



## **INTRODUCTION**

Devonshire Primary School is an inclusive school that welcomes and supports children with medical conditions, both physical and mental.

The Children and Families Act 2014 places a duty on governing bodies to ensure that those children with medical conditions are properly supported in school, so that they can play a full and active role in school life, including school trips and physical education. In meeting this duty the governors of Devonshire Primary will also have full regard to the statutory guidance issued by the Secretary of State – Supporting pupils at school with medical conditions (from 1 September 2014 (last up-dated 16<sup>th</sup> August 2017)).

Some children with medical conditions may also have special educational needs (SEN) and may have a statement or Education, Health and Care plan. For children with SEN this policy should be read in conjunction with the school's statement of educational needs policy and the special educational needs and disability code of practice (1 September 2014).

In addition under the Equality Act 2010 governing bodies ensure that children with medical conditions which are also medical disabilities (such as diabetes) are not discriminated against by treating them less favourably than children who are not disabled for a reason relating to the disability without justification (being a proportionate means of achieving a legitimate aim) and making reasonable adjustments to avoid putting them at a substantial disadvantage compared with their peers. The reasonable adjustments duty is anticipatory, which means that adjustments must be in place in advance to prevent disadvantage from occurring.

The administration of antibiotics or other short-term medicines for illnesses do not fall within the remit of this policy. However, in the case of short term medication the school will look at individual requests.

This policy does not require the school to accept a child in school at times where it would or could be detrimental to the health of that child or others to do so.

Common medical conditions are shown at Appendix 1.

## **ROLES AND RESPONSIBILITIES**

### **Staff**

As there is no legal duty that requires school staff to administer medicines, any staff giving medication of any kind would be doing so voluntarily. All school staff will be indemnified by the Council's Liability Insurance for any claims made against them provided that they have received training, taken any necessary "Refresher Training," followed the Health Care Plan and used appropriate protective equipment.

The school will ensure that all school staff are supported by the school with training.

It is recognised that in exceptional circumstances the duty of care of staff in relation to children in their care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips or after school activities. The Headteacher will ensure that there are sufficient staff appropriately trained to manage medicines as part of their duties both in school and on off-site school activities.

The Headteacher and staff will always treat medical information confidentially. The Headteacher (or in their absence the Assistant Headteacher) will be responsible for ensuring

that the relevant members of staff, including supply, are aware of the pupil's medical needs. Children who have a life threatening condition e.g. severe asthma, diabetes, allergies, are made known to staff and a photograph and brief description of the child's condition, as appropriate, will be put on the staffroom notice board and in the medical room.

Should a parent insist on complete confidentiality then the school will not agree to administer medication of any kind and the responsibility for administering the medication will be the parents.

Medicines must be stored safely and a written record must be kept of all medicines administered to children as set out in this policy.

### **Parents**

Parents have the prime responsibility for their child's health and must provide the school with up-to-date information about their child's medical condition. In some cases the school may require verification from the child's GP or another medical practitioner.

The parent will be expected to contribute to the development and review of their child's Health Care Plan.

It is the parent's responsibility to provide the school with the child's medicine which is in-date, labelled, provided in the original container as dispensed by a pharmacist and include written instructions for administration, dosage and storage. The parent must hand all medication to the School Office. In some instances over the counter medication may be provided (see page 6)

Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held by the school when no longer required.

### **Headteacher**

The Headteacher is responsible for putting this policy into practice and for developing detailed procedures. The Headteacher must ensure that staff receive proper support and training where necessary as set out in this policy. As the manager of staff the Headteacher will determine when and how such training takes place. The Headteacher should make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs by ensuring a copy of this policy is available from the school office on request and is also published on the school website.

The Headteacher is responsible for ensuring that she and other relevant members of staff consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

The Headteacher will ensure that risk assessments are carried out for school trips and school activities outside the normal timetable.

The Headteacher will monitor and review individual healthcare plans to ensure this policy is being implemented effectively.

The Headteacher will ensure that individual healthcare plans define what constitutes an emergency situation and explain what to do.

