other specialist professionals and agencies, as appropriate, in partnership with families.

The School Nursing service will routinely screen children at reception and Year 6 as part of the National Childhood Measurement programme and advise children and their families of any extra support if their child is identified as having any additional need.

School nurses promote the national childhood immunisation programme which ensures a child is protected against disease and infection and are actively involved in the delivery of the immunisation programme.

They can also provide a drop-in facility for young people at secondary academies to provide confidential advice and support as appropriate /required.

- 3.1.16 The school nursing service is responsible for notifying the academy when a learner has been identified as having a medical condition which will require support at the

academy. Wherever possible, they will do this before the child or young person starts at the academy.

- 3.1.17 It is not the role of the school nursing service to ensure that the academy is taking appropriate steps to support children or young people with medical conditions, but they may support staff members on implementing a learner's Individual Healthcare Plan, e.g. by providing advice and possibly training. School nurses can liaise with lead clinicians on appropriate support for the child or young person and associated staff training needs.
- 3.1.18 In 2023 Solihull School Nursing Service changed their process regarding completion of Allergy Care Plans and will no longer be completing annual updates of Allergy Care Plans in schools.

Solihull Metropolitan Borough Council has advised all parents and carers of a child aged 6 years old, or above, who remains on the 0.15mg dosage of Adrenaline Auto-Injector, to contact their GP and /or Allergy Clinic, to request a review, due to a dosage increase which may be required.

If your child/young person has recently been prescribed an Adrenalin Auto-Injector by the GP, without an Allergy Care Plan being provided for School, School Nursing can complete an Allergy Care Plan to cover this interim period whilst an assessment with the Specialist Allergy Clinic Service provision is awaited.

If parents and carers have any further queries regarding this, or require any advice, they should contact the School Nursing Team or their family GP and/or the Specialist Allergy Clinic Service Provision.

Birmingham school health support service will continue to work closely with schools and academies around medical needs, to include medical needs care plans; medical needs training for school staff members and poor school attendance related to health.

- 3.1.19 The community nursing team can also be a valuable source of advice and support.

### **Other healthcare professionals, including GPs and Paediatricians**

- 3.1.20 Other healthcare professionals will notify the school nurse when a child or young person has been identified as having a medical condition that will require support at the academy. The school nurse service should provide the academy with advice and lead on the development of an Individual Healthcare Plan should it be required.
- 3.1.21 Specialist local health teams may be able to provide support for children or young people with particular conditions (e.g. asthma, diabetes, epilepsy, cancer).
- 3.1.22 Where the learners may also have an Education Health and Care Plan multi-agency advice should be gathered by the EHCP lead i.e., Special Educational Needs Co-ordinator or Social Worker to ensure all needs are recognised and catered for in the healthcare plan.

## **Learners**

3.1.23 Learners with medical conditions are often best placed to provide information about how their condition affects them and, wherever possible, will be fully involved in discussions about their medical support needs. They will also be asked to contribute as much as possible to the development of their own Individual Healthcare Plan.

## **Parents and Carers**

3.1.24 Parents and carers are required to provide the academy with sufficient and up-to-date information about their child's medical needs. In some cases, they will be the first to notify the academy that their child has a medical condition. Parents and carers are key partners and will be involved in the development and review of their child's Individual Healthcare Plan. Parents and carers are expected to carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

3.1.25 Academies are under a duty to ensure that they have two emergency contacts recorded for every learner.

## **Local Authority (LA)**

3.1.26 The LA is the commissioner of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, local authorities have a duty to promote co-operation between relevant partners such as proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

3.1.27 The LA will provide support, advice and guidance, for academy staff members, to ensure that the support specified within Individual Healthcare Plans can be delivered effectively.

## **4a Notification that a learner has a medical condition**

4.1 Once we are notified that a learner has a medical condition, we will ensure that appropriate arrangements (including staff training and support) are put in place as soon as available.

4.2 Where learners have a new diagnosis or join us mid-term, we will make every effort to ensure that appropriate arrangements are in place as quickly as possible.

4.3 Where learners transfer between schools or colleges, we will liaise with the learner's previous school or college to help ensure a smooth transition.

## **4b Notification that a learner has a food allergy**

Each academy has a clear system and process in place once they are alerted to a learner having a food allergy.

Each academy works in close partnership with the learner, their parents/carers and where appropriate the relevant health professionals to ensure catering staff can identify and support learners with their allergies. Requirements and arrangements are reviewed on a regular and individual basis.

Parents/carers are encouraged to update the academy of their child's allergens (at least annually) so that appropriate support measures can be put into place.

