



Compass Learning Centre

Supporting Students with Medical Conditions Policy 2024-25

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|--|--|-----------------------------|---------|----------------------------|
| Statutory Policy: YES | Governor Action: NO | | | |
| Governors' Committee Responsible: | Personnel, Finance & Resources Committee | | | |
| Link Governor: | SEN Governor | | | |
| Link SLT: | SEND & Inclusion Lead | | | |
| Person Responsible: | SEND & Inclusion Lead | | | |
| Date Reviewed: | May 2024 | | | |
| Next Review Date: | May 2025 – unless updated earlier by DC | | | |
| Key Link Policies / Documents: <i>This list is not exhaustive and further policies / documents may also need to be consulted in addition to these dependent on circumstances</i> | SEND Policy Safeguarding Policy Health & Safety Policy & Procedure DC Moving & Handling Policy Staff Code of Conduct & Guidance on Safe Working Practice Trips & Visits Policy First Aid Policy Complaints Policy Intimate Care Policy | | | |
| Policy Suite: | | | | |
| HR | Curriculum | Student Behaviour & Welfare | Finance | Premises & Health & Safety |
| | | ✓ | | ✓ |

Inspire, Transform, Excel and Succeed

Signed: *Alison Glazier* Headteacher Date: 03/06/2024

Signed: *CM Rev* Link Governor Date: 20/06/2024

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|---|--|
| <ul style="list-style-type: none"> • What area of work is being considered? • Upon whom will this impact? | Supporting children with medical conditions and managing medicines |
| | Students |

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|--|
| <ul style="list-style-type: none"> • How would the work impact upon groups, are they included and considered? |
|--|

| The Equality Strands | Negative Impact | Positive Impact | No impact |
|---------------------------|-----------------|-----------------|-----------|
| Minority ethnic groups | | √ | |
| Gender | | √ | |
| Disability | | √ | |
| Religion, Faith or Belief | | √ | |
| Sexual Orientation | | √ | |
| Transgender | | √ | |
| Age | | √ | |
| Rurality | | √ | |

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|--|
| <ul style="list-style-type: none"> • Does data inform this work, research and/or consultation. And has it been broken down by the equality strands? |
|--|

| The Equality Strands | No | Yes | Uncertain |
|---------------------------|----|-----|-----------|
| Minority ethnic groups | √ | | |
| Gender | √ | | |
| Disability | √ | | |
| Religion, Faith or Belief | √ | | |
| Sexual Orientation | √ | | |
| Transgender | √ | | |
| Age | √ | | |
| Rurality | √ | | |

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|--|
| <ul style="list-style-type: none"> • Does the initial screening highlight potential issues that may be illegal? No <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Further comments:- </div> |
|--|

Do you consider that a full Equality Impact Assessment is required? **No**

Initial screening carried out by SEND & Inclusion Lead

Signed: *Becky Hubbard* Dated: 17/05/24

Comment by Headteacher: No comment at this time

Dated:

Introduction

This policy explains how Compass Learning Centre will support students with medical conditions.

Medical conditions include physical and mental health needs. Students might have medical conditions such as asthma, diabetes, epilepsy, anxiety, or depression.

Some medical conditions are long term whilst others are short term.

Some are very serious and can be life threatening. They may affect a student's quality of life and impact on their ability to learn.

We will give our students with medical conditions the right support so that they can achieve well in school.

To support our students with medical conditions we will work in partnership with:

- students
- parents and carers
- healthcare professionals
- the local authority
- other professionals

Each person's role and responsibilities are set out in Appendix A of this policy.

The person responsible for this policy and making sure it is carried out is Becky Hubbard SEND & Inclusion Lead.

The governor who oversees this policy is SEN Governor.

Our commitment

All students with medical conditions are welcome and fully included at Compass Learning Centre.

When a student joins our school, we will ask their parents or carers if they have a medical condition. If they do, we will follow the procedures set out in this policy. We will also do this where an existing student develops a medical condition.

