



Kibworth CE **Primary School**

A place of discovery and friendship

School Health and Medical Policy

Supporting Pupils, Parents and Staff with Medical
Matters

Policy written		
Policy updated		

Rationale

In September 2014, a new duty from the Children and Families Act 2014, came into force for governing bodies to make arrangements to support children at school with medical conditions. The aim of this policy is to make sure that all children with medical conditions (both physical and mental) 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.

Some children with medical conditions may also be disabled or have special educational needs and as such, may also have a statement or Care Plan, (**Appendix 12**) which brings together their health and social care needs in addition to provision for special educational needs. Where this is the case, guidance is sought from the Equality Act 2010 and the SEN Code of Practice. Alongside this policy is the Leicestershire County Council 'Administration of Medicines Policy,' 2013, which guides our school in all matters whereby medicines are concerned. Several appendices outlining specific procedures for certain conditions are also accompaniments to this policy and where relevant are referred to.

The School Health Policy is guidance for professionals to use when considering how the school can help support a child that has extra needs above baseline supervision. The Policy is based upon several principles.

Principle 1

The school should liaise with parents and agree how the school should provide appropriate care to children with medical needs.

Principle 2

It is the responsibility of parents to gather the information from the appropriate medical specialists to support schools to deliver care to the child

Principle 3

The school should give structured feedback to parents with information relating to children's medical conditions that may contribute to altering the health plan.

Principle 4

The school will educate selected staff members in basic first aid, particular medical conditions specific children have, common emergencies and scenarios. The school will reinforce this training by having simulated emergencies without warning to help staff prepare for real events.

Principle 5

Professionals should have access to mobile phones when they are in an isolated environment, such as on the school playing field or on a school trip. Professionals should be in no fear about calling 999 or 111 first, if in any doubt about the urgency of a medical issue. It is better to be safe than sorry.

Definition

Pupils' medical needs 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).

Admission to School

Prior to the very first day of school in the Foundation Stage or on admittance to the school at any other time of year, parents are asked to give written confirmation of any health needs including allergies. The school will structure this information gathering so that all information of health needs and allergies have been documented before the child starts school and becomes the responsibility of the school. *The school should not accept responsibility for caring for the child until this written confirmation is received from the parents/carers and the health lead for the school has confirmed it is safe for the child to start school.*

Entitlement

Kibworth CE Primary School accepts that pupils with medical needs should be properly supported and that they have a right to the full education available to other pupils, including school trips and physical education. The school will ensure that governors and school leaders will consult with health professionals, parents and the pupils to ensure that the needs of children with medical conditions are properly supported. Where necessary, children will be supported by a Medical Care Plan put together by health professionals and / or parents, which will be overseen by the school. At all stages, school leaders, will consult with health professionals, parents and children in order to ensure all parties are confident that the care children with medical conditions will receive is appropriate, and will enable the child to access and

enjoy the same opportunities at school as any other child. School leaders and governors believe that pupils with medical needs should be enabled to have full attendance and that medical appointments or time off for their medical condition will not impact on their school attendance records.

Training for Staff

Kibworth CE Primary has designated Danielle Marks as Assistant Headteacher to be responsible for overseeing and managing school health and medical issues and for implementing the school policy. Other senior leaders who are likely to be more directly involved are Gilly Paterson as Headteacher, Cara Bolton as SENCO and Philippa Plant as DSP. Often, senior leaders will consult together where more serious medical issues arise.

Annual updates and training will be given for all staff in anaphylaxis and asthma, as recommended by the Local Authority. Staff are given the choice as to whether they wish to be a named person for emergency use of an epi-pen. A record of staff that are agreeable to do this is kept in the school office.

In individual cases of children with medical conditions, all staff who are directly involved with the child will be consulted and supported, including specific training where necessary, in order to be able to care for the child and support them in to receive the same learning opportunities as any other child. This would include meetings with the relevant staff, parents and / or healthcare professionals such as the School Nurse. 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 any concern or matter relating to supporting pupils with medical needs.

Therefore, clear systems will be put in place to support the child and staff.

Emergency Procedures

Similar to the Practise Fire Drill, from September 2014, Kibworth CE Primary School will carry out a termly practise emergency medical situation. This is to ensure systems are being followed and staff understand them; to review current systems and to make improvements where necessary.

Emergency scenarios that could take place include...

- A child having an anaphylactic attack in the dining hall
- A child having an asthma attack on the school field
- A head injury on the playground
- An unexplained collapse in a classroom

In these planned situations, although all school staff are briefed at the start of the academic year, they will be unannounced and staff involved will be given a scenario to follow which will then be observed and senior leaders involved will make notes and give feedback to staff after the event. If possible, the ambulance service will be invited to take part.

Medications

Administration of medicines is to be followed in line with guidance from the Leicestershire Local Authority as can be found in the document: **Administration Of Medicines Kibworth CE Primary LA Guidance. (Appendix 1)** All staff are to be given and to read the policy each academic year.

Specific conditions

The school cannot say exactly what the procedures will be for every medical condition a child may present with however the following guidance will support children with these conditions in addition to support from healthcare professionals and parents. All other conditions will be supported by consulting with healthcare professionals and parents.

- i) **Asthma**
School staff follow the guidance as outlined in the school **Asthma Policy (Appendix 2)**
- ii) **Epilepsy**

School staff follow the guidelines as outlined in **Administration Of Medicines Kibworth CE Primary LA Guidance (Appendix 1)** and in **Kibworth CE Primary school Epilepsy Policy (Appendix 3)**

iii) **Anaphylaxis**

School staff should follow the guidelines as outlined in **Kibworth CE Primary Anaphylaxis Management Policy (Appendix 4)** and in **Administration Of Medicines Kibworth CE Primary LA Guidance. (Appendix 1)**

iv) **Diabetes**

School staff should follow the guidelines as outlined in **Administration Of Medicines Kibworth CE Primary LA Guidance. (Appendix 1)**

Illness in school

In the case of a child presenting with illness during the school day, staff ascertain the nature of the illness by following one or more flowcharts. (**Appendices 5-9: What to do if a child has a nosebleed, What to do if a child presents with sickness, What to do if a child has symptoms of illness, What to do if a child has a minor head injury, What to do if a child has a sprain, dislocation or broken limb' flowchart**). A decision is then made as to whether the child should remain at school, go home with a family member or whether the situation is more serious and an ambulance should be called in addition to next of kin. A record of the child's illness (**Illness Log, appendix 10**) is completed and sent home in addition to being stored at school. This may be useful to emergency services should the illness progress later.

First Aid in school

When a child has an accident, staff follow procedures for basic first aid; all staff are able to do this although qualified First Aiders are always on duty at break and lunchtimes and throughout the school day. Staff complete an accident form (**Appendix 11**) which is stored in school and sent home. **Named staff are trained in First Aid and acquire thequalification (Need to insert here about our procedures for this but I'm not sure)**

Toileting, intimate care and nappy changing

In very extreme circumstances, it may be necessary for a child to have nappies changed or be cleaned / wiped by a member of school staff. In these cases, staff follow guidance in the '**Continence and Toileting Plan,**' **Appendix 13.**

Mobile Phones

Where lessons are taking place on the school field or off site, teachers always take a mobile phone which could be used to call 999 if an emergency arose.

Role of the Governors

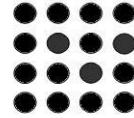
The Governing Body of Kibworth CE Primary School meet regularly to review medical procedures and matters, ensuring all children receive equal access to a full curriculum.



Leicestershire
County Council



Health & Safety



KIBWORTH CE PRIMARY SCHOOL

ADMINISTRATION OF MEDICINES POLICY

REVIEWED NOVEMBER 2009

Code of Practice No. 5



INTRODUCTION

1. **Legal Position**

- Any staff who agree to administer medicines to pupils in at Kibworth CE Primary School do so on an entirely voluntary basis. There is no obligation on staff to volunteer to administer medicines.
- The County Council and Governing Body acknowledges that staff who do agree to administer medicines are acting within the scope of their employment.
- Some contracts of employment do acknowledge that specific requirements are needed under job specifications for administration of medicines within certain settings. Staff who do not have such contracts are acting as volunteers.
- Some staff may be required within their job description to administer and undergo training for the administration of prescribed medicines (endorsed by the LA)

2. **Negligence**

- A headteacher and teachers have a duty to take such care of pupils in their charge as a careful parent would have in like circumstances, including a duty to take positive steps to protect their wellbeing” (Gower v London Borough of Bromley 1999).
- Parents who allege that a member of staff has acted negligently in the administration of medicines may bring a civil action against the Local Authority which is vicariously liable for a breach of duty by headteachers, teachers, other educational professionals and support staff they employ. In the event of a civil claim for negligence being issued against a member of staff as well as against the Local Authority, then the County Council will indemnify such a member of staff against any claim or action for negligence, provided that the member of staff has acted responsibly and to the best of his or her ability and in accordance with the training received from and endorsed by the LA

3. **Criminal Liability**

- In very rare circumstances criminal liability may arise if a member of staff were to be grossly negligent, and as a result of such gross negligence the pupil died. This situation would only arise if the member of staff were reckless or indifferent to an obvious risk of serious injury or harm.