The academy adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents and carers for learners with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the academy canteen/restaurant, parents/carers should check the appropriateness of foods by checking the school menu and speaking directly to the catering manager if further information is required.
- The learner should be taught to also check the food with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the academy, staff members 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 primary school age food-allergic children without parent/carer engagement and permission (e.g. parties, food treats).
- 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/risk assessed depending on the allergies of particular children and their age.

Annual allergy training and guidance is scheduled in each academy so that they can recognise the signs of an allergic reaction and are able to manage it safely and effectively.

## **5. Attendance (Schools only)**

5.1 If a learner is expected to be absent for more than 14 school days due to medical reasons the academy will liaise with the Local Authority to ensure that the learner receives as normal an education as possible while they are absent. A range of options can be made available including home teaching, a hospital school or teaching service, as well as work being provided by the academy.

5.2 Where a learner's medical needs mean that they will attend an academy on a reduced or part time timetable we will adhere to the guidance for doing this and will ensure that the relevant person or team at the Local Authority is informed when a part time timetable has been set up. A regular review of the arrangement will be carried out with re-integration support available at each stage of the learner's return to full time education.

5.3 The academy will do regular home visits to those learners who cannot attend their academy for medical or health reasons, as per their usual home learning and alternative provision safeguarding arrangements. These visits are for both safeguarding purposes and to ensure that the learner maintains a connection with the academy and staff.

5.4 Learners will never be penalised if their absence from school is related to their medical or health condition, including attending hospital or other healthcare appointments. The families of learners with medical or health conditions should be made aware of the procedure for requesting leave of absence for their child in order to avoid penalty for non-attendance. An absence can be authorised for these purposes as well as for occasions the learner is too ill to attend school if the academy is notified as soon as possible.

## **6. Individual Healthcare Plans**

- 6.1 Individual Health Care Plans are used to inform the appropriate staff members (including supply teachers and support staff members) of learners with complex health needs in their care who may need emergency help.
- 6.2 We will liaise with our healthcare colleagues and parents or carers (and if appropriate the learner) to ensure that, where appropriate, Individual Healthcare Plans are developed to support learners (see appendices 1 and 2).
- 6.3 We recognise that the responsibility to ensure that healthcare plans are finalised and implemented rests with the academy.
- 6.4 Healthcare plans will be readily accessible to all who need to refer to them and procedures are in place so that a copy of the learner's Individual Health Care Plan is sent to the emergency care setting with the child or young person. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible. However, we will ensure that confidentiality is maintained.
- 6.5 If a learner needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent or carer arrives. We will try to ensure that the staff member will be one the learner knows. The staff member concerned will inform a member of the academy's senior leadership team.
- 6.6 We will ensure that Individual Healthcare Plans are reviewed at least annually or earlier if evidence is presented that the learners needs have changed or the learning environment or placement has changed.
- 6.7 Individual Healthcare Plans will consider the following:
- The medical condition, its triggers, signs, symptoms, and treatments
  - The learner's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements, and environmental issues (e.g., crowded corridors, travel time between lessons etc.)
  - Specific support for the learner's educational, social, and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
  - The level of support needed (some children and young people will be able to take responsibility for their own health needs) including in emergencies. If a learner is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
  - Who will provide this support, their training needs, and expectations of their role and confirmation of proficiency to provide support for the learner's medical condition from a healthcare professional and cover arrangements for when they are unavailable
  - Who in the academy needs to be aware of the learner's condition and the support required
  - Arrangements for written permission from parents or carers for medication to be administered by a member of staff, or self-administered by the learner during academy hours
  - Separate arrangements or procedures required for trips or other activities outside of the normal academy timetable that will ensure that where possible, the learner can participate (e.g., risk assessments etc.)

- Separate arrangements for fire evacuation in the case of a fire alarm
- Where confidentiality issues are raised by the parents, carer or learner, the designated individuals to be entrusted with information about the learner's condition
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children or young people may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan.

## **7 The learner's role in managing their own medical needs**

Where appropriate, learners will be allowed to carry agreed medical devices with them, i.e. inhalers, diabetes monitor or will be able to access their medicines from the first aid area in the academy quickly and easily. Learners, who can take their medicines themselves or manage procedures, may require an appropriate level of supervision. If it is not appropriate for a learner to self-manage, then relevant staff members will help to administer medicines and manage procedures for them. Where learners appear unable to adequately self-manage further advice and guidance shall be sought from parents or carers and/or relevant health care professionals, and a record made in their Individual Healthcare Plan.

### **7 Staff training and support**

8.1 Designated first aiders providing support to a learner with medical needs will receive suitable training, appropriate to the Individual Healthcare Plans of learners they support.

7.1 Staff members must not give prescription medicines or undertake healthcare procedures without appropriate training. However, in some cases, written instructions from the parent or carer, or on the medication container dispensed by the pharmacist may be considered sufficient providing that those parents or carers have completed a consent form (Appendix 4 & 7).

