Villa Real School

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Administration of Medication Policy 2021

Responsibility: Louise Burns Date: September 2021

Signed & Adopted by the Governing Body:

Chair of Governors

Date: 07.02.22

Date to be reviewed: September 2022

AIMS
To outline the policy and procedures for managing the administration of medicines in schools so it is understood by staff, parents/carers, pupils and students and so that all pupils and students, including those with medical needs receive proper care and support in our school.

OBJECTIVES
- To encourage and support inclusive practice
- To ensure regular attendance by all pupils and students

IMPORTANT PROCEDURES
- Procedures for managing prescription medicines which need to be taken during a school day
- Procedures for managing prescription medicines on trips and outings
- Statement of roles and responsibilities for staff managing and administering medicines
- Procedures for administrating over the counter medicines
- Procedures for administrating medication held by school
- Statement of parent/carer responsibilities in respect of their child's medical needs
- The need for prior written agreement from pupils/ students parents/carers for any medicines to be given to their child
- Circumstances in which a pupil or student may take non-prescription medicines
- Policy on assisting pupils and students with long term or complex medical needs
- Policy on pupils and students carrying and taking their medicine themselves
- Staff training
- Record keeping
- Safe storage of medicines

INTRODUCTION
As an inclusive setting, we recognise that there may be times when medication needs to be administered in school, to ensure participation in school life. We will therefore administer medication and supervise pupils and students taking their own medication according to the procedures in this policy:
- We ask parents/carers to ask their doctor wherever possible to prescribe medication which can be taken outside of the school day
- We ask parents/carers to ensure their children have had a least 1 dose of medication at home
- We are prepared, however, to take responsibility for those occasions when a pupil or student needs to take prescribed medication during the school day in strict accordance with the procedures in this policy and following the guidance in the DfES document;' Supporting pupils with medical conditions' 2017.

PUPILS AND STUDENTS WITH SPECIAL MEDICAL NEEDS

- We will work in partnership with the parents/carers to discuss their child's individual needs and write an Individual Health Care Plan. We will also involve other outside agencies as appropriate to the needs of the pupil or student and their family
- Individual Health Care Plans will be in stored electronically in school, and paper copies held in class securely
- Any training needs will be identified and arranged with the appropriate support agencies and the family as required (ref: related Supporting Children with Medical Needs Policy)

PROCEDURES

On Admission

All parents/carers are asked to complete a medical record giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. These details are updated by parents in September, reviewed as part of the EHCP Annual Review and when required or advised by the medical team providing care for the pupil or student. This information is stored electronically and securely in class.
Consent forms for over the counter medication purchased and held in school will be completed annually.

Emergency Medication

Specific specialised training is required for staff to act in emergency situations. Staff who agree to administer the emergency medication must have training from an appropriate health care professional which should be updated annually. Emergency medication could include asthma reliever inhalers, emergency treatment for allergies e.g. Epi-pen/JENX, emergency treatment for epilepsy, emergency treatment for diabetes. Pupils/students inhalers and their own spacers are to be held in unlocked labelled cupboards in the classrooms. These must accompany the pupil/student at breaks times, play times and to PE lessons via staff or with the individual if appropriate.

Administration of Prescribed Medication and Controlled Drugs

There are legal requirements for the storage, administration, recording and disposal of CDs. These are set out in the Misuse of Drugs Act Regulations 2001. Villa Real has strict guidelines in regard to medications listed as controlled medication. The School follows the Royal Pharmaceutical Guidelines for safe handling, dispensing and disposal of controlled drugs. Therefore, we are unable to administer to a pupil or student outside the following school protocol:

- Should a pupil or student need to receive medication during the school day parents/carers will be asked to come into school and personally hand over the medication to the person on Reception Desk,

alternatively, medication may be sent in by taxi escort with the consent of the taxi company