We will provide appropriate support for our students with medical conditions so that they can:

- remain healthy
- stay safe
- make a positive contribution
- enjoy school life and achieve their academic potential

We want our students and their families to have confidence in the support we arrange. To achieve this, we will:

- put appropriate support in place, including suitable back-up arrangements
- seek and adhere to guidance from medical professionals
- involve the student, and their parents or carers, in planning and reviewing support

We will make sure that all staff at the school understand and work to this policy. We will provide them with relevant training about medical conditions. This will cover the impact they can have. We understand that not all students with the same medical condition will have the same needs.

We will make sure that all relevant staff are aware of an individual student's medical condition. Staff will be knowledgeable and confident in supporting students with medical conditions. This includes in an emergency.

We will raise awareness of different medical needs and disabilities through our curriculum. We will build meeting these needs into the culture and ethos of our school. We will use resources and materials that represent medical needs in a positive light.

We will plan transition to the next school or setting as early as possible.

Legislation and advice

We must 'make arrangements for supporting students at school with medical conditions'. The Children and Families Act 2014 tells us to do this. This policy explains how we will achieve this.

In doing so, we will follow [Supporting students at school with medical conditions](#) (Department for Education, 2015). We will also follow [Supporting children and young people with medical conditions: Local area guidance](#) (Dorset Council and NHS Dorset, 2022).

Some students with medical conditions are also considered to have a disability. If this is the case, we will make sure we follow our duties under the Equality Act 2010.

If a student with a medical condition also has a special educational need, we will follow our duties under the [Special Educational Needs and Disability \(SEND\) Code of Practice](#) (Department for Education, 2015).

Individual Healthcare Plans

Some students will need regular support or monitoring during the school day because of their medical condition. If this is the case, we will develop an Individual Healthcare Plan (IHP) for them. We will also develop an IHP for students who need help in an emergency due to their medical condition.

The IHP will include the following information:

- the student's medical condition
- what should be done to help them in school (including emergency protocols)
- when and where this needs to happen
- who should provide the support

It will also include information about any support required for the student's educational, social or emotional needs, if required.

We will write our IHPs together with:

- the student (where appropriate)
- parents or carers
- relevant school staff
- appropriate healthcare professionals (such as a specialist or community nurse)

School staff will not make clinical decisions when developing an IHP. This includes decisions about medication or healthcare procedures. These decisions will be made by healthcare professionals.

Any cultural and religious views made known to us will be reflected within the IHP.

If a student has an Education, Health and Care (EHC) Plan, we will attach their IHP to this, or incorporate it into the EHC Plan, at the student's next Annual Review.

IHPs will be shared with, and followed by, all relevant staff. This includes our first aiders and supply staff.

We will review our IHPs on an annual basis. We will do this sooner if the student's medical condition or support required changes in any way.

The person responsible for developing and reviewing Individual Healthcare Plans (IHPs) at our school is Becky Hubbard, SEND and Inclusion Lead.

Intimate Care Plans

Compass Learning Centre cannot currently provide intimate care.

Medical Risk Assessments

In some circumstances, we will undertake a medical risk assessment. This is to make sure that any activities we do are safe for a student with a medical condition to take part in. We will often use them when planning for school trips.

Medical risk assessments look at what might cause harm to a student and what we can do to make activities safer.

We will write our risk assessments together with:

- the student (where appropriate)
- parents or carers
- relevant school staff
- appropriate healthcare professionals (such as a specialist nurse)

Medical risk assessments will be shared with, and followed by, all relevant staff. This includes our first aiders and supply staff.

We will review our risk assessments on an annual basis. We will do this sooner if the student's medical condition changes in any way.

Staff training

We will train all staff so that they know about the legal duty to support students with medical conditions. We will also make sure that all staff are aware of this policy. This includes new staff who join the school.

We will provide general training to all staff about common medical conditions. This includes those that we are already supporting, and those that we will soon be supporting. We will update this training every year or as recommended.

Individual staff will undertake appropriate training before they:

- administer medicines
- perform healthcare procedures
- use medical devices - such as ventilators, oxygen saturation (SATs) monitors and suction machines

We will identify the training required when developing the IHP. We will ask relevant health professionals where to source this and when to update it. In some instances, formal training will not be needed.

Training will be given to enough staff to ensure cover is always available. This includes situations such as staff absence and school trips.

We will keep records of all training undertaken.

The person responsible for arranging staff training is Michelle Nokes, PA to SLT / First Aider at Work.