7.2 We will ensure that an appropriate number of staff members have received basic training including giving out medication, asthma support, EpiPens etc. and that training is refreshed at least annually.

7.3 For more complex medical needs, the academy will liaise with the school nursing service to discuss training requirements.

### **8 Emergency procedures**

9.1 We have risk management processes and a critical incident management plan in place for dealing with emergencies for all academy activities wherever they take place, including on academy trips within and outside the UK.

9.2 Where a learner has an Individual Healthcare Plan, it must clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff members are aware of emergency symptoms and procedures. Other learners in the academy will, if appropriate, be made aware of what to do in general terms, such as informing a teacher immediately if they think help is needed.

9.3 If a learner needs to be taken to hospital, staff members will stay with the learner until the parent or carer arrives, or accompany a learner taken to hospital by ambulance.

9.4 With regard to **asthma inhalers** held for emergency use, where the academy holds an emergency inhaler, it will only be given to learners for whom parent or carer permission to use the emergency inhaler has been given. We will ensure that staff members are trained in the use of the inhalers and will follow the Department of Health protocol on their storage and use.

## **10 Day trips, residential visits and sporting activities**

- 11 We will actively support learners with medical conditions to participate in trips and visits, or in sporting activities, and make reasonable adjustments to allow them to take part. Learners will always be included unless evidence from a clinician such as a GP states that by doing so it may be dangerous to their health or condition.
- 12 Our planning arrangements will take account of any adjustments needed to ensure that learners with medical conditions are included. This requires consultation with parents or carers and learners, advice from relevant healthcare professional and a risk assessment to ensure that learners can participate safely.

## **13 Home to academy transport**

- 11.1 With regard to **home-to-academy transport**, where appropriate, transport healthcare plans will be put in place for learners with life-threatening conditions.

## **14 Unacceptable practice**

- 12.1 This policy is explicit about what practice is not acceptable. Although staff members will use their discretion and judge each case on its merits with reference to the learner's Individual Healthcare Plan, it is not generally acceptable practice to:
- Prevent children or young people from easily accessing their inhalers and medication and administering their medication when and where necessary
  - Assume that every learner with the same condition requires the same treatment
  - Ignore the views of the child or young person, their parents or carers, or ignore medical evidence or opinion (although this may be challenged)
  - Send learners with medical conditions home frequently or prevent them from staying for normal academy activities, including lunch, unless this is specified in their Individual Healthcare Plans
  - If the learner becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable
  - Penalise learners for their attendance record if their absences are related to their medical condition (e.g. hospital appointments etc.)
  - Prevent learners from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
  - Prevent learners from participating or create unnecessary barriers to children and young people participating in any aspect of academy life, including academy trips (e.g. by requiring parents or carers to accompany the child)
  - Not make the necessary reasonable adjustments to the physical learning environment.

### **13 Liability and indemnity**

13.1 Staff members are assured that when providing support to learners with medical conditions, they are covered by our insurance.

### **15 Complaints**

15.1 Any complaints regarding our support to learners with medical conditions should be made in the first instance to the member of staff most likely to have knowledge of the learner's needs. More serious complaints can be taken up using our Complaints Policy and procedure which is available on our Trust website

### **16 Record keeping and data protection**

- 16.1 Each academy will ensure that written records are kept of all medicines administered to learners. (see Appendix 6).
- 16.2 We will always inform parents or carers if their child has been unwell at the academy.
- 16.3 Individual Health Care Plans will be stored in a secure central location at each academy.
- 16.4 Apart from the central copy, specified members of staff (agreed by the learner and parents or carers) securely hold copies of learners' Individual Health Care Plans. These copies will be updated at the same time as the central copy. The academy will ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated and hold the same information.
- 16.5 Parents or carers and learners (where appropriate) will be provided with a copy of the learner's current agreed Individual Health Care Plan.
- 16.6 We will ensure that all staff members protect learner's confidentiality.
- 16.7 Each academy will maintain a centralised register of learners with complex health needs. An identified member of the academy staff has responsibility for the register at each academy. The academy must ensure that there is a clear and accessible system for identifying learners with health plans/medical needs such as names being 'flagged' on the Arbor management information system. A robust procedure will be in place to ensure that the learner's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the academy are updated on the academy's record system.
- 16.8 The responsible member of academy staff will follow up with the parents or carers and health professional if further detail on a learner's Individual Health Care Plan is required or if permission or administration of medication is unclear or incomplete.
- 16.9 The responsible member of academy staff will inform parents or carers that the Individual Health Care Plan would be sent ahead to emergency care staff, should an emergency happen during academy hours or at an academy activity outside the normal academy day. This is included in the Individual Health Care Plan.
- 16.10 The information in the Individual Health Care Plan will remain confidential and on a 'need to know basis', unless needed in an emergency.