4. **Disability Discrimination**

- The Disability Discrimination Act provides that the Governing Body of a school is subject to an anticipatory duty to make reasonable adjustments (outside of the need to make physical adaption's to buildings and the provision of aids and equipment which fall to be met by the Local Authority) to meet the needs of disabled children in general and to ensure that appropriate policies and practices are in place in order to avoid discrimination against disabled children. Having in place a policy dealing with the voluntary administration of prescribed medicines is likely to be a „reasonable adjustment“ under the Act.
- Claims alleging disability discrimination from a parent are generally made against the Governing Body of Kibworth CE Primary School or, in some circumstances, against the Local Authority and are heard by the First-Tier Tribunal (Health Education and Social Care Chamber). Such claims do not give rise to liability in respect of individual teachers, headteachers or other educational support staff.



This Code of Practice has been updated and agreed by the Children and Young People's Service (CYPS) Health and Safety Committee. It has also been reviewed and agreed by Kibworth CE Primary Safeguarding Governor subcommittee.

Acknowledgement of contribution for this document

LA Personnel and Contributors	School Governor
Richard Thompson Dr Maureen Burnett Andrea Webb Amanda Chamberlain Human Resources Department NAHT UNISON VOICE ASC NUT ATL NASUWAT	Paul Stone Headteacher Gilly Paterson Head of School Danielle Marks Assistant Headteacher Kate Foster Chair of Governors Vice Chair of Governors Community Governor Parent Governor Anthony Ball School Health and Safety Rep

5. **GENERAL**

Non Prescribed Medication.

- Any medication that has not been prescribed should be questioned as to whether or not it is needed during School hours. If this is needed it can be self administered or administered under parental supervision. School staff will not administer non-prescribed medication.

Prescribed Medication

- NO PRESCRIBED MEDICINE** should be administered by staff unless clear written instructions to do so have been obtained from the parents or legal guardians and the school has indicated that it is able to do so (see Appendix A). The school office staff will offer support in the completion of this form where parents have literacy problems or where English is not their first language. **IT MUST BE UNDERSTOOD THAT STAFF ARE ACTING VOLUNTARILY IN ADMINISTERING PRESCRIBED MEDICINES** (unless it is written into an employment contract).
- The parents or legal guardians must take responsibility for updating the school with any changes in administration for routine or emergency medication and maintain an in-date supply. If this is not the case then the previous instructions must be followed.
- All medicines must be clearly labelled with the child's name, route (i.e. mode of administering oral/aural etc.) dose, frequency and name of the medication being given.
- Where it is agreed by the parents and teachers prescribed medication including emergency medication or related products e.g., inhalers or cream will be carried by the child for self administration.** These may be carried in „bum bags' or swimming pouches. (see appendix A)
- EMERGENCY MEDICATION AND RELIEVER INHALERS MUST FOLLOW THE CHILD AT ALL TIMES.** Inhalers and emergency treatment medication **MUST** follow the child to the sports field, swimming pool, etc. Children may carry their own emergency treatment, but if this is not appropriate, the medication should be kept by the teacher in charge (e.g. in a box on the touchline or at the side of the pool). The school may hold spare emergency medication if it is provided by the parents or guardians, in the event that the child loses their medication. Until this becomes the emergency treatment the spare medication should be kept securely in accordance with the instructions below.

- Parents of children who require medication for Asthma, Epilepsy, Diabetes, Anaphylaxis or other medical condition will receive the school specific policy and procedures for these conditions and school will arrange a care plan for that child.
- All other medicines **except emergency medication and inhalers** should be kept securely. Controlled drugs with the exception of emergency medication must be „doubly“ secured at all times to ensure that no unauthorised access is likely. Oral medication should be in a child-proof container. Some medication needs to be stored in a refrigerator in order to preserve its effectiveness – this will be indicated on the label. In order to meet the requirement for security, it is suggested that medication is stored in a locked cash box within a refrigerator. If a refrigerator is not available, medication may be kept for a short period in a cool box or bag with ice packs, provided by the parent/guardian. If kept in a cool box with ice packs **do not** store medicine in direct contact with the ice packs as its efficacy may be affected. All medication should be kept out of direct sunlight and away from all other heat sources.
- Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal.
- Medicines should be administered by a named individual member of school staff with specific responsibility for the task in order to prevent any error occurring. All children who require medication to be given during school hours should have clear instructions where and to whom they report. Controlled drugs with the exception of emergency medication should have a strict recording system in place for administration.
- Children who are acutely ill and who require a short course of prescribed medication, e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that the child is fit enough to return to school, the dosage can usually be adjusted so that it is not required in school. If, however, this is not possible, by agreement with the head teacher a parent/guardian or member of staff may administer it.
- Advice for school staff on the management of conditions in individual children (including emergency care) will be provided through the School Nurse or community paediatrician (School Doctor) on request, at the outset of the school' s consideration of the need for medication.
- If a child refuses treatment to be administered by school staff, the School should:

Not force the child to take treatment

If the school has any concerns call an ambulance to get the child to hospital.
Parents/guardians will be informed immediately

6. **LONG TERM MEDICATION**

- The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instructions, see section 1 above, otherwise the management of the medical condition is hindered. (NB **specific requirements** e.g., it is important that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties or when specifically required prior to exercise and outings.)
- With parental/guardian permission, it is sometimes helpful and necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer support can be given.

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7. **INJECTIONS**

- There are certain conditions e.g. Diabetes Mellitus, bleeding disorders, or hormonal disorders, which are controlled by regular injections. Children with these conditions are usually taught to give their own injections or these injections are required outside school day. Where this is not the case arrangements should be made in advance and an individual care plan developed.

EMERGENCY TREATMENT

- No emergency medication should be kept in the school except that specified for use in an emergency for an individual child.
- These medications must be clearly labelled with the child's name, action to be taken with the route, dosage and frequency (as in section 1)
- Advice for school staff about individual children will be provided through the School Nurse or Community Paediatrician on request at the outset of planning to meet the child's needs. If not provided the school should develop a '**care plan**' specific to an individual child (see appendix A).
- In the event of the absence of trained staff, it is essential that emergency back-up procedures are agreed **in advance** between the parents/guardian and school.
- In all circumstances if the school feels concerned they will call an ambulance.
- If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents or guardians of the child and a copy must be retained in the school.
- Where transporting a pupil and the administration of some prescribed emergency medication is required, it may be deemed appropriate to „stop“ and park the vehicle in the first instance for safety reasons. A „999“ call will then be made to summon emergency assistance.
 - a) When specifically prescribed, a supply of antihistamines or pre-prepared adrenaline injection should be used if it is known that an individual child is hypersensitive to a specific allergen e.g. wasp stings, peanuts etc. **Immediate treatment needs to be given before** calling an ambulance.
For the process of establishing the administration of a pre-prepared adrenaline injection and example of individual care plan and report form – see Appendix B2. (see school Anaphylaxis Policy)
 - b) A supply of „factor replacement“ for injection should be kept in school where it is required for a child suffering from a bleeding disorder. If injection is necessary, it is usual for the child to be able to give their own injections. If this is not the case, the parents should be contacted immediately. If contact cannot be made emergency advice can be obtained between 08.30hrs and 16.30 by telephoning the Bleeding Disorders Clinic, Leicester Royal Infirmary on 0116 2586500. If it is outside these times then an ambulance should be called.(see General Care plan appendix A)
For children who have repeated or prolonged fits and require the administration of rescue medication, either a small supply of buccal Midazolam or rectal diazepam may be kept in School for administration to a specifically identified child. Appendices C & D give guidance about the process for the administration of these rescue medications including examples of individual care plans and report forms. (see school Epilepsy Policy)

- c) Where either of these rescue medicines have been administered, arrangements must be made for the child to go to the nearest hospital receiving emergencies via ambulance unless the parent or healthcare professional indicates otherwise and this is acceptable to the School.
Under extremely RARE circumstances a child may not be using the aforementioned rescue medication and may have been prescribed rectal paraldehyde by a Consultant Paediatrician Neurologist. In these cases this should be discussed with your Community Paediatrician (school doctor)
- d) A supply of glucose (gel, tablets, drink, food, etc) for treatment of hypoglycaemic attacks should be provided by parents/guardians and kept in schools where any pupil suffers from diabetes mellitus. If after an initial recovery a **second attack occurs within three hours repeat the treatment and child must go to the nearest hospital receiving emergencies.** (See school Diabetes Policy)
- e) It is important for children with asthma that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties. (See school Asthma Policy)
- f) For children who have reduced hormonal responses to stresses, It may be that they require an emergency dose of oral hormone replacement. The arrangements for the prescribed medication will be developed within a general care plan. (See appendix A)

8. SCHOOL VISITS

- Detailed advice and guidance regarding school visits is given in Code of Practice No. 11, Guidance for the Conduct of Educational Visits and Adventurous Activities.
- As required by Code of Practice 11, a form must be completed and returned to the Local Authority **PRIOR** to the commencement of any school visit outside of the County boundary of Leicestershire for a period of more than 24 hours (See Code of Practice 11)
- A school consent form from the child's parent or guardian must be received **PRIOR** to participation in any school trip. Any medical problems must be highlighted by the parents or guardians (see Code of Practice 11 for details)
- Where insurance cover is obtained, medical conditions must be disclosed; otherwise insurance cover may be refused.
- A named person must be identified to supervise the storage and administration of medication (see section 1 above)
- Wherever possible children should carry their own reliever inhalers or emergency treatment but it is important that the named person (see above) is aware of this.