### **COMPLAINTS**

Should parents be dissatisfied with the support provided to pupils with medical conditions, they should discuss their concern in the first instance with the Headteacher. If for whatever reason this does not resolve the issue, they may make a complaint as set out in the school's Complaint Policy

### **FIRST AID**

In line with the school's Health & Safety policy, the school will endeavour to ensure that at all times at least three members of staff have qualified on an HSE approved paediatric and emergency "First Aid at Work" course, and that one or more of these is on call. Qualified first aiders in school will follow the procedures taught during their training and the guidelines.

## **ILLNESS AT SCHOOL**

Children becoming unwell during the school day are cared for by the office staff and/or first aider. A designated medical room is available to support the needs of these pupils. Parents/carers will be contacted and asked to take the child home.

Should a parent not be available, the emergency person named on each child's contact details will be contacted.

The school will take an active and continuing role in the educational, social and emotional progress of any child absent for prolonged periods of time due to illness. The school will work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

### **Infectious Diseases including Covid**

If a child becomes unwell with a new, continuous cough, a high temperature or a suspected infectious disease such as chicken pox or measles they must be sent home and advised to follow the Public Health Agency guidance for the condition.

- If an adult suspects a child may have an infectious disease they should telephone the school office and inform them.
- The child should be accompanied by an adult, at a distance of 2 metres, to the first aid room where they will be met by a first aider. If other people are met en route, they should be asked to move to a distance of 2 metres away from the child.
- The extraction ventilation fan in the first aid room should be switched on.
- Only plastic chairs from the first aid room should be used by the child.
- A face mask should be worn by the supervising adults. If contact with the child or young person is necessary, then gloves, an apron and a face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.
- The child must be sent home and advised to follow the Public Health Agency Advice.
- Whilst awaiting collection the child should remain isolated in the First Aid Room.
- If the child needs to go to the bathroom while waiting to be collected, they should use the accessible toilet at the top of the stairs. The toilet will need to be cleaned and disinfected using standard cleaning products before being used by anyone else. The child must be accompanied and kept 2 metres away from other people.
- In an emergency, call 999 if they are seriously ill or injured or their life is at risk.
- Once the child has been collected the supervising adult should carefully remove the PPE, place it in a bag and dispose of it in the outside bin.

- The First Aid Room and any areas that the child has been during their time at school that day, should be cleaned and disinfected using standard cleaning products before being used by anyone else.
- The supervising adult should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people.

### **STAFF TRAINING**

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. No volunteer will be asked to administer medication.

The Headteacher will ensure that there are sufficient members of staff who are appropriately trained to manage medicines as part of their duties both in school and on off-site activities. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

The Headteacher will ensure that there are appropriate systems for sharing information about children's medical needs.

The Headteacher will be responsible for making sure that staff have appropriate training to support children with medical needs and will arrange with the assistance of the school business manager, training appropriate to the needs of the school in conjunction with the School Nursing Service.

The Headteacher/school business manager will satisfy themselves that the training provided has given staff sufficient understanding, confidence and expertise and arrangements are in place to up-date training (including refresher training) on a regular basis. A record of training received by staff will be kept in the member of staff's personal file and/or the central training file kept in the school business manager's office.

All first aid trained members of staff are able to administer medication.

### **HEALTH CARE PLAN**

The main purpose of an individual Health Care Plan - **FORM 2** (or equivalent form as used by the school nursing team or provided by another health care professional) for a child with a medical condition, is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. In some cases a short written agreement with parents may be all that is necessary - **FORM 3** (or equivalent form as used by the school nursing team).

An individual Health Care Plan clarifies for staff, parents, and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the plan. The Health Care Plans are only reviewed if a need is identified.

Health Care Plans must be drawn up for any child with a medical condition that **needs management**. It should also include instructions as to how to manage a child in an emergency.

