



Davenant Foundation School

Supporting Pupils with Medical Conditions

Last Reviewed: September 2020

Next Review: September 2021

This policy has been reviewed and to the best of our knowledge we do not feel that it impacts on any group or individuals' equality rights within our school community

POLICY DETAILS

Policy Name	Supporting Pupils with Medical Conditions	Committee Responsible	Personnel
Status	Statutory	Committee Person i/c	Mrs D H Lake
Produced by	DHL	First Agreed	September 2014
Date Produced	September 2014	Last Review Date	September 2020
References		Next Review Date	September 2021

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1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- Keeping Children Safe in Education (September 2019)

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'

- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.3. This policy has due regard to the following school policies:

- SEND Policy
- Complaints Procedure Policy

2. The role of the governing board

2.1. The governing board:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

2.2. Mr A Thorne, Headteacher holds overall responsibility for implementation of this policy.

3. The role of the Headteacher

3.1. The headteacher:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.

- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

4. The role of parents/carers

4.1. Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.

5. The role of pupils

5.1. Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Are sensitive to the needs of pupils with medical conditions.

6. The role of school staff

6.1. School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

7. The role of the Medical Welfare Officer

7.1. The Medical Welfare Officer:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

8. The role of clinical commissioning groups (CCGs)

8.1. CCGs:

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

9. The role of other healthcare professionals

9.1. Other healthcare professionals, including GPs and paediatricians:

- Notify the Medical Welfare Officer when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

10. The role of providers of health services

10.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the Medical Welfare Officer and other healthcare professionals, and participating in local outreach training.

11. The role of the LA

11.1. The LA:

- Commissions Welfare Officers for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

11.2. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

12. The role of Ofsted

- 12.1. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.
- 12.2. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

13. Admissions

- 13.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.
- 13.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

14. Notification procedure

- 14.1. When the school is notified that a pupil has a medical condition that requires support in school, the Medical Welfare Officer is informed. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in [section 18](#)).
- 14.2. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).
- 14.3. For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
- 14.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

15. Staff training and support

- 15.1. Any staff member providing support to a pupil with medical conditions receives suitable training.
- 15.2. Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 15.3. Training needs are assessed by the Medical Welfare Officer through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives.
- 15.4. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff

understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

- 15.5. The Medical Welfare Officer confirms the proficiency of staff in performing medical procedures or providing medication.
- 15.6. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- 15.7. Whole-school awareness training is carried out on a yearly basis for all staff, and included in the induction of new staff members.
- 15.8. The Medical Welfare Officer identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 15.9. Training is commissioned by the headteacher and provided by the following bodies:
 - Commercial training provider
 - The Medical Welfare Officer
 - Parents/carers of pupils with medical conditions
- 15.10. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- 15.11. The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

16. Self-management

- 16.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.
- 16.2. Where possible, pupils are allowed to carry their own medicines and relevant devices and spares are kept in reception.
- 16.3. Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- 16.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.
- 16.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our Drugs and Alcohol Policy.

17. Supply teachers

- 17.1. Supply teachers are:
 - Provided with access to this policy.

- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

18. Individual healthcare plans (IHPs)

18.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher makes the final decision.

18.2. The school, parent/carer(s) and where necessary a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.

18.3. IHPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- What to do in an emergency, including contact details and contingency arrangements.

18.3a Trips and Visits Risk Assessment will include the specific need for IHP students.

18.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP. Appendix 1

18.5. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

18.6. IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

18.7. Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.

18.8. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHP.

18.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

19. Managing medicines

19.1. In accordance with the school's Administering Medication Policy, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

- 19.2. Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentiality.
- 19.3. Non-prescription medicines may be administered in the following situations:
 - When it would be detrimental to the pupil's health not to do so
 - When instructed by a medical professional
- 19.4. No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.
- 19.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- 19.6. Parents/carers are informed any time medication is administered that is not agreed in an IHP.
- 19.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- 19.8. All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.
- 19.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 19.10. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- 19.11. The school holds asthma inhalers for emergency use. The inhalers are stored in a locked cabinet and their use is recorded. See Appendix 2 for Davenant Asthma Procedures and Appendix 2a for Emergency inhaler Consent Form
- 19.12. Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- 19.13. Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom.