IMPLEMENTATION & REVIEW

- This document constitutes the Approved Code of Practice of Leicestershire Local Authority. It was agreed by the Children and Young People's Service (CYPS), Safety Committee in June 2009 taking into account Managing Medicines in School and Early Years settings 2005. This document was reviewed and personalised to the needs of Kibworth CE Primary School by the governing body's safeguarding subcommittee.

DOCUMENTATION

Appendix A	General Care Plan
Appendix B	Administration of Adrenaline Injections in response to severe allergic reaction, advice protocol and parental consent form.
Appendix B1 & B2	information only
Appendix B3	school use
Appendix C	Administration of Rectal Diazepam – advice, examples of agreement form for completion by doctor, parent and school. Rectal Diazepam administration report form.
Appendix C1 & C2	information only
Appendix C3	school use
Appendix D	Administration of Buccal Midazolam – advice, example of agreement form for completion by consultant, parent and school. Buccal Midazolam administration form.
Appendix D1 & D2	information only
Appendix D3	school use



ADVICE ON MEDICAL CONDITIONS

The Community Paediatrician or Nurse on request will give advice regarding medical conditions to the school. Parents or guardians of children suffering from these conditions seeking general information should be advised to seek advice from their G.P., the school health professionals (give parents the name and contact number) or from the bodies detailed below. The following bodies can also supply leaflets regarding the conditions listed.

<p>Asthma at school – a guide for teachers</p> <p>Asthma Campaign Summit House 70, Wilson Street London EC2A 2DB</p> <p>Asthma Helpline</p>	<p>National Asthma Campaign</p> <p>www.asthma.org.uk</p> <p>Tel: 0845 701 0203</p>
<p>Guidance for teachers concerning Children who suffer from fits</p> <p>www.epilepsy.org.uk</p> <p>Helpline No: Freephone 0808 800 5050</p> <p>www.helpline@epilepsy.org.uk 9am – 4.30pm 4pm on Fridays. Children, schools and families</p>	<p>Epilepsy Action The New Anstey House Gateway Drive Yeadon Leeds LS19 7XY</p>
<p>Guidelines for Infections (e.g. HIV, AIDS and MRSA)</p>	<p>Health Protection Agency Sanctuary Buildings Great Smith Street London SW1P 3BT</p> <p>Tel: 0207 9255555</p>
<p>Haemophilia</p> <p>info@haemophilia.org.uk</p> <p>Mon – Fri 10-4pm Helpline 0800 018 6068</p>	<p>The Haemophilia Society First Floor Petersham House 57a Hatton Garden London EC1 8JG</p> <p>Tel: 020 7831 1020 Fax: 020 7405 4824</p>
<p>Allergies Anaphylaxis Campaign www.anaphylaxis.org.uk www.allergiesinschools.org.uk</p>	<p>The Anaphylaxis Campaign PO Box 275 Farnborough Hampshire GU14 6SX Help line 01252 542029</p>

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<p>Thalassaemia</p> <p>www.ukts.org</p> <p>email: information or office@ukts.org</p>	<p>UK Thalassaemia Society 19 The Broadway Southgate Circus London N14 6PH</p> <p>Tel: 020 8882 0011 Fax: 020 8882 8618</p>
<p>Sickle Cell Disease</p> <p>info@sicklecellsociety.org</p> <p>Helpline 0800 001 5660 (24hrs)</p>	<p>The Sickle Cell Society 54 Station Road Harlesden London NW10 4UA</p> <p>Tel: 020 8961 7795 Fax: 020 8961 8346</p>
<p>Cystic Fibrosis and School (A guide for teachers and parents)</p> <p>www.cftrust.co.uk</p>	<p>Cystic Fibrosis Trust 11 London Road Bromley Kent BR1 1BY</p> <p>Tel: 020 84647211</p>
<p>Children with diabetes (Guidance for teachers and school staff)</p> <p>www.diabetics.org.uk</p>	<p>Diabetes UK Central Office 10 Parkway London NW1 7AA</p> <p>Tel: 0207 42241000</p>
<p>Diabetes Careline</p>	<p>Tel: 0845 1202960</p>

Glossary

Care Plan (ICP) = Specific information on individual pupil requirements and their needs that need to be met while in school and any treatment needed to be administered by members of staff. Agreed by Head teacher and parents.

Transporting = To and from school and school trips

Double locked = Locked cupboard in a locked room or locked container in a room with a coded lock on the door.

Definition of Medication = as being medicines, therapeutic products, products used as a treatment for the child.

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Kibworth CE Primary School General Care Plan

To: Headteacher ofSchool

From: Parent/Guardian of.....Full Name of Child

My child has been diagnosed as having:

.....(name of condition)

He/She has been considered fit for school but requires the following prescribed medicine to be administered during school hours:

.....(name of medication)

I allow/do not allow for my child to carry out self administration (delete as appropriate)

Could you please therefore administer the medication as indicated above

.....(dosage) at.....(timed)

With effect from.....Until advised otherwise.

The medicine should be administered by mouth/in the ear/nasally/other.....
(delete as applicable)

I allow/do not allow for my child to carry the medication upon themselves (delete as appropriate)

I undertake to update the school with any changes in routine, use or dosage or emergency medication and to maintain an in date supply of the prescribed medication.

I understand that the school cannot undertake to monitor the use of self administered medication of that carried by the child and that the school is not responsible for any loss of/or damage to any medication.

I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times

I understand that staff may be acting voluntarily in administering medicines to children.

Signed.....Date:.....

Name of parent (please print).....

Contact Details:

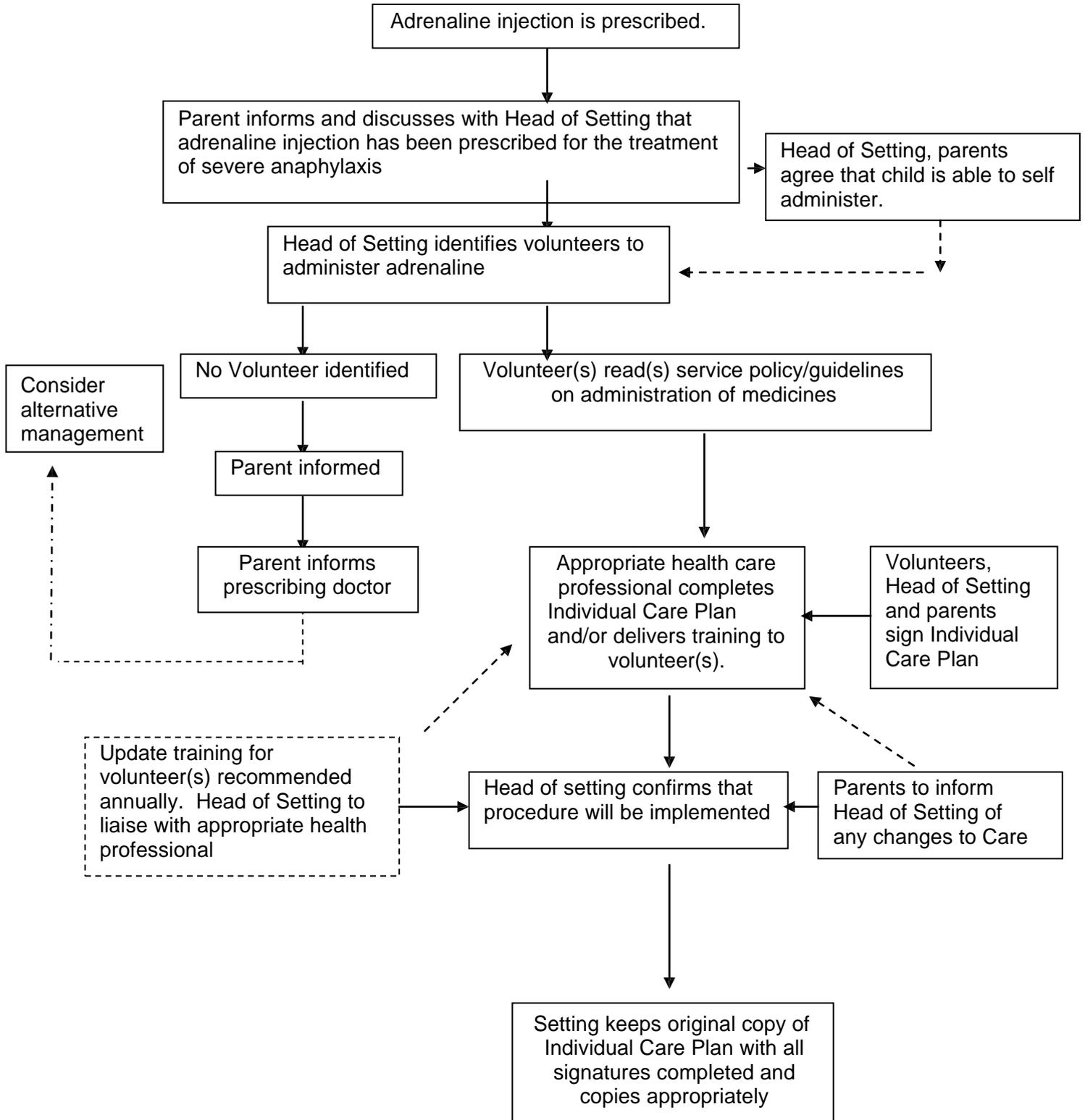
Home.....Work:.....Mobile:.....