## **Appendix 1 – Administration and Management of Medicines**

### **1 Administration – emergency medication**

- 1.1 Learners with medical conditions should have easy access to their emergency medication.
- 1.2 It is essential to ensure that all learners understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their emergency medication safely.

### **2 Administration – general**

- 2.1 Medicines will only be administered at the academy when it would be detrimental to a learner's health not to do so.
- 2.2 All use of medication will be done under the appropriate supervision of a member of staff unless there is an agreed plan for self-medication. Staff members should be aware if learners are using their medication in an abnormal way and should discuss this with the learner in the first instance.
- 2.3 No learner under 16 will be given prescription or non-prescription medicines without their parent or carer's written consent (see Appendix 4) – except in exceptional circumstances where the medicine has been prescribed for the learner without the knowledge of the parents or carers. In such cases, every effort will be made to encourage the child or young person to involve their parents or carers while respecting their right to confidentiality.
- 2.4 Learners under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g., for pain relief, will never be administered without first checking maximum dosages, dosage frequency and when the previous dose was taken. Parents or carers will be informed.
- 2.5 There is no legal or contractual duty for any member of staff to administer medication or supervise a learner taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.
- 2.6 For medication where no specific training is necessary, any member of staff may administer medication to learners under the age of 16, but only with the written consent of the learner's parent or carer.
- 2.7 Academy staff members may administer a controlled drug to the learner for whom it has been prescribed. Staff members administering medicines will do so in accordance with the prescriber's instructions. A record of all medicines administered to individual learners will be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered will be noted (see Appendix 5).
- 2.8 In some circumstances, medication is only administered by an adult of the same gender as the learner, and preferably witnessed by a second adult. This will be agreed in the Individual Health Care Plan.
- 2.9 Parents and carers at the academy understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the academy immediately. Parents and carers should provide the academy with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.

- 2.10 If a learner refuses their medication, staff members will record this and follow the defined procedures. Parents or carers will be informed of this non-compliance as soon as possible.
- 2.11 All staff members attending off-site visits will be made aware of any learners on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

### **3 Managing medicines on academy premises**

#### **3.1 Safe storage – emergency medication**

- 3.1.1 Emergency medication is readily available to learners who require it at all times during the academy day or at off-site activities. If the emergency medication is a controlled drug, it will be kept in a secure but known place to staff members and the learner as advised by Community School Nursing services.
- 3.1.2 Learners will be told where their medicines are at all times and with the oversight of a staff member, will be able to access them immediately. Where relevant, they will be told who to ask for the key to the storage facility.
- 3.1.3 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to learners and not locked away. This is particularly important when outside of academy premises, e.g., on trips.
- 3.1.4 If the learner concerned is involved in academy activities outside the normal academy day then specific arrangements and risk assessments should be agreed with the parent or carer and appropriate staff member(s) involved.

#### **3.2 Safe storage - non-emergency medication**

- 3.2.1 All non-emergency medication is to be kept in a secure place, in a lockable cupboard in a cool dry place.
- 3.2.2 Learners with medical conditions must know where their medication is stored and how to access it (usually at first aid – welfare / main reception).
- 3.2.3 Staff members will ensure that medication is accessible only to those for whom it is prescribed.