### **ADMINISTERING MEDICINES**

Parents will be responsible for obtaining their child's medicine and ensuring these are up to date and in clearly labelled containers. Medication must not be brought into school by the child. The parent must hand all medication to the School Office. Medicines should be in the original

container in which dispensed. In March 2018 NHS England published guidance regarding conditions for which over the counter items should not routinely be prescribed in primary care. In support of this guidance we will accept medicines that have not been issued on prescription and have been purchased from a pharmacy or supermarket together with a completed Parent Agreement for School to Administer Medicine (Form 3) Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration, that the medication is in date and that manufacturers' instructions on the medicine are in line with what is being requested. (Large volumes of medicines should not be stored).

Although children need to have immediate access to their medicines when required, for safety reasons they are not allowed to keep them on their person (other than inhalers/epi-pens). They should, however, know where their own medicines are stored.

All emergency medicines, such as asthma inhalers and adrenaline pens (epi-pens), will be readily available as follows.

**Blue Asthma inhalers (relievers):** A red draw string bag will be provided for every class, as appropriate, so that pumps are accessible and can easily be transported if children go outside for PE or on educational trips. Parents will be requested to provide a named inhaler for their child (and spacer if appropriate).

*EYFS*– The staff will keep these named inhalers in the red bag provided, administer them and record usage. Parents must be informed of any usage on the same day and this needs to be recorded on the card.

*KS1 and KS2* – The staff will keep these named inhalers in the red bag provided. Staff will only record usage that they are aware of unless the child's health care plan indicates otherwise

Individual records of recorded usage will be filed in the child's school record at the end of each academic year. Copies are available to parents/carers upon request.

The school will also hold 1 emergency salbutamol inhaler with spacer, to be used by trained staff for children for whom written parental consent for the use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Use of the emergency inhaler will be recorded on the child's record.

**The adrenaline pen** ie epi-pen (used for children with acute or severe allergic reactions to certain food or substances) should be carried by the child at all times if requested by the parent. Spare pens should be in their original box and named and stored in the main medical room or nursery in a container with a large red cross on the box and instructions clearly written inside the box. All relevant staff should be made aware of where this box is kept in the main medical room. Used sharps will be sent home via the parents or given to the emergency services. Devonshire Primary School is a nut free zone. An adrenaline pen for a nursery child is kept in the nursery in a clearly marked box on a high shelf.

**Class A drugs** (e.g. Ritalin) will be kept in a locked cupboard in the Head teacher's room.

Staff will not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held by the school when no longer required.

### **Record Keeping (except asthma inhalers)**

A record will be kept of all the drugs and medicines administered at school. Once a child has received their medication by the designated staff it should be recorded on **FORM 4**.

A standard procedure should be followed when administering medicines:

- Refer to written instructions received by the school
- Check prescribed dose
- Check expiry date
- Check prescribed frequency of medication

- Measure out prescribed dose
- Check child's name and give medication
- Complete and sign record when child has been given medication
- If there is any uncertainty do NOT give but check with child's parent or a health professional before taking further action
- In the event of an adverse reaction a review would need to take place before the school could continue to administer the medication

If a child refuses to take their medication staff should not force them to do so but should note this in the records and the parent should be informed. If a refusal to take medicines results in an emergency the school's emergency procedures should be followed.

### **Emergency Procedure**

Trained first aiders are responsible for carrying out emergency procedures in the event of a need. Staff will follow the procedure as laid down in the school's Health and Safety Policy. All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in **FORM 5** which is displayed in the school office.

If an emergency occurs and a child needs to be transported to hospital then, in the absence of the parent, a member of staff should accompany the child in the ambulance and stay until the parent arrives. Staff should never take children to hospital in their own car; it is safer to call an ambulance. Healthcare professionals are responsible for any decisions on medical treatment when parents are not available.

The individual Health Care Plan should include instructions on how to manage a child in an emergency, and identify who has the responsibility in an emergency.

### **Educational Visits**

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional teacher, parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration.

Staff supervising outings should always be aware of any medical needs and relevant emergency procedures – a check list together with the emergency procedure (**FORM 6**) and a first aid kit will be provided for every class to take with them on educational visits. A copy of any Health Care Plans should also be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit they should seek parental views and medical advice from the school health service or the child's GP.