**ADMINISTRATION OF A PRE-PREPARED ADRENALINE
INJECTION IN RESPONSE TO ANAPHYLAXIS
PROCESS FOR HEALTH STAFF TO SUPPORT NON-MEDICAL AND
NON-NURSING STAFF IN NON HEALTH SETTINGS**

1. When a child needs a pre-prepared adrenaline injection as emergency treatment for anaphylaxis in a non-health setting (e.g. school, nursery, respite facility), then the prescribing doctor will discuss this with the parents or carers and with their agreement pre-prepared adrenaline will be prescribed.
2. It is the parent' s responsibility to raise the issue with the head of the setting e.g. headteacher, nursery manager.
3. When a child is able to self administer the head of the setting with the parents will decide whether training of volunteers is required. *It is recommended that in all settings where there is a child who may require a pre-prepared adrenaline injection, that (a) volunteer(s) are trained to administer a pre-prepared injection should a situation arise where a child is too ill/unable to self administer.* If training is not required a general administration of medicines form must be completed. A child who has self administered must report to a member of staff as they will need to be reviewed in hospital.
4. When the child is unable to self administer the head then identifies (a) volunteer(s) to undertake training and subsequent administration of the prepared adrenaline injection.
5. If no volunteers are identified the parent should be informed and it is the parent who should inform the prescribing doctor. The prescribing doctor and parent may wish to reconsider and identify an alternative management plan.
6. If (a) volunteer(s) is/are identified they should read their setting' s policy/guidelines on the administration of medicines. The head of the setting should then liaise with the health professional eg. School Health Nurse/Health Visitor, to arrange a mutually convenient date for training. The standard anaphylaxis training pack available across LLR should be used.
7. An Individual Care Plan must be completed by the health professional that provides the training programme. The health professional will discuss with the volunteer(s) the Individual Care Plan for the administration of pre-prepared adrenaline by non-medical and non-nursing staff for a specific child.
8. Following the training the volunteer(s) sign(s) the Training Record and the Individual Care Plan. The head of the setting then signs the Individual Care Plan. The original remains within the setting.
9. If any details in the Individual Care Plan change e.g. Epipen rather than Epipen Junior required it is the parent's responsibility to inform the head of the setting.
If a new Individual Care Plan is required then the process above must be discussed by those parties and the ICP completed as appropriate.
10. It is recommended that update training of volunteers should take place on an annual basis. The head of the setting will request and negotiate this with the appropriate health professional.

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PROCESS FOR HEALTH STAFF TO SUPPORT NON-MEDICAL AND NON-NURSING STAFF IN THE ADMINISTRATION OF PRE-PREPARED ADRENALINE



**INDIVIDUAL CARE PLAN FOR THE ADMINISTRATION OF A
PRE-PREPARED ADRENALINE INJECTION AS TREATMENT FOR
ANAPHYLAXIS
BY NON-MEDICAL AND NON-NURSING STAFF**

TO BE COMPLETED BY HEALTH PROFESSIONAL DELIVERING TRAINING

NAME OF CHILD:

Date of birth: ___ / ___ / _____

The above named child has been identified as having a severe allergic reaction to:

.....

Symptoms of an anaphylactic reaction that should be treated with an adrenaline injection are:

- Respiratory:** Internal swelling of the throat and tongue causing difficulty swallowing and breathing, shortness of breath with wheeze and hoarse voice.
- Circulation:** Pale, clammy, complaining feeling faint and dizzy. May be agitated and confused.

The device that has been prescribed is (please circle):

EpiPen 0.3 mg	or	EpiPen Junior 0.15 mgs
Anapen 0.3 mg	or	Anapen Junior 0.15 mgs
The Child may self administer		Yes / No

**GIVE DOSE OF PRE-PREPARED ADRENALINE INJECTION THEN PHONE 999
FOR AN AMBULANCE stating child with anaphylaxis**

Remember to tell the ambulance or hospital staff the exact time and name of pre-prepared adrenaline injection given and give them the used device.

Complete Report Form (appendix B3) giving a clear account of the incident. Copies should go to the parent, ambulance staff, if possible. The original should be kept at the setting.

The parents will be responsible for informing doctors and anyone else who needs to know if pre-prepared adrenaline injection has been given. They will be responsible for maintaining an in-date supply of medication at the setting and informing them of any changes to the care plan.

.....

Appendix B2 continued

HEALTH CARE PROFESSIONAL COMPLETING INDIVIDUAL CARE PLAN

NAME: Tel No:

Signature: Date ____/____/____

Designation

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: Tel No:

Signature: Date ____/____/____

Emergency telephone contact number

HEAD OF ADMINISTERING SETTING

NAME:

Signature: Date ____/____/____

VOLUNTEERS TO ADMINISTER PRE-PREPARED ADRENALINE INJECTION

NAME:

Signature: Date ____/____/____

*COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS and the
ADMINISTERING SETTING.*

--

PRE-PREPARED ADRENALINE INJECTION
ADMINISTRATION REPORT FORM

NAME OF CHILD:	DOB:
DATE OF ALLERGIC REACTION: ____ / ____ / ____	
TIME REACTION STARTED:	
TRIGGER:	
DESCRIPTION OF SYMPTOMS OF REACTION:	
TIME ADRENALINE INJECTION GIVEN:	
DEVICE USED (Circle): EpiPen / EpiPen Junior / Anapen / Anapen Junior	
Site of injection:	
Given by :	
Any difficulties in administration?	
TIME AMBULANCE CALLED:	
ARRIVED:	
ANY OTHER NOTES ABOUT INCIDENT (e.g. child eating anything, other injuries to child)	
WITNESSES:.....	
FORM COMPLETED BY:	
NAME (print):	SIGNATURE:
Job title:	Contact tel no:
DATE: ____ / ____ / ____	