20. Adrenaline auto-injectors (AIs)

- 20.1. The administration of AIs and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Procedures, Appendix 3.

- 20.2. A Register of AAIs will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in on the School's T Drive for easy access in the event of an allergic reaction
- 20.3. Where a pupil has been prescribed an AAI, this will be written into their IHP.
- 20.4. Pupils who have prescribed AAI devices are able to keep their device in their possession. A spare AAI will be kept by the School.
- 20.5. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- 20.6. In the event of anaphylaxis, the Medical Welfare Officer will be contacted via the school mobile phone/another member of staff.
- 20.7. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest member of the first aid team will administer the AAI.
- 20.8. If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the pupil needs restraining.
- 20.9. The school will keep a spare AAI for use in the event of an emergency, which will be checked regularly to ensure that it remains in date. Parents will be informed if the AAI has expired. The expired AAI will be kept by the school until a replacement has been received from the parents. Due to the national shortage of AAIs this may not be immediately. The expired AAI is safe to use if the viewing window on the AAI is clear. If for any reason the viewing window has discoloured the AAI must not be used.
- 20.10. The spare AAI will be stored in locked cupboard, ensuring that it is protected from direct sunlight and extreme temperatures.
- 20.11. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained or, emergency medical advice has been given by a doctor or ambulance service. Appendix 3a
- 20.12. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
- 20.13. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.
- 20.14. Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 20.15. In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.
- 20.16. Where any AAIs are used, the following information will be recorded on the AAI Record:
 - Where and when the reaction took place

- How much medication was given and by whom
- 20.17. For children aged 12 and older, a dose of 300 or 500 micrograms of adrenaline will be used.
- 20.18. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 20.19. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will take the student's spare AAI. The Trip Leader will also take the Schools' spare AAI in case of an emergency.

21. Record keeping

- 21.1. In accordance with paragraphs 19.10, 19.11, 19.12 and 19.13, written records are kept of all medicines administered to pupils. Appendix 4
- 21.2. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.
- 21.3. Appropriate forms for record keeping can be found in [appendix d](#) and [appendix e](#) of this policy.

22. Emergency procedures

- 22.1. Medical emergencies are dealt with under the school's emergency procedures.
- 22.2. Where an IHP is in place, it should detail:
- What constitutes an emergency.
 - What to do in an emergency.
- 22.3. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.
- 22.4. If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.
- 22.5. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

23. Day trips, residential visits and sporting activities

- 23.1. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- 23.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.
- 23.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

24. Unacceptable practice

24.1. The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

25. Liability and indemnity

25.1. The governing board ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

25.2. The school holds an insurance policy with name of policy provider covering liability relating to the administration of medication. The policy has the following requirements:

- All staff must have undertaken appropriate training.

25.3. The school holds an insurance policy with the RPA covering healthcare procedures. The policy has the following requirements:

- All staff must have undertaken appropriate training.

25.4. All staff providing such support are provided access to the insurance policies.

25.5. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

26. Complaints

26.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

26.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy.

- 26.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- 26.4. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

27. Home-to-school transport

- 27.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
- 27.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