Administering medicines

We expect that parents or carers will administer most medicines at home, for example, before and after school, and before bed.

We will only administer medicines at school where a student's health or school attendance would be adversely affected if we didn't do this. This applies to prescription and non-prescription medicines. But we will not administer homeopathic or alternative remedies in school. This is in line with NHS advice.

We will administer medicines:

- where we have written parental consent in advance
- that are in date and labelled
- provided in the original container as dispensed by the pharmacist
- in line with the prescriber's instructions

We will not give a student under 16 aspirin unless prescribed by a doctor.

We will encourage students to apply creams or ointments themselves. Where this is not possible, staff will do so wearing non-sterile gloves.

The exceptions are antihistamines for allergic reactions or unless advised by a GP.

We hold a small stock of paracetamol for students experiencing period pain etc. This is only administered where we have parental consent in advance.

Parents and carers must complete a consent form for all medicines to be administered at school. This includes:

- prescription medicines
- non-prescription medicines

A new consent form will be needed if the medication changes in any way.

Medicines will not be given to students under 16 without their parent or carer's consent, apart from exceptional circumstances where these are prescribed without their knowledge. If this happens, we will encourage the student to involve their parents or carers. But we will also respect their right to confidentiality.

We ask that medicines are handed over to a member of staff by parents or carers, not by the student. Parents and carers should also let us know if there are any issues or symptoms that we need to be aware of.

We will check with parents or carers when the last dose was taken before administering paracetamol. This is to make sure the maximum dosage is not exceeded. If this is not possible, we will only administer the medication where enough time has passed for the student to safely take the next dose.

If we have any doubts about administering medicines, we will consult with parents or carers before doing so.

Storing and disposing of medicines

Medicines are locked away in our medical room. Students will know where their medication is and who to ask for this.

Some medicines are kept in the student's classroom for immediate access when needed. Such medicines include:

- asthma inhalers
- diabetic equipment
- adrenaline pens

The student's IHP will include details of storage arrangements.

Students can carry their own medicines if agreed as appropriate. This includes controlled drugs and emergency medication. The student's IHP will state these arrangements.

We will perform checks of any medical devices to make sure they work and are ready to use when needed. This includes devices such as ventilators, oxygen saturation (SATS) monitors and suction machines. We will perform these checks in line with guidance and/ or training from relevant health practitioners. We will keep records of all checks undertaken.

Medical devices which need power to operate are kept fully charged. This is so they can be used in event of a power cut or emergency evacuation.

We ask parents and carers to collect all medicines or medical equipment at the end of the school term. We also ask that they provide new and in-date medication at the start of each new term.

We will dispose of needles and other sharps, using sharps boxes provided by parents or carers. Sharps boxes are securely kept at school and will go with students on off-site visits. Sharps boxes are returned to parents or carers for safe disposal.

Record keeping

We will keep an accurate record of all medicines administered to our students. Records will state:

- what medicine was administered
- the exact dose administered (for example, 250mg or 5ml)
- the form (for example, tablet, liquid etc.)
- the time
- who gave the medicine

We will inform parents or carers if we administer non-prescription medicines. We will do this on the day and in advance where possible.

If a student refuses to take their prescribed medicine, we will record this as 'refused'. We will also inform the parents or carers immediately. We will not force students to take their medication if they do not wish to do so.

We will inform parents or carers if a student is unwell and unable to take their medication. We will do this immediately. We will also do this if a student is sick or has diarrhoea soon after taking their medication.

Medication errors

If we make a mistake when administering medicines, we will take urgent action to ensure the student's health is not at risk.

We will inform the parent or carer so that they can advise us of next steps. If we cannot reach them, we will contact the healthcare practitioner named in the IHP. If this is not possible, we will contact the GP or the local Accident and Emergency Department.

We will also undertake an internal investigation. The aim of this will be to prevent any future errors. This will be led by a member of the Senior Leadership Team. We will also report this to the [Physical and Medical Needs Service](#) at Dorset Council.