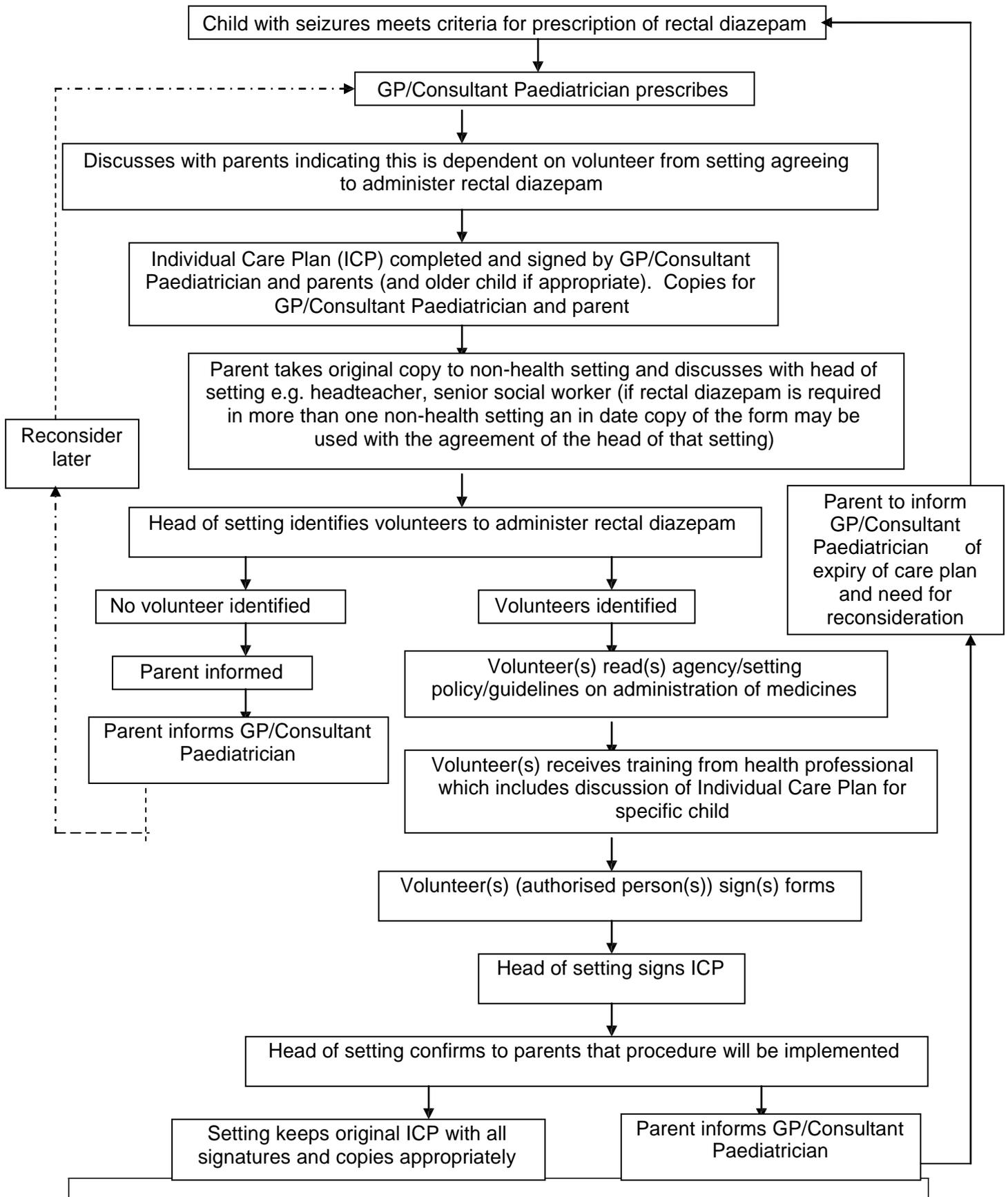
Original to Child's Setting Record
Cc: Hospital with child (where possible) Parent

--

Appendix C1

ADMINISTRATION OF RECTAL DIAZEPAM IN RESPONSE TO EPILEPTIC SEIZURES/FITS/CONVULSIONS

Protocol for Health Staff to Support Non-Medical and Non-Nursing Staff



Appendix C2 continued

The parents will be responsible for:

- 1. informing anyone who needs to know, if rectal diazepam has been given*
- 2. maintaining an in-date supply of medication at the setting*
- 3. seeking renewal, on expiry of this care plan.*

This care plan has been agreed by the following:

GP/CONSULTANT (Block Capitals).....

Signature Date

PARENT/GUARDIAN (Block Capitals) Tel No.

Signature Date

OLDER CHILD/YOUNG PERSON (Block Capitals)

Signature Date

HEAD OF ADMINISTERING SETTING(Block Capitals)

Signature Date

AUTHORISED PERSON(S) TO ADMINISTER RECTAL DIAZEPAM

NAME (Block Capitals)

Signature Date

** delete as appropriate*

**COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS
and the HEALTH PROFESSIONAL
THE ADMINISTERING SETTING RETAINS the ORIGINAL**

Appendix C3

RECTAL DIAZEPAM ADMINISTRATION REPORT FORM

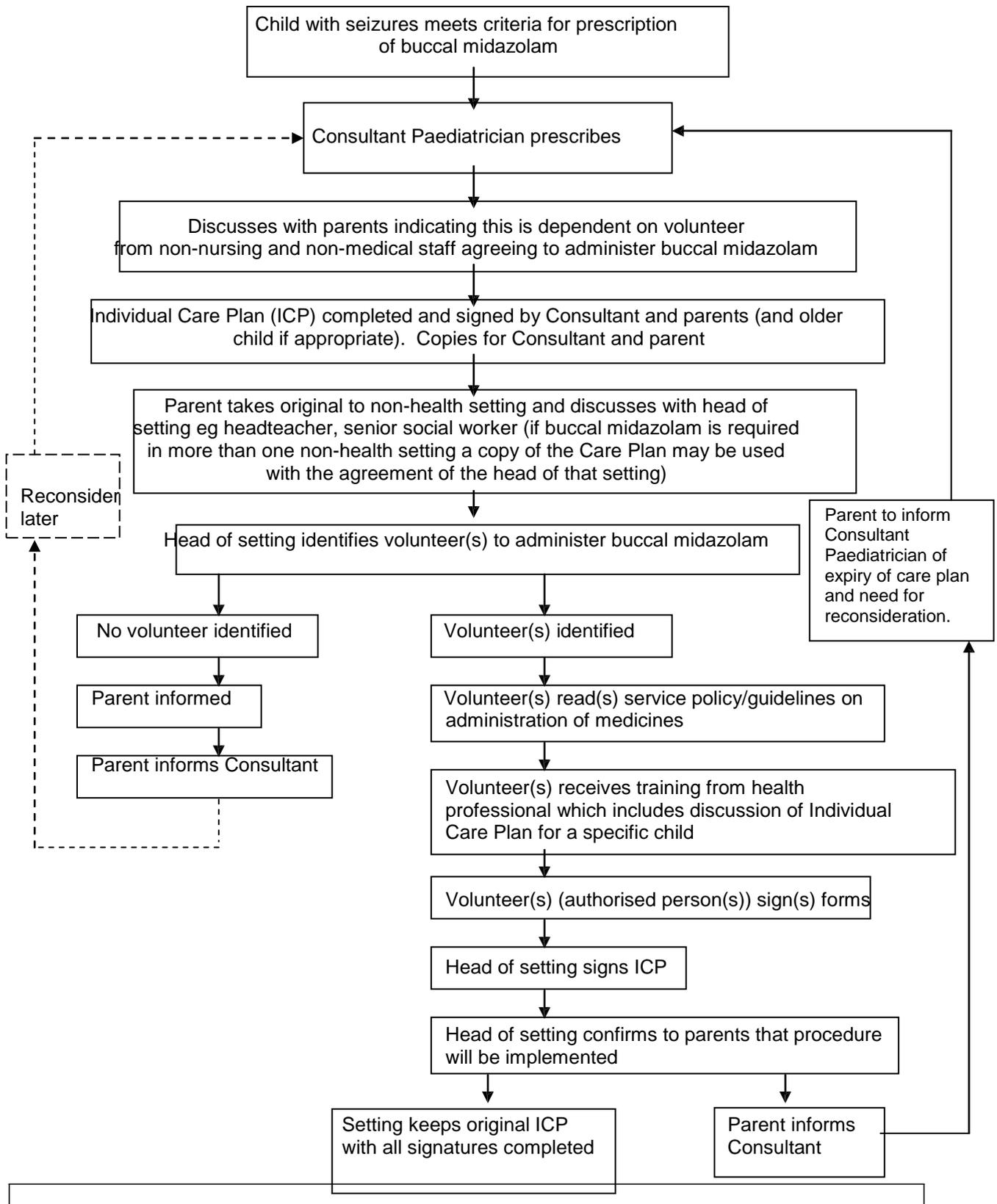
Name of Child:	DOB:		
Date of seizure/convulsion:			
Time seizure/convulsion started:			
Activity when seizure/convulsion began:			
Description of seizure/convulsion:			
Time rectal diazepam was given:	Dose given:	Mgs:	Given by:
_____	_____	_____	_____
_____	_____	_____	_____
Any difficulties in administration?			
Time seizure/convulsion stopped:			
Time child was taken to hospital:			
Any other notes about incident (e.g. injuries to child or other parties, child sleepy):			
Signed (authorised person):		Name (please print):	
Date:			
Designation:			

Original to child's setting record
CC:
Hospital with child (where possible)
Parent
Other e.g. Health and Safety Advisor for Education

--

ADMINISTRATION OF BUCCAL MIDAZOLAM IN RESPONSE TO EPILEPTIC SEIZURES/FITS/CONVULSIONS

Protocol for Health Staff to Support Non-Medical and Non-Nursing Staff



Appendix D2 continued

After buccal midazolam is given, please complete a Report Form giving a clear account of the incident. Copies should go to the parent. The original should be kept by the administering setting.

The parents will be responsible for:

1. informing anyone who needs to know if buccal midazolam has been given,
2. considering renewal of the care plan on expiry and
3. for maintaining an in-date supply of medication.

This plan has been agreed by the following:

CONSULTANT (Block Capitals)

Signature Date

PARENT/GUARDIAN (Block Capitals)Tel No.

Signature Date

OLDER CHILD/YOUNG PERSON (Block Capitals)

Signature Date

HEAD OF ADMINISTERING SETTING (Block Capitals)

Signature Date

AUTHORISED PERSON(S) TO ADMINISTER BUCCAL MIDAZOLAM

NAME (Block Capitals)

Signature Date

NAME (Block Capitals)

Signature Date

NAME (Block Capitals)

Signature Date

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS, THE CONSULTANT AND THE ADMINISTERING SETTING.