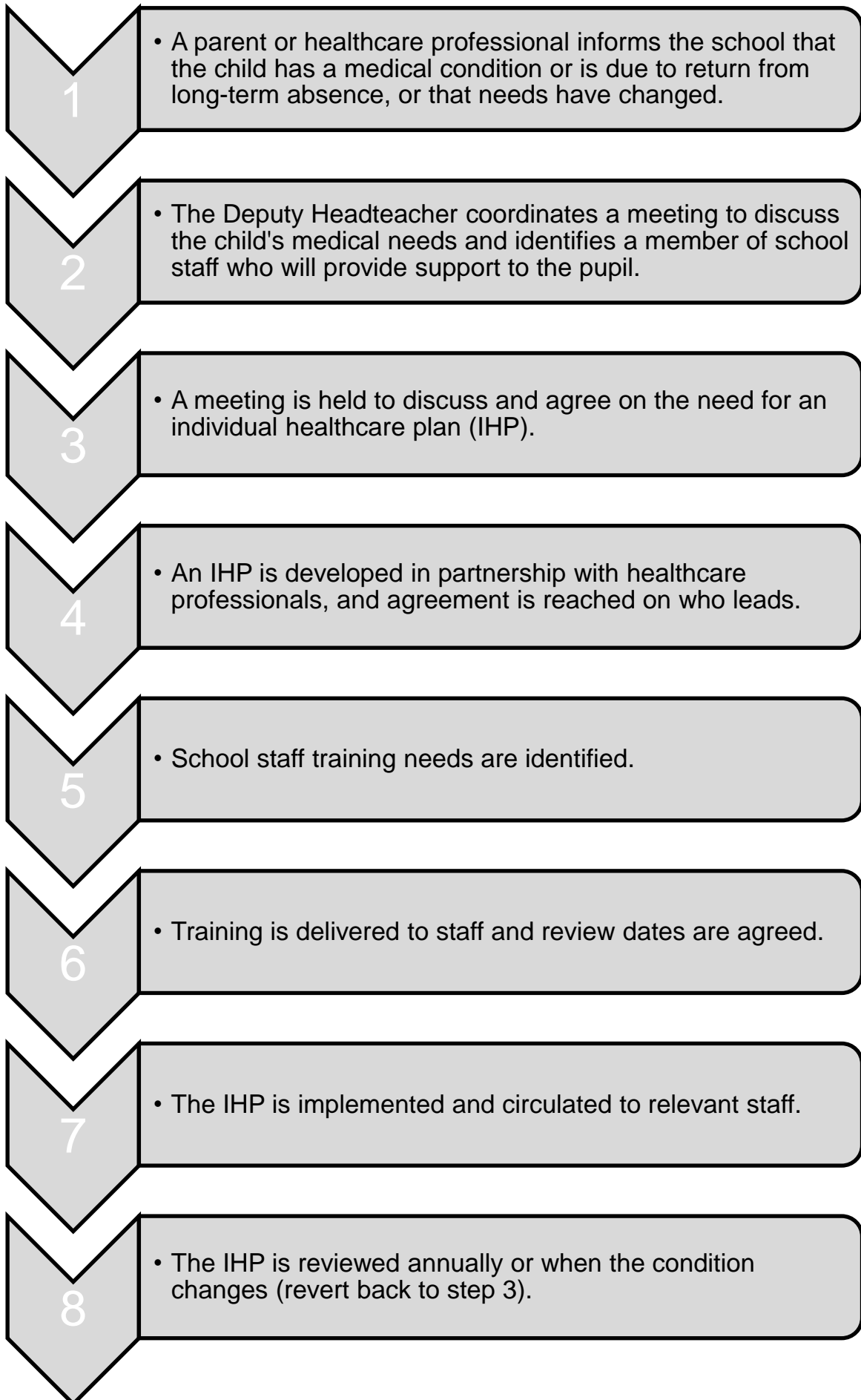
28. Defibrillators

- 28.1. The school has a Mediana HeartOn A15 automated external defibrillator (AED).
- 28.2. The AED is stored in reception.
- 28.3. All staff members are aware of the AED's location and what to do in an emergency.
- 28.4. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
- 28.5. The emergency services will always be called where an AED is used, or requires using.
- 28.6. Maintenance checks will be undertaken on AEDs on a monthly basis by Welfare Officer, with a record of all checks and maintenance work being kept up-to-date by the designated person.