### **Sporting Activities**

Most children with medical conditions can participate in physical activities and sport. There should be sufficient flexibility for all children to participate in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE should be recorded in their individual Health Care Plan.

All adults should be aware of issues of privacy and dignity for children with particular needs.

### **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

Staff will have access to protective disposable gloves and should take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

### **Monitoring**

This Policy will be reviewed annually or if circumstances change.

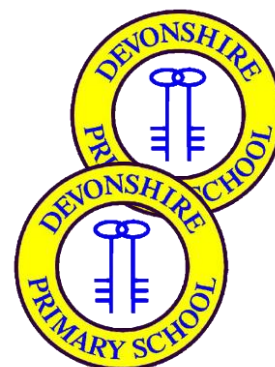
This Policy should be read in conjunction with the school's Health and Safety Policy and all other relevant policies and guidelines.

### **FORMS**

- Form 1** Health Care Plan
- Form 2** Parent Agreement for school to Administer Medicine
- Form 3** Record of Medicines Administered to an Individual Child
- Form 4** Contacting Emergency Services
- Form 5** Medical Check List/Emergency Procedures for Visits

### **Appendix 1 – Common medical conditions**

# Devonshire Primary School



## FORM 1

### Health Care Plan

Name of school/setting

Devonshire Primary school

Child's name

Class

Date of birth

/ /

Child's address

Medical diagnosis or condition

Date

/ /

Review date

/ /

Names of those involved in the drawing up of this Plan

### Family Contact Information

Name (and relationship to child)

Phone no. (work)

(home)

(mobile)

Name (and relationship to child)

Phone no. (work)

(home)

(mobile)

### Clinic/Hospital Contact

Name

Phone no.

### G.P.

Name

Phone no.



**FORM 1 CONT'D**

Describe medical needs and give details of child's symptoms and specific triggers

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

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

Follow up care

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

Names of volunteers involved in administration of medicine *(please indicate lead person)*

I understand that I must notify the school of any changes in writing.

Date:

Signature(s)

## Form 2



### Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form. For asthma, school must be provided with an inhaler and spacers.

Name of school:	Devonshire Primary
Name of child:	
Date of birth:	/ /
Class:	
Medical condition or illness:	

### Medicine

Name/type of medicine (as described on the container)	
Date dispensed:	/ /
Expiry date (please ensure medication is kept in date)	/ /
Agreed review date:	To be initiated by parent/carer should a change be required.
Dosage and method:	
Timing:	
Special precautions:	
Are there any side effects that the school/setting needs to know about?	
Self administration:	Yes/No (If no, please state why)
Procedures to take in an emergency	

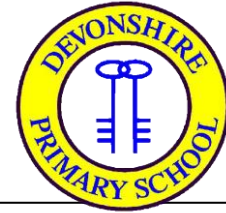
### Contact Details

Name, relationship to child and address	
Daytime telephone no.	
G.P name and telephone no.	
G.P address	
I understand that I must deliver the medicine personally to:	School Office

I understand that I must notify the school of any changes in writing.  
For asthma, I understand that the school also holds an **emergency school salbutamol inhaler** which I consent to being used in the event of an emergency.

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

**Form 3**



**Record of medicines administered to an individual child**

Name of Child

Date	Time	Name of Medicine	Dose Given	Any Reaction	Signature of Staff	Print Name

# **Contacting Emergency Services**



## **Request for an Ambulance**

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

- 1. Your telephone number – 020 8643 1174**
  
- 2. Give your location as follows - Devonshire Primary School  
Devonshire Avenue, Sutton, Surrey**
  
- 3. State that the postcode is - SM2 5JL**
  
- 4. Give exact location in the school (brief description)**
  
- 5. Give your name**
  
- 6. Give name of child and a brief description of child's symptoms**
  
- 7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to**

**Speak clearly and slowly and be ready to repeat information if asked**

Put a completed copy of this form by the telephone

**Form 5**



**MEDICAL CHECK LIST FOR THIS VISIT**

**THE PARTY LEADER IS:** \_\_\_\_\_

**No. of children present on the day:**

**CHECK LIST:**

Sick bags   
Inhalers/Epi etc   
Payment

First Aid Kits   
School Mobile Phone   
Emergency Procedure Sheets   
Fluorescent tabards/sash