* delete as appropriate

BUCCAL MIDAZOLAM ADMINISTRATION REPORT FORM

NAME OF CHILD:	DOB:
DATE OF SEIZURE / CONVULSION:	
TIME SEIZURE / CONVULSION STARTED:	
ACTIVITY WHEN SEIZURE / CONVULSION BEGAN:	
DESCRIPTION OF SEIZURE / CONVULSION:	
TIME BUCCAL MIDAZOLAM GIVEN:	
DOSE GIVEN: ML(S) of mg(s) in ml(s) * liquid *solution GIVEN BY:	
ANY DIFFICULTIES IN ADMINISTRATION?	
TIME SEIZURE / CONVULSION STOPPED:	
TIME CHILD TAKEN TO HOSPITAL:	
ANY OTHER NOTES ABOUT INCIDENT (e.g. injuries to child or other parties, child sleepy):	
SIGNED (authorised person):	NAME (print):
DATE:	
DESIGNATION:	

*delete as appropriate
 Original to Child's Setting Record
 cc: Hospital with child
 (where possible) Parent
 Other (specify)



Kibworth CE Primary School Asthma Policy

Background

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

Kibworth CE Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Asthma Training is updated once a year.

Asthma medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom in a spice rack.
- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The class teacher will hold this separately in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when the need to.

Record keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.
- All parents/carers of children with asthma are consequently sent an Asthma UK *School Asthma Card** to give to their child's doctor or asthma nurse to complete. Parents/carers are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. *School Asthma Cards** are then sent to

parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.
- PE teachers, classroom teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches are provided with training from the school nurse, who has had asthma training.
- This information is also provided on the *Asthma UK Out There & Active* poster*, which is displayed in the hall, changing rooms and toilet locations around the school. The poster helps to encourage pupils with asthma to be active and get more involved in PE and exercise and has tips to help them do this. An accompanying Asthma UK parent pack that informs parents/carers about the changes in PE at the school and how their child can get involved at different levels is also available for staff to give to parents/carers of pupils with asthma.

School environment

- The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

Making the school asthma-friendly

- The school ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE
- Pupils with asthma and their friends are encouraged to go to a club that is run at lunchtimes once a month by the school nurse, who has had asthma training.

When a pupil is falling behind in lessons

- If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.
- The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Asthma attacks

- All staff who comes into contact with pupils with asthma know what to do in the event of an asthma attack.
- In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its *School Asthma Pack*. This procedure is visibly displayed in the staffroom and every classroom (see page 2 and 3 of *Asthma Awareness for School Staff*).

Dear Parent/Carer

Re: The School Asthma Card

Thank you for informing us of your child's asthma on his/her registration form. As part of accepted good practice and with advice from the Department for Education & Skills, Asthma UK and the school's governing bodies, our school has recently established a new School Asthma Policy for use by all staff.

As part of this new policy, we are asking all parents and carers of children with asthma to help us by completing a school asthma card for their child/children. Please take this card to your child's doctor/asthma nurse to fill in and return it to the school by

_____.

The completed card will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

Please make sure the card is regularly checked and updated by your child's doctor or asthma nurse and the school is kept informed about changes to your child's medicines, including how much they take and when.

I look forward to receiving your child's completed school asthma card.
Thank you for your help.

Yours sincerely

Mr Paul Stone Headteacher



Epilepsy Policy - Kibworth CE Primary School Primary

This policy has been written in line with information provided by Epilepsy Action, the Department for Education and Skills (now the Department for Children, Families and Schools), the local authority, the school health service, the governing body, students and parents.

Kibworth CE Primary School recognises that epilepsy is a common condition affecting children and welcomes all children with epilepsy to the school. Kibworth CE Primary School supports children with epilepsy in all aspects of school life and encourages them to achieve their full potential. This will be done by having a policy in place that is developed in conjunction with the local authority and understood by all school staff.

This policy ensures all relevant staff receives training about epilepsy and administering emergency medicines. All new staff and supply staff will also receive appropriate training.

What to do when a child with epilepsy joins our school

When a child with epilepsy joins Kibworth CE Primary School, or a current pupil is diagnosed with the condition, Mrs Paterson or Mrs Marks arranges a meeting with the pupil and the parents to establish how the pupil's epilepsy may affect their school life. This should include the implications for learning, playing and social development, and out of school activities.

They will also discuss any special arrangements the pupil may require, for example extra time in assessments. With the pupil's and parent's permission, epilepsy will be addressed as a whole-school issue through assemblies and in the teaching of PSHE or citizenship lessons. Children in the same class as the pupil will be introduced to epilepsy in a way that they will understand. This will ensure the child's classmates are not frightened if the child has a seizure in class.

The school nurse or an epilepsy specialist nurse may also attend the meeting to talk through any concerns the family or head teacher may have, such as whether the pupil requires emergency medicine.

The following points in particular will be addressed.

Record keeping

During the meeting the head teacher, will agree and complete a record of the pupil's epilepsy and learning and health needs. This document may include issues such as agreeing to administer medicines and any staff training needs. This record will be agreed by the parents, and the health professional, if present, and signed by the parents and Headteacher. This form will be kept safe and updated when necessary. Staff will be notified of any changes in the pupil's condition through regular staff briefings.

This will make staff aware of any special requirements, such as seating the pupil facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.

Medicines

Following the meeting, an individual healthcare plan (IHP) will be drawn up. It will contain the information highlighted above and identify any medicines or first aid issues of which staff needs to be aware. In particular it will state whether the pupil requires emergency medicine, and whether this medicine is rectal diazepam or buccal midazolam. It will also contain the names of staff trained to administer the medicine and how to contact these members of staff. If the pupil requires emergency medicine then the school's policy will also contain details of the correct storage procedures in line with the DfES guidance found in *Managing Medicines in Schools and Early Year Settings*

First aid

First aid for the pupil's seizure type will be included on their IHP and all staff (including support staff) will receive basic training on administering first aid. The following procedure giving basic first aid for tonic-clonic seizures will be prominently displayed in all classrooms.

1. Stay calm.
2. If the child is convulsing then put something soft under their head.
3. Protect the child from injury (remove harmful objects from nearby).
4. NEVER try and put anything in their mouth or between their teeth.
5. Try and time how long the seizure lasts - if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance.
6. When the child finishes their seizure stay with them and reassure them.
7. Do not try and move the child unless they are in danger.
8. Do not try and restrain the child.
9. Do not give them food or drink until they have fully recovered from the seizure.
10. Aid breathing by gently placing the child in the recovery position once the seizure
11. has finished.

Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment.

First aid procedure for different seizure types can be obtained from the school nurse, the pupil's epilepsy specialist nurse or Epilepsy Action.

Learning and behaviour

Kibworth CE Primary School recognises that children with epilepsy can have special educational needs because of their condition (Special Educational Needs Code of Practice2). Following the initial meeting, staff will be asked to ensure the pupil is not falling behind in lessons. If this starts to happen the teacher will initially discuss the situation with the parents. If there is no improvement, then discussions should be held with the school's special educational needs co-ordinator (SENCO) and school nurse. If necessary, an Individual Educational Plan will be created and if the SENCO thinks it appropriate, the child may undergo an assessment by an educational or neuropsychologist to decide what further action may be necessary.

School environment

Kibworth CE Primary School recognises the importance of having a school environment that supports the needs of children with epilepsy. We don not as yet have a medical room but the SEN room is kept available and equipped with a bed in case a pupil needs supervised rest following a seizure.

The above epilepsy policy applies equally within the school and at any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays.

Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.

References

1DfES *Managing Medicines in Schools and Early Year Settings* Nottingham, 2005

2DfES *Special Educational Needs Code of Practice* Nottingham, 2005

Form A: Parental questionnaire for students with epilepsy

This questionnaire should be completed by the child's parents and head teacher and, wherever possible, the child

Name:

Date of birth:

Class/form teacher:

What type of seizure/s does your child have? (if you know what they are called)

.....

How long do they last?

.....

What first aid is appropriate?

.....

How long will your child need to rest following a seizure?

.....

.....

Are there any factors that you have noted might trigger a seizure?

.....

.....

Does your child have any warning before a seizure occurs?

.....

.....

What is the name of your child's medicine and how much is each dosage?

.....

.....

Form A: Parental questionnaire for students with epilepsy (continued)

How many times a day does your child take medicine?

Are there any activities that you feel may require particular precautions?

Does your child have any other medical conditions?

Is there any other relevant information you feel the school should be aware of?

.....

.....

Form B: Parental agreement for school or setting to administer medicine

The school will not give your child medicine unless this form is completed and the school has a policy for staff to administer medicine.

Name of school:

Date: Class/form:

Child's name:

Medical condition or illness:

Name and strength of medicine:

Expiry date:

When to be given:

Dosage and method of administration:

Any side effects school needs to know about?