- Where possible the pupil or student's prescription will be supplied to school via a split prescription system agreed between the parents/carer or school and the pupil or student's GP
- For medicines that have not been prescribed but purchased, they need to be supplied to school in the original container, have instructions to administer, dosage and be in date. These medicines can only be administered for the amount of time stated on the label. A separate consent form must be signed.
- On receipt of medication, a recording of the amount received will be logged in the Medication Book/Controlled Medication book. The School will not accept more than one term's amount of medication for use in school on receipt of the prescription being dispensed to the parents/carer except in emergency situations
- Any used medication must be collected by parents/carer or via transport with the parent/carer agreement. (If after parent/carer contact medication is left in school, then the School will take it to the local chemist for safe disposal.)
- The prescribed medication should be in the original container as dispensed, clearly labelled with a pharmacy label, with the instructions for administration including:
    - The pupil or student's name
    - Name of medication
    - Strength of medication
    - How much to be given
    - When to be given
    - Date dispensed and/or expiry date
    - Length of treatment
    - Any other instructions

  NB A label 'to be taken as directed' does not provide sufficient information.
- Liquid medication should be measured accurately using a medicine spoon or syringe. Medication should not be added to food or drinks unless there is a specific reason. These reasons should be included in the IHCP.
- A record of the administration of each dose will be kept in a monitored bound book and records are kept by method of double signatory; the staff administering the medication and a second staff witnessing
- Should the medicine need to be changed or discontinued before the completion of the course or if the dosage changes the School should be notified in writing by the professional prescribing the medication before changes are made in school
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. This is not something that we promote at Villa Real, given the nature of the learning difficulties our pupils have. Monitoring arrangements may be necessary. At Villa

Real, we keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff have access. Controlled drugs should be easily accessible in an emergency and therefore staff have the key. Controlled drugs are listed in the controlled drug book.

- Strict procedures are to be adhered to when taking this medication out of school on a trip. The controlled medication book should be completed as required. The medication must be transported in a locked box in a locked bag.

Application of Creams and Lotions

- Non-prescribed creams and lotions may be applied with written consent from parents/carers in the form of a consent form.
- Parents/carers are responsible for sending in the cream, labelled for the individual pupil or student, if they wish cream to be applied
- Steroid creams are usually applied twice daily only – Villa Real would usually expect these to be applied at home
- Sun cream can be supplied by parents/carers or by school. If parents/ carers are providing, we ask parents/carers to apply sun block in the morning before coming to school. Pupils and students may bring in their own creams but parents/carers must ensure it is in date and of at least SPF 25 or above. It should be labelled clearly and is the pupil's and student's responsibility
- Staff to wear disposable gloves on each application. Double applications require different gloves.
- The School will also adhere to the School's Intimate Care Policy

Over the counter medications purchased and held in school.

School-held OTC medicines are non-prescription medicines available over the counter from pharmacies. They are **bought and kept in school** for the short-term management of minor conditions. These include, paracetamol, ibuprofen, insect sting cream, Savlon.
If we feel that pupils/students require these medicines, we would contact parents in the first instance via telephone. If verbal consent is given, and a pre-signed consent is held in school, the medication can be administered.

Alternative Medication
Alternative medication, including homeopathic medication and herbal remedies, will not be administered unless prescribed or agreed by a GP/consultant.

Refusing Medication
If a pupil or student refuses medication staff will not force them to take it.

The refusal will be noted on CPOMS and parents/carers contacted by telephone.

In the event of a pupil or student refusing emergency medication parents/carers will, of course, be contacted immediately by telephone. The emergency services will be contacted immediately and a member of school staff will accompany the pupil or student to hospital to allow parents/carers time to arrive.

Storage and Disposal of Medication

- All medication, except inhalers, will be kept in the School Medical Room
- Only medication which needs to be administered in school will be kept on school premises
- **Pupils and students prescribed with an Epi-pen/JENX will need to have it kept with them in the classroom** in a clearly labelled plastic envelope; this must travel with the pupil or student at all times including PE lessons and off-site visits. Parents/carers are responsible for ensuring that Epi-pens they supply to school are 'in date'
- Medication requiring refrigeration will be stored in the fridge inside the medical room. The temperature of this fridge will be checked daily by school staff
- Medicines are regularly audited to ensure up to date and any unused medicines set home at the end of a term to parent/carer.
- Any medication which is not collected by parents/carers and is no longer required will be disposed of safely at a local pharmacy. No medication should be disposed of into the sewage system or refuse
- **Asthma medication: please refer to: Appendix A – 'Policy on Responding to Asthma'**

OFFSITE ACTIVITIES AND EDUCATIONAL VISITS

The named leader of the activity must ensure that all pupils and students have their medication, including any emergency medication available. The medication will be carried by a named member of staff, the pupil or student's shoulder bag (in cases of Epi-pen). This also includes asthma inhalers and other relief medication.