29. Policy review

- 29.1. This policy is reviewed on an annual basis by the Welfare Officer and the Headteacher.

Individual Healthcare Plan Implementation Procedure



Appendix 1 – Healthcare Plan



DAVENANT FOUNDATION SCHOOL

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Davenant Foundation School - Healthcare Plan

Name of school/Setting: _____

Child's Name: _____

Group/Class/Form: _____

Date of Birth: _____

Child's Address: _____

Medical diagnosis or condition: _____

Date: _____

Review Date: _____

FAMILY CONTACT INFORMATION

Family contact 1

Name: _____

Phone No: (Work) _____

(home): _____

(mobile): _____

Family contact 2

Name: _____

Phone No: (Work) _____

(home): _____

(mobile): _____

CLINIC/HOSPITAL CONTACT

Name: _____

Phone No: _____

GP

Name: _____

Phone No: _____

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environment issues etc:

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

Arrangements for school visits/trips etc (is a 1:1 1st aider required to accommodate students on trips & visits) _____

Other information: _____

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

Who takes responsibility in an emergency (state if different for off-site activities):

Named First Aider

Head Teacher

Offsite First Aider: _____

Signature of Parent: _____

Date: _____

For the full details on how we use your personal information please see the school's website or call 0208 508 0404 if you are unable to access the internet.

Appendix 2 – Asthma Procedures

Training and Education:

Davenant Foundation School provides **training and education on asthma**, for relevant staff including:

- The risks associated with asthma.
- How to manage the risks and prevent the symptoms of an asthma attack.
- The early warning symptoms of asthma and the signs of an asthma attack.
- How to manage asthma in pupils.
- What to do in the event of a severe asthma episode.

Diagnosis & Medication:

Davenant Foundation School maintains a confidential list of students who suffer from asthma.

- Relevant staff immediately update this list, when a student is newly identified as being asthmatic.
- The asthma register is easy for staff to access and allows a quick check of whether a student is recorded as having asthma, and if there is consent for an emergency inhaler to be administered.
- All staff members can summon the assistance of a designated first aider; however, staff will not delay in administering asthma treatment (if required)
- Spare student inhalers and associated medications are kept in a secure cupboard, within the school reception area. Staff know where inhalers are kept and how to use them.
- Salbutamol inhalers are only administered to students who have asthma, or who have been prescribed a reliever inhaler and written parental consent has been given.

Educational Trips & Visits and/or Off Site Fixtures:

Davenant Foundation School requires students to carry their inhalers at all times; additional emergency spare student inhalers **must** be taken on educational trips and visits and/or off site fixtures.

- The school keeps an emergency supply of non-prescription asthma inhalers for use in an emergency. These are taken off on trips and visits and/or off site fixtures **in additional** to the students spare emergency inhalers.
- Trip / Deputy Trip leaders and/or relevant PE staff carry a list of students who are permitted to use the non-prescription emergency inhalers, in accordance with parental consent.
- Trip / Deputy Trip leaders and/or relevant PE staff, carry additional emergency spare student inhalers. Each student must have access to **two** asthma inhalers, if attending an event off site.

Storage and Care:

Davenant Foundation School keeps **both** non-prescription emergency salbutamol inhalers and spare student inhalers in a secure cupboard, within the school reception area.

- Parents/Carers must ensure that the school is provided with a labelled spare emergency inhaler.
- Expired spare asthma inhalers are returned to students for appropriate disposal.
- Whenever the non-prescription emergency inhaler is used, the incident **must** be recorded, indicating where the attack took place, how much medication was given, and by whom; the students' parents must be informed in writing.
- Expired non-prescription emergency inhalers are returned to local pharmacy to be recycled.

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer (if required)
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another

Appendix 2a - Emergency inhaler consent form

Please complete this form to provide consent for your child to receive salbutamol from an emergency inhaler in a medical emergency.