**No. Of Asthma Inhalers to take :**

**Names:**

**No. Of Epi-Pens to take :**

**Names:**

**Other Medication to take :**

**Names:**

**No. Of Adult Helpers:**

**Names (Note any medical conditions):**

## **Form 6**



### **EMERGENCY PROCEDURES FOR THIS VISIT**

The party leader should have with them:

- The parental consent forms with emergency contact details.
- The additional check list with medical details of requirements for any pupil who might require special treatment.

**THE SCHOOL TELEPHONE NUMBER IS: 0208 643-1174**

The party leader is in charge in an emergency. Teachers in charge of pupils during a visit have a duty of care to make sure that the pupils are safe and healthy. They also have a common law duty to act as a reasonably prudent parent would (Loco Parentis). Teachers should not hesitate to act in an emergency and to take life-saving action in an extreme situation.

If an accident happens, the priorities are to:

- ⇒ **assess the situation**
- ⇒ **safeguard the uninjured members of the group**
- ⇒ **attend to the casualty**
- ⇒ **inform the emergency services and everyone who needs to know of the incident**

#### **STAGE 1 - WHAT TO DO IMMEDIATELY:**

- ⇒ Take control and assess the situation
- ⇒ Reassure the pupils
- ⇒ Talk to adults and clarify action needed
- ⇒ Do not allow anyone to telephone home just yet
- ⇒ Make sure that all the members of the group are accounted for
- ⇒ Identify those in need of emergency help
- ⇒ Assess the nature and extent of any injuries
- ⇒ Call emergency services with details
- ⇒ Arrange for the injured to be accompanied to hospital by an adult (carrying a mobile phone)
- ⇒ Ensure that the practitioner attending the scene has any medical details
- ⇒ Ensure that you know where pupils/adults are taken - write it down
- ⇒ Make sure that the remainder of the group are supervised
- ⇒ Reassess the situation and identify, with colleagues, the fact and sequence of events of the incident in order to pass on an accurate account.

#### **STAGE 2 - TELEPHONE HOME CONTACT**

- ⇒ Telephone the Headteacher/designated person with details
- ⇒ Agree on a course of action and how contact will be maintained
- ⇒ Begin a log of events

**No-one in the group should speak to the media. Names of those involved in the incident should not be given to the media as this could cause distress to their families.**

**No-one in the group should discuss legal liability with other parties.**

**KEEP A WRITTEN ACCOUNT OF ALL EVENTS, TIMES AND CONTACTS AFTER THE INCIDENT; COMPLETE AN ACCIDENT REPORT ONLINE AS SOON AS POSSIBLE.**

## APPENDIX 1

### COMMON MEDICAL CONDITIONS

The following provides some general information on medical conditions that occur frequently in schools or which have caused concerns in terms of the management of the condition.

#### 1 – ASTHMA

**a) What is Asthma?** Asthma is a condition which affects the airways. When a person comes into contact with a trigger, something that irritates their airways, the muscles around the walls of the airways tighten so that the airways become narrower making it difficult to breathe. It is a common condition that appears to be increasingly prevalent in children with one in ten children having asthma in the UK. Most schools will therefore have pupils/students attending who have asthma.

**b) What are the Symptoms?** The most common symptoms are coughing, wheezing, shortness of breath and tight feelings in the chest.

**c) What medication is used?** There are two main types of medicines used to treat asthma, relievers and preventers.

**Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms. These are taken during an asthma attack and sometimes before exercise. They are therefore the most common type of inhaler in schools but the dosage for each pupil/student will vary.

**Preventers** (brown, red, orange inhalers, sometimes tablets) are used to control swelling and inflammation in the airway, stopping them being so sensitive and reducing the risk of severe attacks. These will normally be used outside of school hours.