For residential visits, parents/carers are required to complete an EV4 form for all forms of medication.

INSURANCE

All staff are covered by Durham County Council 'Public Liability' insurance.

TRAINING

Training needs are reviewed annually according to the needs of our pupils and students.

This policy is part of our staff induction programme and is reviewed annually.

Training needs are identified for individual staff through annual performance and appraisal meetings. Training for specific conditions e.g. Asthma is provided for the whole staff every year.

All staff should understand that immediate access to reliever medicines (usually inhalers) is essential. Pupils or students with asthma should be encouraged to carry their own inhalers as soon as the parents/carers, doctor or asthma nurse agrees that they are mature enough.
Consideration must be given to the appropriateness of students carrying their own medication, such as inhalers.

APPENDIX A – 'POLICY ON RESPONDING TO ASTHMA'

This policy sets out Villa Real's response to the problems posed by asthma, taking into account its responsibility for ensuring, as far as is reasonably practicable, the health and safety of employees, pupils and students.

AIM

The policy sets out the system for ensuring that:

- Staff, pupils and students with asthma are known
- Appropriate training is given to staff, pupils and students
- All staff know their roles in ensuring that asthma attacks are dealt with quickly and effectively; and
- Governors, staff, pupils, students and parents/carers know what the system is and the part they have to play

RESPONSIBILITIES

The Headteacher is responsible for:

- Ensuring that a system is in place and is properly managed and reviewed
- Ensuring that a system is in place for recording asthma sufferers
- Ensuring that a system is in place for training staff; and
- Reporting annually to the Governing Body on any incidents and the general working of the system

The School Nurse is responsible for:

- The management of the system
- Ensuring that asthma sufferers are known and records and registers are kept appropriately
- Ensuring that appropriate training is given
- Obtaining and circulating appropriate guidance
- Ensure that the Asthma UK procedure in the event of an asthma attack is visibly displayed in the staffroom and in classrooms
- Reviewing the system periodically
- Ensuring that appropriate storage for medicines is provided, where necessary
- Liaising with medical staff as necessary
- Communicating with teaching, support staff and parents/carers; and
- Reporting to the Headteacher

All Staff will:

- Know which of their pupils or students are on the medical register – including asthma;
- Allow pupils and students to take their own medicines when indicated on IHCP and consent form.
- Know what to do in the event of an asthma attack in school
- Ensure that an asthma inhaler is clearly labelled with the pupil or student's name and kept in a plastic wallet in the classroom with the pupil or student's care plan enclosed (this must travel with the pupil or student at all times including PE lessons and off site visits). **However, School will have a second emergency inhaler kept in the medical room (School and residential)**
- Parents/Carers to be informed via phone call or diary that inhaler has been used
- Inhaler must accompany pupils/students at break time, lunch time, and to PE.

Parents/carers of asthma sufferers are responsible for:

- Contributing to the IHCP
- Ensuring that the inhalers are in date
- Providing the School with an in date inhaler, labelled with the pupil or student's name

All Pupils and students will:

• Be told by teachers about asthma, at times designated

RECORD KEEPING

Parents/carers will be asked to complete a medical questionnaire on admission (which will include asthma); these will be updated annually during EHCP Meeting or when there is a change of circumstances.

PE AND GAMES

Taking part in PE activities is an essential part of school life for all pupils and students including those with asthma. They will be encouraged to take a full part in PE activities.

Before each lesson, staff will remind pupils and students whose asthma is triggered by exercise to take their reliever inhalers, and to warm up and down before and after the lesson. The same applies to class teachers (and where relevant support staff) where other lessons (e.g. drama) might involve physical activity.

SCHOOL ENVIRONMENT
Villa Real will do all it can to make the environment favourable to pupils and students with asthma. There is a rigorous no smoking policy. Villa Real will as far as possible not use chemicals in the school that are potential triggers for asthma. Pupils and students with asthma will be told to leave the teaching area and to go to a designated area if particular fumes trigger asthma.

DEALING WITH THE EFFECTS OF ASTHMA
When it is known that a pupil has to miss a lot of school time or is always tired through the effects of asthma, or the asthma disturbs their sleep at night, the pupil or student's class teacher will talk to parents/carers to determine how best to ensure that the pupil or student does not fall behind.