#### **3.3 Safe storage – general**

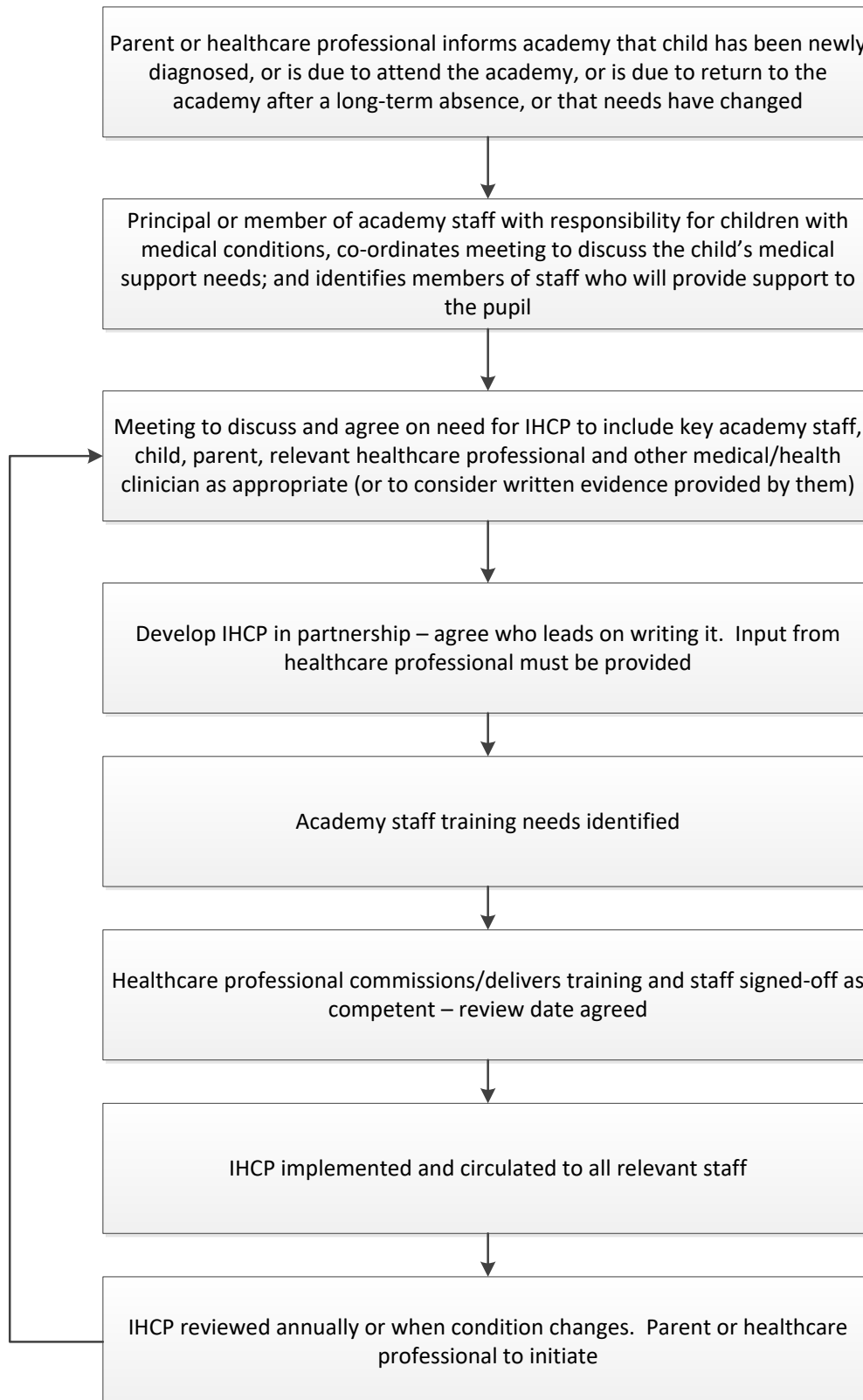
- 3.3.1 Each academy will have an identified a member of staff/designated person who ensures the correct storage of medication at the academy.
- 3.3.2 Where a learner has been prescribed a controlled drug (e.g., morphine, pethidine or methadone), they may legally have it in their possession if they are competent to do so; however, it will be made clear to them that passing it to another learner for use is an offence. Monitoring arrangements will be put in place as appropriate. Otherwise, controlled drugs that have been prescribed for a learner will be securely stored and only named staff will have access to them; albeit they will be kept easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in the academy (see Appendix 5).
- 3.3.3 The academy will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage, and storage. The exception to this is insulin which must still be in date but is generally inside an insulin pen or a pump, rather than in its original container.

- 3.3.4 The identified member of staff must check the expiry dates for all medication stored at academy each term (i.e., three times a year).
- 3.3.5 Medication must be stored in accordance with the manufacturer's instructions, paying particular note to temperature.
- 3.3.6 Some medication for learners may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised learners or lockable as appropriate.
- 3.3.7 All medication (including blue inhalers) is sent home with learners at the end of the academy year and then new medication for the new academic year is bought into school.
- 3.3.8 It is the parent or carer's responsibility to ensure new and in date medication comes into academy with the appropriate instructions and ensures that the academy receives this.

### **Safe disposal**

- 3.3.9 Parents and carers must be asked to collect out-of-date medication.
- 3.3.10 If parents or carers do not pick up out-of-date medication, or at the end of the academy year, medication must be taken to a local pharmacy for safe disposal.
- 3.3.11 A named member of staff will be responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check must be done at least 3 times a year and always documented.
- 3.3.12 Sharps boxes must be used for the disposal of needles.
- 3.3.13 If a sharps box is needed on an off-site or residential visit, a named member of staff must be responsible for its safe storage and return to a local pharmacy, to the academy or to the learner's parent/carer.
- 3.3.14 Collection and disposal of sharps boxes must be arranged with the local authority's environmental department.
- 3.3.15 From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed academies to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by learners, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the learner's prescribed inhaler is not available (for example, because it is broken, or empty). Academies are not required to hold an inhaler – this is a discretionary power enabling academies to do this if they wish. Academies which choose to keep an emergency inhaler should establish a protocol for the use of the emergency inhaler based on this guidance.