**d) Emergency Arrangements** – The information is in their Health Care Plan

For additional information see Asthma UK website [www.asthma.org.uk](http://www.asthma.org.uk)

#### 2 – EPILEPSY

**a) What is Epilepsy?** Epilepsy is a neurological condition, also known as a seizure disorder, characterised by recurrent epileptic seizures. At least one in 200 children have epilepsy so most schools will at some stage have a pupil/student attending with epilepsy.

**b) What types of seizures occur?**

- **Tonic Clonic Seizures** - During tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase of the seizure these will gradually cease. The pupil may feel confused for several minutes after a seizure. Recovery times will vary with some pupils requiring a few seconds to recover whilst others will need to sleep for several hours.
- **Absence Seizures** - These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil/student having this kind of seizure is momentarily completely unaware of anyone/anything around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.



- **Partial Seizures** - Partial seizures are those in which the epileptic activity is limited to a particular area of the brain. There are two main types as below:
- **Simple Partial Seizures** (when consciousness is not impaired) This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.
- **Complex Partial Seizures** (when consciousness is impaired) This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

**c) What Medication is used?**

Pupils/students will be provided with an anti-epileptic drug (AED) to prevent further seizures. The choice of drugs depending on the patient and the type of epilepsy they have. They may also have emergency medication which is to be administered in case of a fit or seizure.

**d) Emergency Arrangements**

The information is in their Health Care Plan.

For additional information see British Epilepsy Association website [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

### 3 – DIABETES

- a) What is diabetes?** Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes). Insulin is a hormone that helps the glucose to enter the cells where it is used as fuel by the body. The majority of people will have Type 1 diabetes.
- b) What are the symptoms?** Where the condition is not managed effectively children can suffer a hypoglycaemic reaction (hypo). The following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes: hunger, sweating, drowsiness, pallor, glazed eyes, shaking, lack of concentration or irritability. NB Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. If any such symptoms are noted these should be brought to the attention of the parent/carer.
- c) What medication is used?** Insulin is used to control the condition and children at a very early age are able to manage the condition.
- d) Emergency Arrangements –** The information is in their Health Care Plan

For additional information see Diabetes UK website [www.diabetes.org.uk](http://www.diabetes.org.uk)

### 4 – ANAPHYLAXIS

- a) What is anaphylaxis?** Anaphylaxis is an extreme allergic reaction caused by the body's immune system reacting to a substance it perceives as a threat. The reaction can occur very quickly and can be life threatening. Although no figures have yet been provided for the number of pupils/students who currently suffer from anaphylaxis a study on the Isle of Wight indicated 1 child in 70 as likely to be allergic to peanuts, tree nuts or both. The most common cause of anaphylaxis is food, e.g. legumes (nuts), fish, dairy products but also

penicillin, latex and stinging insects can cause allergic reactions. In its most severe form the condition can be life-threatening.

**b) What are the symptoms?**

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include swelling of the face, throat, tongue and lips, difficulty in swallowing, flushed complexion, abdominal cramps and nausea, a rise in heart rate, collapse or unconsciousness, wheezing or difficulty breathing

**c) What medication is used?**

There is no preventative medication but where an anaphylaxis reaction occurs then there will usually be a need to administer adrenaline. This will normally be by use of a pre loaded-injection cartridge, often referred to as an EPI PEN. (This is because adrenaline is also known as epinephrine.) For some children, the timing of the injection may be crucial. This needs to be clear in the Health Care Plan and suitable procedures put in place so that swift action can be taken in an emergency. *Although the school will make every effort to check the validity of the date on the Epi pen, it is the responsibility of the parents/carers to ensure that the Epi pen kept in school has a current date upon it.*

**d) Emergency Arrangements**

The information is in their Health Care Plan

For additional information on anaphylaxis and other allergies see the Allergy in Schools website [www.allergyinschools.org.uk](http://www.allergyinschools.org.uk)

Reviewed by the School Nurse February 2020