Procedure to take in an emergency:

Number of tablets/quantity to be given to school:

NOTE: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone number of parent or adult contact:

Name and phone number of GP:

Agreed review date to be initiated by [name of member of staff]:

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

Parent's signature:

Print name:

Date:

Form C: Staff training record – administration of medicines

Name of school:

Name of staff:

Profession and title:

Type of training received:

Date of training completed:

Training provided by:

I confirm that [name of member of staff]

has received the training detailed above and agrees to carry out any necessary treatment.

I recommend that the training is updated [state how often]

Trainer's signature: Date:

I can confirm I have received the training detailed above

Staff signature: Date:

Suggested review date:

D: Individual Healthcare Plan

Name:	Date of birth:
School:	Head teacher:
Parental contact number:	
Type of seizure/s experienced:	
Symptoms:	

Possible triggers:

Usual procedure following seizure:

Prescribed anti-epileptic medication:

Where medication is stored:

Member of staff responsible for replenishment of medication:

Staff trained to give medication: i)

ii)

iii)

Member of staff responsible for Home/School liaison:

Emergency procedure if seizure lasts for more than minutes.

1. Member of staff to stay with to ensure safety.

2. Quietly clear the classroom/area of students if you think this is necessary.

3. Trained member of staff (see above) to give rectal diazepam/buccal midazolam with witness of same sex present (if possible).

4. If needed, telephone 999, ask for Ambulance Service, give name of student, address and phone number of school.

5. Telephone parents.

6. Inform head teacher

7. Stay with until ambulance arrives.

8. If parents have not arrived by this time a member of staff will accompany to the hospital in the ambulance.

9. Fill in seizure record form for the student file and send copy to parents/GP.

Name: _____ Date of birth: _____

School: _____ Head teacher: _____

Parental contact no.: _____

Useful addresses and telephone numbers of professionals involved with

Service	Name	Address & Tel No.
Emergency contact		
Epilepsy consultant/specialist		
Family GP		
Epilepsy/paediatric/ community support nurse		
Other		

Parental Consent Form

I give consent for _____ to be given rectal diazepam or buccal midazolam by trained staff in the circumstances described in this document.
 I will undertake to inform the school of any changes in the nature of his/her seizures or medication.

Signed

Date:

Please print name:

Kibworth CE Primary School

Anaphylaxis Management Policy.

Rationale

The safety and wellbeing of children who are at risk of anaphylaxis is a whole community responsibility therefore at Kibworth Primary we will, as far as practical, provide a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the school's program.

This policy will apply to children enrolled at the school, their parents/carers and staff.

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens that effect school aged children are; peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to the prevention of anaphylaxis in schools is knowledge of those pupils who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers.

Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Purpose

- To provide, as far as practical, a safe and supportive environment in which pupils at risk of anaphylaxis can participate equally in all aspects of the pupil's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of pupils at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the pupils.
- To ensure that each staff member has adequate knowledge about; allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Management Plans (or Anaphylaxis Action Plan)

The Headteacher or nominee will ensure that an individual management plan is developed, in consultation with the pupil's parents, for any pupil who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practical after the pupil is admitted to school and where possible before their first day of school.

The individual anaphylaxis management plan will **set** out the following:

- Information about the diagnosis, including the type of allergy or allergies the pupil has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the pupil is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- The name of the person/s responsible for implementing the strategies.
- Information on where the pupil's medication will be stored.
- The pupil's emergency contact details.
- An emergency procedures plan, provided by the parent, that: sets out the emergency procedures to be taken in the event of an allergic reaction,
- is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
- includes an up to date photograph of the pupil.

See Appendix 1 [Anaphylaxis Action Plan](#) used by the School.

Appendix 1

Pupil's name:		
Date of birth:	Year:	
Severe allergies:		
Other known allergies:		
Risk	Strategy	Who?

The pupil's individual management plan will be reviewed, in consultation with the pupil's parents/ carers:

- annually, and as applicable,
- if the pupil's condition changes, or
- immediately after a pupil has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide the emergency procedures plan (Action Plan).
- inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (Action Plan).
- provide an up to date photo for the emergency procedures plan (Action Plan) when the plan is provided to the school and when it is reviewed.

At all times a current Anaphylaxis Action Plan must be located in the container with the EpiPen and other medication.

Communication Plan

The Headteacher or nominee will be responsible for ensuring that the staff handbook is developed to provide information to all staff about anaphylaxis and the school's anaphylaxis management policy & action plan will be posted on the school's website.

The staff handbook will include information about what steps will be taken to respond to an anaphylactic reaction by a pupil in a classroom, in the school playground, on school trips, on school residential and special event days.

Volunteers and supply staff of pupils at risk of anaphylaxis will be informed of pupils at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a pupil in their care by **the deputy headteacher or partner classroom teacher**

All staff will be briefed once each year by the Headteacher or nominee who has up to date anaphylaxis management training on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of pupils diagnosed at risk of anaphylaxis and where their medication is located
- how to use an auto adrenaline injecting device
- the school's first aid and emergency response procedures

Staff Training And Emergency Response

All staff will have up to date Anaphylaxis response training. This will be conducted each year in the summer term. This ensures that the pupil is under the care or supervision of fully trained staff in anaphylaxis management, at all times whilst at school, including trips, playground duty, residential and special event days.

Prevention Strategies

The classroom teacher and/or other supervising teachers are responsible for the following:

Classrooms

- Keep a copy of the pupil's Action Plan in the classroom, storage cupboard and child's Action Kit.
- Liaise with parents/carers about food related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the pupil.
- Never give food from outside sources to a pupil who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
- Have regular discussions with pupils about the importance of washing hands, eating their own food and not sharing food.
- The Headteacher or another designated staff member should inform supply teachers of pupils at risk of anaphylaxis, preventive strategies in place and the school's emergency procedures. Direct supply teachers to the cover folder sheet and a copy of the pupil's ASCIA Action Plan.

Storage And Accessibility Of EpiPens®

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector commonly known as the EpiPen®. Children under 20kg are prescribed an EpiPen® Junior, which has a smaller dosage of adrenaline. The EpiPen® and EpiPen® Junior are designed so that anyone can use them in an emergency.

If a pupil has been prescribed an EpiPen®, the EpiPen® must be provided by the pupil's parent/carers to the school.

EpiPens® are stored correctly and accessed quickly. Remember that in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes. EpiPens® are stored in an unlocked, easily accessible place away from direct heat. In our school, they are stored in the office cupboard located to the left of the door exit..

- EpiPens® are clearly labelled with the pupil's name.
- A copy of the pupil's Action Plan is kept with the EpiPen®.
- Each pupil's EpiPen® should be distinguishable from other pupils' EpiPens® and medications.
- All staff know where the EpiPen® is located.
- EpiPens® should be signed in and out when taken from its usual place, for example for camps or excursions. [Sign In and Out](#) Folder is located in Office.
- Current photos with names and details of children who have anaphylactic reaction to be placed in bumbags

Make sure the EpiPen® is not cloudy or out of date (EpiPens® should last for at least 12 months and will have an expiry date printed on them. It is the parents' responsibility to supply their child's EpiPen® to the school and to replace it before it expires.)

The lead First Aider or nominee regularly checks the EpiPens®,

At least a month before its expiry date, the designated school staff member should send a written reminder to the pupil's parents to replace the EpiPen®.

Policy First Drafted February 2011

Reviewed February 2012



ACCIDENT / INJURY RECORD

Office Use Only

Casualty Details

Name: _____ Class _____

Accident / Injury details – Where and when did it happen?

Time: _____ Date: _____ Location: _____

Head Injury Other

What happened? (include cause and nature of accident / injury)

Treatment given (include all details)

Please circle ALL that apply:

Injury letter sent home / Class Teacher informed / Midday Manager informed /

Headteacher informed / SLT member informed

Person completing the form:

Name _____ Date _____

Person filing form:

Name _____ Date _____

Office Use Only:

Further action taken: Completed and Submitted [Pupil/Student/Visitor LA form E669](#)

Completed and Submitted HSE - [F2508](#)



Kibworth Primary School
Care Plan for Medical Needs

Name of child	
Class	
Date of birth	
Child's address	
Medical condition	
Date	
Review date for care plan	

Family contact information	
Name	
Phone (mobile)	
Phone (work)	
Phone (home)	
Name	
Phone (mobile)	

Daily care requirements: (Consider arrangements for playtimes, lunchtimes, any toileting issues, access requirements, etc)

Curriculum Implications: (e.g swimming, P.E)

Describe what might constitute an emergency for the child and the action to take if this occurs:

Who is responsible in case of an emergency? (State if different on off-site

activities)

Follow up care which might be needed:

Signed by _____ (Parent / Carer)

Date _____

Signed by _____ (Class teacher)

Date _____

Signed by _____ (Support staff)

Date _____

Signed by _____ (Senior Leadership team)

Date _____

Signed by _____ (Nurse / doctor / consultant if needed)

Date _____

Contacting the Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

- 1. Your telephone number**
- 2. Give your location as follows (insert school/setting address)**
- 3. State that the post code is**
- 4. Give exact location in the school/setting (insert brief description)**
- 5. Give your name**

6. Give name of child and a brief description of the child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to.....



Kibworth Primary School

Continence and Toileting Policy 2012

Promoting Personal Development - Continence

Achieving continence is one of the many developmental milestones usually reached within the context of learning before a child enters the Foundation Stage. However, we acknowledge that there may be children with longer term continence issues for whom an individual health care plan may need to be put in place. In addition, there may be children joining us in school who are at various points of developing their independence in toileting who may well need short term support in this important area of self care.