**Appendix 2 - Process for developing an Individual Healthcare Plan with parents or carers and relevant healthcare professionals.**



**Appendix 3 – Individual Healthcare Plan Template** (Nursing service template can also be used)

Name of academy

--

Learner's name

--

Group/class/form

--

Date of birth

--

Learner's address

--

Medical diagnosis or condition

--

Date

--

Review date

--

**Family Contact Information**

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

Relationship to learner

--

Phone no. (work)

--

(home)

--

(mobile)

--

**Clinic/Hospital Contact**

Name

--

Phone no.

--

**G.P.**

Name

--

Phone no.

--

Who is responsible for providing support in the academy

Describe medical needs and give details of learner's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the learner's educational, social and emotional needs

Arrangements for academy visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to:

## Appendix 4 – Consent for Medication Administration Form

The academy will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of academy	
Name of learner	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine NB: Medicines must be in the original container as dispensed by the pharmacy

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the academy/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

### Contact Details

Name	
Daytime telephone no.	
Relationship to learner	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to academy staff administering medicine in accordance with the Medical Needs Policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Appendix 5 – Individual Child Medication Administration Form**

Name of academy/setting	
Name of learner	
Date medicine provided by parent/carer	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff member signature \_\_\_\_\_

Signature of parent/carer \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff member initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff member initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff member initials			

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff member initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff member initials

--	--	--



## Appendix 7

### Guidance on the use of adrenaline auto-injectors (AAI) in academies - Department of Health 2017

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-academys>

Academy arrangements		Monitored by Name and role
Designated members of staff with responsibility for using AAI		
Arrangements for the supply, storage, care, and disposal of spare AAI(s) in line with Supporting Learners		
A register of learners 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).		
Monitoring of Individual Healthcare Plans / Allergy Management Plans / Risk Assessments		
Written consent from the learner's parent/legal guardian for use of the spare AAI(s), as part of a learner's Individual Healthcare / Allergy Management Plan /Risk Assessment.		

Consent should be updated regularly – ideally annually to take account of changes to a learner’s condition.		
Ensuring that any spare AAI is used only with learners where both medical authorisation and written parental consent have been provided.		
Appropriate support and training for staff in the use of the AAI in line with the academy’s wider policy on supporting learners with medical conditions.		
Keeping a record of any AAI(s) use, and informing parents or carers that their child has been administered an AAI and whether this was the academy’s spare AAI or the learner’s own device.		

**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.**

## 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

## Why does anaphylaxis occur?

An allergic reaction occurs because the body's immune system reacts inappropriately to a substance that it wrongly perceives as a threat. The reaction is due to an interaction between the substance ("allergen") and an antibody called Immunoglobulin E (IgE). This results in the release of chemicals such as histamine which cause the allergic reaction. In the skin, this causes an itchy rash, swelling and flushing. Many people (not just those with asthma) can develop breathing problems, similar to an asthma attack. The throat can tighten, causing swallowing difficulties and a high-pitched sound (stridor) when breathing in. In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. It is therefore vital to contact Emergency Services as early as possible. Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis.

## How common is anaphylaxis in academies?

Up to 8% of children and young people in the UK have a food allergy. However, the majority of allergic reactions to food are not anaphylaxis, even in children and young people with previous anaphylaxis. Most reactions present with mild-moderate symptoms, and do not progress to anaphylaxis. Fatal allergic reactions are rare, but they are also very unpredictable. In the UK, 17% of fatal allergic reactions in academy-aged learners happen while at their **educational provision**. Academies therefore need to consider how to reduce the risk of an allergic reaction, Box 1 provides a list of actions that the academy, parents and carers can take to reduce the risk of exposure to allergens.

### Box 1: Reducing the risk of allergen exposure in children with food allergy<sup>7</sup>

- 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).

## Treatment

While “allergy” medicines such as antihistamines can be used for mild allergic reactions, they are ineffective in severe reactions – only adrenaline is recommended for severe reactions (anaphylaxis). The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing anaphylaxis. However, severe reactions may require more than one dose of adrenaline, and learners can initially improve but then deteriorate later. It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs. The use of adrenaline as an injection into the muscle is safe and can be life-saving.

Learners diagnosed with an allergy to foods or insect stings are frequently prescribed AAI devices, to use in case of anaphylaxis. AAI (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.

Learners at risk of anaphylaxis should have their prescribed AAI(s) at the academy or college for use in an emergency. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.