1. I can confirm that my child **has been diagnosed with asthma/has been prescribed an inhaler** (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler (and spare) are not available or are unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:	Date:
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Name (print):	Child's name:
Class Teacher:	

Parent's address:	
Parent's telephone:	Parent's email

Second emergency contact name:	
Address:	
Telephone:	Email:

Davenant Foundation School fully complies with information legislation. For the full details on how we use your personal information please see the school's website, or call 020 8508 0404 if you are unable to access the internet.

Appendix 3 – Anaphylaxis Procedure

Training and Education:

Davenant Foundation School provides **training and education on anaphylaxis**, for relevant staff including:

- The risks associated with anaphylaxis occurring whilst at school.
- Ensuring that staff members are provided with information regarding anaphylaxis, as well as the necessary precautions and action to take.
- Understanding the action to take and processes to follow in the event of a pupil going into anaphylactic shock, and ensuring that this information is disseminated to staff members.
- How to administer an AAI (Epi Pen/Jext) (if required) according to the manufacturer's instructions.

Diagnosis & Medication:

Davenant Foundation School maintains a confidential list of students who suffer from allergies and who have been prescribed an adrenaline auto-injector (AAIs).

- Relevant staff immediately update this list, when a student is newly identified as being at risk of anaphylaxis.
- The EPI PEN register is easy for staff to access and allows a quick check of whether a student is recorded as being at risk of anaphylaxis, and if there is consent for an emergency AAI to be administered.
- All staff members can summon the assistance of a designated first aider; however, staff will not delay in administering an AAI (if required)
- Spare student AAI's and associated medications are kept in a secure cupboard, within the school reception area. Staff know where spare student AAI's are kept and how to use them.
- Adrenaline auto-injectors are only administered to students who have been diagnosed as being at risk of anaphylaxis and written parental consent has been obtained.
- Should an AAI need to be administered, the emergency services will be contacted immediately.

Educational Trips & Visits and/or Off Site Fixtures:

Davenant Foundation School requires students to carry their AAI's at all times; additional emergency spare student AAI's **must** be taken on educational trips and visits and/or off site fixtures.

- The school keeps an emergency supply of non-prescription AAI's for use in an emergency, in line with The Human Medicines (Amendment) Regulations 2017. These are taken on trips and visits and/or off site fixtures **in addition** to the student's spare adrenaline auto-injector.

- Trip / Deputy Trip leaders and/or relevant PE staff carry a list of students who are permitted to use the non-prescription emergency AAI's in accordance with parental consent.
- Trip / Deputy Trip leaders and/or relevant PE staff, carry additional emergency spare student AAI's. Each student must have access to **two** AAI's if attending an event off site.
- Students will not be able to attend off site and/or educational visits without their AAI and emergency spare.

Storage and Care:

Davenant Foundation School keeps **both** non-prescription emergency AAI's and spare student AAI's in a secure cupboard, within the school reception area.

- Parents/Carers must ensure that the school is provided with a labelled spare AAI, in a timely manner. (before expiry of spare AAI)
- Expired spare AAI's are returned to students for appropriate disposal.
- Whenever the non-prescription emergency AAI is used, the incident **must** be recorded, indicating where the attack took place, how much medication was given, and by whom; the students' parents must be informed in writing.
- Expired non-prescription emergency AAI's are returned to local pharmacy to be recycled.
- In line with manufacturer's guidelines, all AAI's are stored at room temperature, protected from direct sunlight and extreme temperature.

Allergy - is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Difficulty breathing
- Feeling faint
- Reduced level of consciousness
- Lips turning blue
- Collapsing
- Becoming unresponsive




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

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY <ul style="list-style-type: none">• Persistent cough• Hoarse voice• Difficulty swallowing• Swollen tongue	B BREATHING <ul style="list-style-type: none">• Difficult or noisy breathing• Wheeze or persistent cough	C CONSCIOUSNESS <ul style="list-style-type: none">• Persistent dizziness• Pale or floppy• Suddenly sleepy• Collapse/unconscious
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IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)

2 Use Adrenaline autoinjector **without delay** (eg. EpiPen®) (Dose: .mg)

3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** 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 adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Appendix 3a - Emergency adrenaline auto-injector (AAI) consent form

As of 1 October 2017, new guidance from the Department of Health – “Guidance on the use of adrenaline auto-injectors in schools” – states that schools are allowed to keep spare AAIs for emergency use on pupils who have been assessed as being at risk of a severe allergic reaction (anaphylaxis).