If appropriate the class teacher will also talk to the SEN co-ordinator about the pupil or student's needs. In the event of an asthma attack the school will follow the procedure outlined by Asthma UK in its School Asthma Pack.

GUIDANCE
- The School Asthma Pack – Asthma UK
- Asthma Awareness for School Staff
- Asthma Resources for Pupils and students
- Order your free Asthma Attack Card from asthma UK: http://www.asthma.org.uk/order_your_free_asth.html

MONITORING AND REVIEW
Staff will report incidents of asthma to the Headteacher. The Headteacher or delegated staff will keep a record of incidents.

APPENDIX B – HELPING PUPILS AND STUDENTS WITH EPILEPSY

CONTENTS

What is epilepsy?
What causes epilepsy?
Triggers
Medication
What the School should do
Sporting and Off-site activities
Disability and epilepsy
References

This section provides some basic information about epilepsy but it is beyond its scope to provide more detailed medical advice. It is important that the particular needs of pupils and students are assessed and treated on an individual basis.

WHAT IS EPILEPSY?

Pupils and students with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Five per cent of people with epilepsy have their first seizure before the age of 20. Epilepsy is the second most common medical condition that teachers will encounter. It affects around one in 130 pupils and students in the UK.

Eighty per cent of pupils and students with epilepsy attend mainstream schools. Most pupils and students with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Epilepsy is not a disease or an illness but may sometimes be a symptom of an underlying physical disorder. Epilepsy is defined as having a tendency to have convulsions or fits. An epileptic seizure happens when normal electrical activity in the brain is suddenly disrupted. An epileptic seizure can take a number of different forms – it can cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. A seizure or 'fit' is a brief disruption to normal brain functioning.

WHAT CAUSES EPILEPSY?

Some pupils and students have epilepsy as a result of brain damage caused through injury before, during or after birth. This type is known as symptomatic epilepsy. For other pupils and students there is no known or identifiable cause, they have an inherited tendency to have epilepsy. This type is known as idiopathic epilepsy. Some develop epilepsy during childhood, and about a third of these will outgrow their epilepsy by the time they become adults. Some teenagers may develop epilepsy. Depending on the type of epilepsy they develop, these young people may or may not grow out of their epilepsy by the time they become adults.

TRIGGERS

If the pupil or student has had seizures for some time the parents/carers, or indeed the pupil or student if he/she is old enough, may be able to identify the factors that make the seizures more likely to occur. These are often called 'triggers'. The most common are:

- Tiredness
- Lack of sleep
- Lack of food
- Stress
- Photosensitivity

There are over 40 types of seizure and it is unnecessary for staff to be able to recognise them. Seizures can take many different forms and a wide range of descriptors are used for the particular seizure patterns of individual pupil or student. School should obtain detailed information from parents/carers and health care professionals. The information should be recorded in an Individual Health Care Plan, setting out the particular pattern of an individual pupil's or student's epilepsy.

MEDICATION

Pupils and students with epilepsy may require medicines on a long-term basis to keep them well, even where the epilepsy is well controlled. Most pupils and students need to take medicine to control their seizures. Medicine is usually taken twice each day, outside of school hours, which means that there are no issues about storage or administration for school staff.

There are some pupils and students who require medicine three times daily but even then it is usually taken before the school day, after the school day and before going to sleep. The only time medicine may be urgently required during the school day is when seizures fail to stop after the usual time or the pupil or student goes into 'status epilepticus'.

Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens, an emergency sedative needs to be administered by a trained member of staff. The sedative is either the drug diazepam, which is administered rectally, or midazolam that is administered through the mouth. Pupils or students who require rectal diazepam should have an intimate care statement in their IHCP. Two adults should be present when intimate or invasive procedures take place, at least one of whom should be of the same gender as the pupil or student. For more information, go to:
http://partner.ncb.org.uk/dotpdf/open_access_2/including_me.pdf

WHAT THE SCHOOL SHOULD DO

Most teachers during their careers will have several pupils or students with epilepsy in their class. Therefore, all staff should be aware that any of the pupils or students in their care could have a seizure at any time and therefore should know what to do. All individual pupils and students with epilepsy should have an Individual Health Care Plan that details the specifics of their care. The Headteacher should ensure that all staff know what to do if the pupil or student has a seizure. The Individual Health Care Plan should identify clearly the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required. If a pupil or student does experience a seizure in school, the details should be recorded and communicated to parents/carers and/or the specialist nurse for epilepsy. This will help parents/carers to give more accurate information on seizures and seizure frequency to the pupil's or student's specialist. Pupils or students with epilepsy should be included in all activities though extra care may be needed in some areas such as swimming, undertaking gymnastic activities at a height or working in science laboratories. Concerns about safety should be discussed with the pupil or student and parents/carers as part of the Individual Health Care Plan.