Depending on their level of understanding and competence, learners and particularly teenagers 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 learner, then they should be kept in a central place in a box marked clearly with the learner’s name but NOT locked in a cupboard or an office where access is restricted. It is not uncommon for academies (often primary academies) to request a learner’s AAI(s) are left to avoid the situation where a learner or their family forgets to bring the AAI(s) to the academy each day. Where this occurs, the learner must still have access to an AAI when travelling to and from their academy.

# Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

## 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):

<b>AIRWAY:</b>	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
<b>BREATHING:</b>	Difficult or noisy breathing Wheeze or persistent cough
<b>CONSCIOUSNESS:</b>	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.

## **Arrangements for the supply, storage, care and disposal of AAI Supply**

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 has allowed all academies to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use for learners who are at risk of anaphylaxis, but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The academy's spare AAI should only be used on learners known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The academy's spare AAI can be administered to a learner whose own prescribed AAI cannot be administered correctly without delay.

Any AAI(s) held by an academy should be considered a spare / back-up device and not a replacement for a learner'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. This guidance does not supersede this advice from the MHRA,<sup>1</sup> and any spare AAI(s) held by an academy should be in addition to those already prescribed to a learner.

This change applies to all primary and secondary academies and sixth forms (including independent academies) in the UK. Academies are not required to hold AAI(s) – this is a discretionary change enabling academies to do this if they wish.

Academies can purchase AAIs from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed: i.e. small quantities on an occasional basis and the academy does not intend to profit from it. A supplier will need a request signed by the Principal (ideally on appropriate headed paper) stating:

- the name of the academy for which the product is required
- the purpose for which that product is required, and
- the total quantity required

A number of different brands of AAI are available in different doses depending on the manufacturer. It is up to the academy to decide which brand(s) to purchase. Academies are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training. Where all learners are prescribed the same device, the academy should obtain the same brand for the spare AAI. If two or more brands are currently held by the academy, the academy may wish to purchase the brand most commonly prescribed to its learners. 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 academy.

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, as follows:

- For learners 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 learners 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).
- For teenagers age 12+ years: a dose of 300 or 500 microgram (Emerade 500) can be used.

In the context of supplying academies rather than individual learners with AAIs for use in an emergency setting, using these same age-based criteria avoids the need for multiple devices/ doses, thus reducing the potential for confusion in an emergency. Academies should consider the ages of their learners at risk of anaphylaxis, when deciding which doses to obtain as the spare AAI. Academies may wish to seek appropriate medical advice when deciding which AAI device(s) are most appropriate.

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

The academy’s spare AAI can be administered to a learner 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), you MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

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

### **Practical points:**

- When dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location.
- If the learner’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 learner is known to have an allergy
- what might have caused this reaction e.g. recent food
- the time the AAI was given.

### The emergency anaphylaxis kit

It is good practice for academies 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 learners to whom the AAI can be administered.
- An administration record.

Academies might like to keep the emergency kit together with an “emergency asthma inhaler kit” (containing a salbutamol inhaler device and spacer). Many food-allergic learners also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline have been associated with fatal outcomes.

**Academies should ensure that all AAI devices** – including those belonging to a younger learner, and any spare AAI in the Emergency Kit – are **kept in a safe and suitably central location**: for example, the academy office or staffroom to which all staff have access at all times, but in which the AAI is out of the reach and sight of learners. **They must not be locked away in a cupboard or an office where access is restricted.** Academies should ensure that AAIs are accessible and available for use at all times, and **not** located more than 5 minutes away from where they may be needed. In larger academies, it may be prudent to locate a kit near the central dining area and another near the playground; more than one kit may be needed.

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

## **Storage and care of the AAI**

It is recommended that at least two named volunteers amongst academy staff should have responsibility for ensuring that:

- on a monthly basis the AAIs are present and in date.
- that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).

The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature. Academies may wish to require parents or carers to take their child's own prescribed AAIs home before academy 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.

## **Academy trips including sporting activities**

Academies should conduct a risk-assessment for any learner at risk of anaphylaxis taking part in an academy trip off academy premises, in much the same way as they already do so with regards to safe-guarding etc. Learners at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency. Academies may wish to consider whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

## **Responding to the symptoms of an allergic reaction**

AAIs are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives. Therefore, unless directed otherwise by a healthcare professional, the spare AAI should only be used

on learners known to be at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

This information should be recorded in a learner's Individual Healthcare Plan/Risk Assessment which should be signed by a healthcare professional and kept within the academy's allergy register.

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

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

### **What to do if any symptoms of anaphylaxis are present**

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed on page 4, 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 learner'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 learner**. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The learner should lie down with their legs raised. **If breathing is difficult, allow the learner 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**

## **Recording use of the AAI and informing parents/carers**

The use of any AAI device should be recorded. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The learner's parents/carers should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the learner's GP informing them of the reaction.