Schools may need to administer emergency AAIs if a pupil does not have their medication on them, if the prescribed AAI is out of date, or if it is not working.

The AAIs we store in school are: Epipen (0.3 miligrams). Please ensure your child can be administered with these AAIs before completing this consent form.

Davenant Foundation School will not administer emergency AAIs unless you complete and return this form.

I can confirm:

1. My child has been assessed by a medical professional as being at risk of anaphylaxis.
2. I consent to my child being administered an emergency AAI if my child does not have an AAI with them, if theirs is out of date, or it is not working.
3. I understand that, in the event of a severe allergic reaction where an AAI needs to be administered as soon as possible, a trained first-aider may not be available to administer the medication. In this instance, the nearest member of staff with access to an AAI is able to administer the medication.
4. In the event that my child is administered an AAI, I will be notified as soon as it is possible.
5. I understand that any medication administered to my child is in line with **Davenant Foundation School's Supporting Pupils with Medical Conditions Policy**.
6. I understand I am able to withdraw my consent at any time.

Signed:	Date:
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Name of parent:	
Mobile phone number:	Home phone number:
Child's name:	Child's year group

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Describe medical needs and give details of child's symptoms

Anaphylaxis is a severe systemic allergic reaction

The whole body is affected usually within minutes of exposure to the allergen

It can occur within minutes of exposure to an allergen, although it can take several hours.

Signs and symptoms

- Swelling of the mouth or throat
- Difficulty in swallowing or speaking
- Alterations in the heart rate
- Hives (nettle rash) anywhere in the body
- Abdominal cramps, nausea and vomiting
- Sudden weakness
- Difficulty breathing
- Collapse and unconsciousness
- Sense of impending doom.

Daily care requirements (e.g. before sports/at lunchtime)

- Allergen avoidance
- Risk assessment
- Kitchen and dining areas kept clean of food allergens
- Knowledge of food ingredients at meal times
- Discouragement of food sharing
- Easy access to emergency medication
- Annual staff training

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

Not all of the above symptoms need to be present before giving treatment and seeking help. Any of these symptoms may be present, although most pupils with anaphylaxis would not necessarily experience all of them.

In a mild anaphylaxis reaction:- such as hives (nettle rash)

- Give antihistamine (if prescribed for child)
- Monitor child closely
- Ring parents

In a severe anaphylaxis reaction (see above for signs and symptoms):

- Stay calm
- Dial 999
- Using the care plan, assess the reaction
- Administer prescribed Epipen and monitor the result, if no improvement or condition gets worse give the second prescribed Epipen between 5 and 15 minutes. (NB Not everyone may be prescribed second Epipen).
- Only use prescribed Epipen
- Make a note of the time

• If unconscious place child in recovery position, and monitor child's airway. Monitor closely until the ambulance arrive.

Appendix 4 Medicines Register

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Davenant Foundation School Medicine Administering Form

Medicines Register

Name: _____

Form: _____

D.O.B: _____

Address: _____

Postcode: _____

G.P : _____

Allergies: _____

Medical Conditions: _____

Date	Name of person who brought it in	Name of Medicine	Amount Supplied	Expiry date	Dosage regime

N.B: Medicines must be in the original container as dispensed by the pharmacy

Name: _____

Daytime telephone no.: _____

Relationship to child: _____

Address: _____

I understand that I must deliver the medicine personally to:	MEDICAL WELFARE OFFICER
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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date: _____