During a seizure it is important to make sure that:

- The pupil or student is in a safe position
- The pupil or student's movements are not restricted; and
- The seizure is allowed to take its course

In a convulsive seizure something soft should be put under the pupil or student's head to help protect it. Nothing should ever be placed in the mouth. After a convulsive seizure has stopped, the pupil or student should be placed in the recovery position and stayed with, until he/she is fully recovered.

An ambulance should be called if:

- It is the pupil or student's first seizure
- The pupil or student has injured him/herself badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the pupil or student's Individual Health Care Plan
- A seizure lasts for five minutes – (if you do not know how long they usually last for that pupil or student)
- There are repeated seizures - unless this is usual for the pupil or student as set out in the pupil or student's Individual Health Care Plan.

This information should be an integral part of the school's general emergency procedures but also relate specifically to each pupil or student's Individual Health Care Plan.
After every seizure, a seizure activity sheet should be completed.

SPORTING AND OFF-SITE ACTIVITIES

All staff accompanying the group should ensure that they know the procedure and what is expected of them in relation to each pupil and student. The parents/carers and pupil or student should be involved in drawing up the details for the individual and know exactly what the procedure is. The majority of pupils and students with epilepsy can participate in all physical activities and extra-curricular sport. There should be sufficient flexibility for all pupils and students to follow in ways appropriate to their own abilities. Physical activities can benefit their overall social, mental and physical health and wellbeing. Any restrictions on a pupil or student's ability to participate in PE should be recorded in his/her Individual Health Care Plan.

Pupils and students with epilepsy will be encouraged to participate in safely managed visits.

DISABILITY AND EPILEPSY

Some pupils and students with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. Epilepsy is a long-term medical condition and therefore pupils and students with the condition are usually considered disabled. Whether they also have special educational needs will depend on how the condition impacts on their access to education and their ability to make adequate progress. Under Part 4 of the DDA, schools and academies must not discriminate against disabled pupils and students in relation to their access to education and associated services – a broad term that covers all aspects of school life including admissions, school trips and school clubs and activities. Schools should be making reasonable adjustments for disabled pupils and students including those with epilepsy at different levels of school life. Thus pupils and students with epilepsy should take part in all activities organised by the school, except any specifically agreed with the parents/carers and/or relevant health adviser. Whether or not the epilepsy means that an individual pupil or student is disabled, the School must take responsibility for the administration of medicines and managing complex health needs during school time in accordance with Government and Local Authority policies and guidelines.

REFERENCES

Managing Medications in schools The Royal Parasitical Guidelines
Epilepsy Action www.epilepsy.org.uk publishes Epilepsy - A teacher's guide - http://www.epilepsy.org.uk/info/education/index.html. This looks at classroom first aid, emergency care, medication and school and school activities. Further information is available from a freephone helpline on 0808 800 5050 (Monday - Thursday, 9:00 am - 4.30 pm, Friday 9:00 am - 4:00 pm).

The National Society for Epilepsy NSE) http://www.epilepsysociety.org.uk/ has information on education and epilepsy which looks at epilepsy and learning, special needs, examinations, practical activities, medication, the Disability Discrimination Act, and teaching pupils/students with epilepsy.
Contact the UK Epilepsy helpline, telephone 01494 601 400 (Monday-Friday 10:00 am – 4:00 pm.)

APPENDIX C – ALLERGIC REACTIONS/ANAPHYLAXIS

CONTENTS:

What is anaphylaxis?
Symptoms
Triggers
Medication
What the School should do
Sporting and off-site activities
References

This section provides some basic information about anaphylaxis (severe allergic reactions) but it is beyond its scope to provide more detailed medical advice and it is important that the needs of pupils and students are assessed and treated on an individual basis.