## **Learners to whom a spare AAI can be administered**

The spare AAI in the Emergency Kit should only be used in a learner where both medical authorisation and written parental consent have been provided for the spare AAI to be used on them. This includes learners 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 or carer must be obtained.

The academy's spare AAI can be used instead of a learner's own prescribed AAI(s), if these cannot be administered correctly, without delay. This information should be recorded in a learner's individual healthcare plan. Where a learner has no other healthcare needs other than a risk of anaphylaxis, academies may wish to consider using the BSACI Allergy Action Plan. All learners with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan.

Procedures should already be in place to ensure that academies are notified of learners that have additional health needs, and this information will enable them to compile an allergy register. Some academies will already have such a register as part of their medical conditions policy.

The register could include:

- Known allergens and risk factors for anaphylaxis.
- Whether a learner has been prescribed AAI(s) (and if so what type and dose).
- Where a learner has been prescribed an AAI whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the learner.
- A photograph of each learner to allow a visual check to be made (this will require parental consent).

The register is crucial as in larger academies (and secondary academies in particular), it may not be feasible for individual members of staff to be aware of which learners have been prescribed AAIs. Consequently, academies should ensure that the register is easy to access and easy to

read. Academies will also need to ensure they have a proportionate and flexible approach to checking the register. **DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.**

Allowing learners to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register. Academies will want to consider when consent for use of the AAI is best obtained but the most appropriate time would be as part of the introduction or development of the individual care plan. Consent should be updated regularly – ideally annually – to take account of changes to a learner’s condition.

## Staff Members

Any member of staff may volunteer to take on the responsibilities set out in this guidance, but they cannot be required to do so. These staff members may already have wider responsibilities for administering medication and/or supporting learners with medical conditions.

It is therefore appropriate for as many staff members as possible to be trained in how to administer AAI. In the following advice, the term ‘designated members of staff’ refers to any member of staff who has responsibility for helping to administer a spare AAI (e.g. they have volunteered to help a learner use the emergency AAI, and been trained to do this, and are identified in the academy’s medical conditions or allergy policy as someone to whom all members of staff may have recourse in an emergency.) Academies 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 academies, it would be appropriate for there to be multiple designated members of staff who can administer an AAI to avoid any delay in treatment.

Academies should ensure staff have appropriate training and support, relevant to their level of responsibility. It would be reasonable for **ALL** staff members to:

- 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 how to check if a learner is on the register;
- be aware of how to access the AAI;
- be aware of who the designated members of staff are, and how to access their help.

Academies must arrange specialist anaphylaxis training for staff where a learner in the academy has been diagnosed as being at risk of anaphylaxis. The specialist training should include practical instruction in how to use the different AAI devices available.

The academy should 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. These should be proportionate, and flexible – and can include phone calls being made to another member of staff or responsible secondary school or college-aged learners asking for the assistance of another member of staff and/or collecting the AAI (but not checking the register), and procedures for supporting a designated staff member's class while they are helping to administer an AAI.

### **DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.**

Thought should be given to where delays could occur (for example, a phone call is made to summon help but there is no answer) including a procedure for allowing a quick check of the register as part of initiating the emergency response.

#### **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 AAI's according to the manufacturer's instructions;
- making appropriate records of allergic reactions.

## **Training material**

It is recommended that academies should also ensure that:

- a named individual is responsible for overseeing the protocol for use of the spare AAI, and monitoring its implementation and for maintaining the allergy register;
- at least two individuals are responsible for the supply, storage care and disposal of the AAI.

## Useful links

- Spare Pens in Schools <http://www.sparepensinschools.uk>
- Official guidance relating to supporting pupils with medical needs in schools:
  - Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014).  
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
  - Supporting Learners with Healthcare Needs. (Welsh Government, 2017).  
<http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en>
  - The Administration of Medicines in Schools (Scottish Executive, 2001).  
<http://www.scotland.gov.uk/Publications/2001/09/10006/File-1>
  - Supporting Pupils with Medication Needs, (Department of Education, Department of Health, Social Services and Public Safety Northern Ireland, 2008)  
<https://www.education-ni.gov.uk/articles/support-pupils-medication-needs>
- Allergy UK <https://www.allergyuk.org/>
  - Whole school allergy and awareness management (Allergy UK)  
<https://www.allergyuk.org/schools/whole-school-allergy-awareness-and-management>
- 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 school nurses (Anaphylaxis Campaign)  
<http://www.anaphylaxis.org.uk/information-resources/allergywise-training/for-healthcare-professionals/>
- Education for Health <http://www.educationforhealth.org>