No child will be refused a place in school in relation to continence issues and current procedures for entering school openly acknowledge this.

Kibworth Primary School is totally committed to working with children, parents and all outside agencies deemed necessary, to ensure appropriate provision is made for all children with needs in this specific area of personal development. This also fulfils a commitment to the promotion of our inclusive school ethos .

We accept our responsibility to meet the needs of children with delayed personal development in the same way we aim to meet the needs of children with delayed language or any other kind of delayed development. We aim to make reasonable adjustments to meet the needs of each child.

Health and Safety

Within the school, there is a designated area providing a suitable place for the changing of children. This is the disabled toilet in the FS unit. This area will have guidelines for changing children displayed on the wall and appropriate resources provided as follows:

- Disposable gloves and aprons – provided by school
- Changing Mat – provided by the child's parents
- Wet wipes – provided by the child's parents
- Where necessary spare nappies and/or pull ups - provided by the child's parents
- Nappy sacks - provided by the child's parents
- Separate bin for disposal of nappies – yellow bin situated in disabled toilet
- Spare underwear – provided by parents where necessary
- Plastic bags for wet/soiled clothing -
- Antibacterial cleanser – provided by school

If a child accidentally wets or soils him/herself, they will be attended to in the designated area referred to above.

Staff involved in this procedure will be expected to wear disposable gloves. Disposable aprons will also be worn by staff involved in nappy changing.

Wet or soiled nappies will be double wrapped and disposed of via clinical waste. Gloves and aprons and any items used for cleaning the changing area will also be disposed of in yellow bags via clinical waste.

Wet or soiled underwear / clothing will be returned to parents. Temporary storage of these will be in the designated changing area prior to the child being collected at the end of the session.

The changing area will be cleaned after use.

- Hot water and liquid soap will be available to wash hands as soon as the task is complete. A hot dryer and /or paper towels will be available for drying hands.

Child Protection

We have no anticipation that the changing of a child either in nappies or otherwise should raise any issues of child protection as all staff have been DRB checked. Therefore, it will be normal practice for only one adult to be involved in attending to a child's personal needs. The person attending to a child will always be a member of the school staff. Students on placement will not be involved in supporting children in this area of care.

At all times staff will be encouraged to remain highly vigilant for any signs or symptom of improper practice, as they do for all activities within school.

If any marks or injuries are noticed on a child during changing this should be immediately referred to the Child Protection Officer to follow up.

Agreeing a procedure for personal care

Parents will be kept fully informed of the procedures the school will follow should their child need changing during school time. This information will be shared at entry meetings and reinforced on home visits when a leaflet detailing procedures will be shared. Admission paperwork will include parental consent for children to be changed. A copy of the school policy will be made available request.

Guidelines for staff involved in the process as detailed below will be visibly displayed in the designated changing area. This will ensure they follow the correct procedure.

- If at all possible children should be changed standing up.
- The child's skin should be cleaned with a disposable wipe provided by the parents. (Flannels should not be used to clean bottoms). School will provide wet wipes for emergency use only.
- Nappy creams/lotions should be labelled with the child's name and only if prescribed for that child - they must NOT BE SHARED.
- Any creams should be used sparingly as if applied too thickly they can reduce the absorbency of the nappy.

- Disposable gloves should be worn when changing nappies. The nappy should be folded inward to cover faecal material and double-wrapped in a nappy bag. Soiled nappies should be disposed of into the pedal bin provided. The disposal bin should be lined with a disposable liner and emptied daily, replacing the used liner. These bins should be stored away from the reach of children.
- Any soiled or damp clothing should be placed in a plastic carrier bag and stored for a temporary basis in the changing area and given to parents at the end of the session.
- Once the child has been changed and removed from the changing area, the surface should be cleaned with a detergent spray or antibacterial wipes and left to dry.
- Gloves and aprons and any items used for cleaning the changing area will be disposed of in yellow bags via clinical waste.
- Hands should be thoroughly washed afterwards.

Should a child with particularly complex needs be admitted, the school will work closely with the health care professionals involved in any forward planning activity.

Resources

It is appreciated that changing a child may take up to ten minutes, maybe longer in certain circumstances. In the school context of the Foundation Stage, changing will be undertaken by either two early years practitioners or TAs. From Year 1 upwards, TAs will be involved and at lunchtime this will come under the remit of the same people (not the lunchtime supervisors). In cases of a child who has 1:1 support and needs regular changing, only the 1:1 support member of staff will be present as agreed in parent / teacher / senco meetings prior to the child starting school.

In consideration of this, if, at any time, supervision of the children is deemed to be compromised in any way, school will ensure that additional staff are deployed immediately to enable the personal needs of any child can be addressed as quickly as possible. Where a child has a longer term need the school's leadership team will ensure that additional resources are allocated to that area of school to enable the children's individual needs to be met.

Keys to success

A successful transition to independence in this area of self care is more likely to be achieved when we, as practitioners work closely with parents with a positive approach to supporting the child in this aspect of their development.

We will not assume that the child has failed to achieve full continence because this has not been attempted in the home. However, where this is the case we will have a positive and structured approach developed, in partnership with parents and carers, to ensure a successful outcome for a child.

If there is further concern that delayed continence may be linked with delays in other aspects of the child's development this will be sensitively discussed with parents and carers and a specifically planned programme be jointly developed and agreed.

There are other professionals who can help with advice and support. The Family Health Visitor or appropriate nurse will have knowledge of who can be contacted to offer support and advice in this

area. Health care professionals can also carry out a full health assessment in order to rule out any medical cause of continence problems.

Partnership Working

In order to achieve a clear understanding of the shared responsibilities of both parents and school it may be appropriate to set up a mutual agreement which will define each others expectations. This kind of agreement should help to avoid misunderstandings that might otherwise arise and help parents feel confident that the school is taking an holistic view of the child’s needs.

If this is deemed necessary issues discussed and agreed may cover the following areas.

Kibworth Primary School	Continence and Toileting Care Plan Agreement
Name of Child:	Date of Birth:

The parent:

- Agreeing to ensure that the child is changed at the latest possible time / has been to the toilet at the latest possible time before being brought to school.
- Providing the school/setting with spare nappies/underwear, a change of clothing and any prescribed creams
- Understanding and agreeing the procedures that will be followed when their child is changed at school – including the use of any cleanser or the application of any prescribed cream
- Agreeing to inform the school should the child have any marks/rash
- Agreeing to a ‘minimum change’ policy i.e., the school would not undertake to change the child more frequently than if s/he were at home
- Agreeing to review arrangements should this be necessary
- Agreeing to encourage my child to become more independent through toilet training at home

The School/setting:

- Agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- Agreeing to monitor the number of times the child is changed in order to identify progress made
- Agreeing to discuss any marks or rashes seen
- Agreeing to review arrangements

This continence and toileting care plan agreed by:

Signed :	Parent
Signed:	Class teacher
Signed:	Foundation Stage Leader / Key Stage Leader
Signed:	
Signed:	

Changing Chart for _____

Date	<u>Comments</u> - time of day, type of accident, did the child know they had had an accident, other comments	Changed into: Nappy (N) Pull ups (PU) Pants (P)	List of clothing provided (if any)	Changed by: (please initial)	Initial wh clothing returne

Procedure for Changing Children at Kibworth

Primary School

1. Wash hands using anti bacterial soap.
2. Assemble equipment including any provided by the parent (nappies, change of clothes, etc)
3. Ask child to stand on changing mat if provided.
4. Put on gloves / apron.
5. Remove wet/soiled nappy or clothing.
6. The child's skin should be cleaned with a disposable wipe. (By the child themselves wherever possible)
7. Nappies should be folded inwards on themselves and double-wrapped in a nappy bag. (Dispose of nappy/pull ups in yellow clinical waste bin).
8. Any soiled or damp clothing should be placed in a plastic bag and stored for a temporary basis in the changing area and given to parents at the end of the day.
9. Once the child has been changed and removed from the changing area, the surface should be cleaned with a detergent spray or antibacterial wipes and left to dry.
10. Gloves and aprons and any items used for cleaning the changing area will be disposed of in yellow bags via clinical waste.
11. Hands should be thoroughly washed afterwards

Monitoring and Review

Members of the governing body, through full or sub-committee meetings, will review this policy annually.

Signed _____
Dated _____

Review Due _____