WHAT IS ANAPHYLAXIS?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. The whole body is affected, usually within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat. Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life can continue as normal for all concerned.

CAUSES

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, Brazils), sesame, eggs, cow's milk, fish, shellfish and certain fruits such as kiwi fruit. Whilst non-food causes include penicillin or any other drug or injection, latex, rubber and the venom of stinging insects (such as bees, wasps or hornets) are other causes of anaphylaxis. In some people, exercise can trigger a severe reaction – either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

SYMPTOMS

The most severe form of allergic reaction is anaphylactic shock, when blood pressure falls dramatically and the patient loses consciousness. This is rare in young pupils but does occur in adolescence. More common symptoms in pupils and students are:

- Nettle rash (hives) anywhere on the body
- Sense of impending doom
- Swelling of throat and mouth
- Difficulty in swallowing or speaking
- Alterations in heart rate
- Severe asthma
- Abdominal pain, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)

A pupil or student would not necessarily experience all of these symptoms. Even where only mild symptoms are present, the pupil or student should be watched carefully. They may be heralding the start of a more serious reaction.

MEDICATION

The treatment for a severe allergic reaction is an injection of adrenaline. Preloaded adrenaline injection devices containing one measured dose of adrenaline are available on prescription for those believed to be at risk. The devices are available in two strengths – adult and junior. Adrenaline (also known as epinephrine) acts quickly to constrict blood vessels, relax the smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help stop swelling around the face and lips. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

WHAT THE SCHOOL SHOULD DO

Pupils and students who are at risk of severe allergic reactions are not ill and neither are they disabled. They are at risk if they come into contact with a certain food or substance, they may become very unwell. It is important that such pupils and students are not made to feel different. It is important, too, to allay parents/carers' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance. The School (in consultation with the school nurse) and the pupil or student's doctor will agree a protocol with the parents/carers and pupil or student. The risks for allergic pupils and students will be reduced if an individual plan is in place. All staff have at least some minimum training in recognising symptoms and the appropriate measures. The School have procedures known to staff, pupils, students and parents/carers. The general policy includes risk assessment procedures, day-to-day measures for food management; including awareness of pupil's or student's needs in relation to the menu, individual meal requirements and snacks in school. It is important to note that the cook is fully aware of each pupil and student particular requirements. A 'kitchen code of practice' is put in place. It is not, of course, always feasible to ban from the premises all foodstuffs to which a particular pupil or student may be allergic. Adrenaline injectors are simple to administer. When given in accordance with the manufacturer's instructions, they have a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the pupil or student's leg. In cases of doubt it is better to give the injection than to hold back.

Where pupils or students are sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely but not locked away and accessible to all staff. However, it will be quicker for staff to use an injector that is with the pupil or student rather than taking time to collect one from elsewhere. Staff are not obliged to give injections, but when they volunteer to do so, training should be provided by an appropriate provider e.g. one from the local health trust.

In line with advice from Natasha's Law, the school has an epi pen for use in emergencies.

SPORTING AND OFF-SITE ACTIVITIES

Whenever a severely allergic pupil or student goes out of the School building, even for sports in the School grounds, his/her emergency kit must go too. A staff member trained to treat allergic symptoms must accompany the pupil or student. Having the emergency kit nearby at all times is a habit the pupil or student needs to learn early, and it is important the School reinforces this.

Where a pupil or student has a food allergy, if it is not certain that the food will be safe, think about alternatives that will mean the pupil or student is not excluded from school trips and activities. For example, for a day trip a pupil or student can take a lunch prepared at home, and for longer visits some pupils and students take their meals in frozen form to be re-heated individually at mealtimes. In any event, the allergic pupil or student should always take plenty of safe snacks. Insect sting allergies can cause a lot of anxiety and will need careful management. Special care is required when outdoors, the pupil or student should wear shoes at all times and all food or drink should be covered until it is time to eat. Adults supervising activities must ensure that suitable medication is always on hand.

REFERENCES:

The Anaphylaxis Campaign website at http://www.anaphylaxis.org.uk/home.aspx contains Guidance for schools, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils, student and staff. It also includes a sample protocol.

The Anaphylaxis Campaign Helpline is 01252 542 029.

The Anaphylaxis Campaign Allergy in schools website at: http://www.anaphylaxis.org.uk/information/schools/information-for-schools.aspx has specific advice for schools at all levels.