Sharps injuries

Sharps injuries occur when a sharp instrument, such as a needle, penetrates the skin. This could happen when managing medical conditions such as Type 1 Diabetes. To prevent this, we will work with relevant healthcare practitioners to:

- provide appropriate training
- use safe sharps where possible
- prevent recapping of needles
- place instructions for safe disposal of sharps and sharps boxes in the work area

We will also make sure that our staff are fully aware of the procedures to follow if a sharps injury does occur. These are covered in [Supporting children and young people with medical conditions: Local area guidance](#) (Dorset Council and NHS Dorset, 2022).

Self-management

We encourage and support our students to manage their medical condition themselves as they get older. But we do not expect older students to take complete responsibility for this.

We will agree which aspects of their medical care the student can do themselves. We will decide this by working with:

- the student
- their parents or carers
- a relevant healthcare practitioner

The student's IHP will include details of these arrangements, including how much prescription medication they will bring into school.

We will supervise students administering their own prescription medicines for safeguarding purposes. The format of supervision will depend on each individual student and will be set out in their IHP.

Parents and carers must complete a consent form to enable their child to carry their own medicines in school. This includes non-prescription medicines.

Students carrying non-prescription medicines should only bring one dose into school. This is to avoid the risk of these being misused. This arrangement will be adjusted for school trips.

If a student misuses their medication, or anyone else's, we will inform their parents or carers as soon as possible. We will also follow the school's disciplinary procedures.

School trips

Students with medical conditions will be able to access all school trips unless medical advice states otherwise. If parents or carers would prefer for their child not to attend a school trip due to medical reasons, we ask that they discuss this with us.

We will plan school trips in advance, using a medical risk assessment. This will take the form of a meeting with:

- the student (where possible)
- their parents or carers
- a relevant healthcare practitioner (if required)

The risk assessment will look at any extra support needed for the school trip. We will add these arrangements to the student's IHP, and copies will be taken on the trip.

If medication is required during a school trip, it can be carried by the student if this is normal practice. If not, it will be carried by an authorised member of staff.

We will record any medicines administered on the trip as per this policy. Records of medicines administered during school trips will be stored with our main records upon return to the school.

Parents or carers must check what rules apply to taking their child's medicine out of the UK for overseas trips.

Emergency procedures

We will make sure that all staff know what action to take in an emergency. We will provide them with an update every year on what to do in emergencies.

In the event of a medical emergency, our staff will always call 999 and summon a qualified first aider. Compass Learning Centre has:

- One First Aid at Work qualified first aiders
- Thirteen Emergency First Aid Awareness for Schools qualified first aiders

Some students have a medical condition which might need emergency intervention. Where this is the case, we will make sure that the IHP clearly states what an emergency is, and what to do. This is sometimes referred to as an emergency protocol.

We will make sure that emergency medication or equipment is always available. This will apply wherever the student is in the school and when on off-site activities. Emergency medication and equipment is not locked away. Students can carry their emergency medication with them if this is agreed appropriate.

Staff will receive regular training in the emergency procedure. This will include how to administer any medication.

Staff know where to access a copy of the student's IHP and supporting information. They can pass this on to the emergency services, should an ambulance need to be called. This is often known as a 'grab pack'. Parental permission will be sought to share the information with the emergency services. This will be recorded in the IHP.

We will inform parents or carers of an emergency as soon as possible.

If a student needs to go to hospital, we will call an ambulance or ask a parent or carer to take them. We will not take a student to hospital ourselves. If we are unable to contact a parent or carer to go with their child to hospital, we will wait for an ambulance and a member of staff will go with them. They will stay with them until a parent or carer arrives. If there are delays with getting an ambulance to the school, we will remain in contact with emergency services and follow their advice.

We will review all medical emergencies and incidents to see if they could have been avoided. If necessary, we will change our school policy as a result.

Emergency adrenaline auto-injectors

We have purchased a supply of adrenaline auto-injector (AAI) devices. These are for emergency use with students at risk of anaphylaxis.

In doing so, we will follow the [Guidance on the use of adrenaline auto-injectors in schools](#) (Department of Health, 2017).

The protocol for using the emergency adrenaline auto-injectors is included in Appendix C of this policy.

Automated external defibrillators

Compass Learning Centre has an automated external defibrillator (AED) that can be used in an emergency. In doing so, we will follow [Automated external defibrillators \(AEDs\): Guidance for schools](#) (Department for Education, 2023).

An AED is a machine used to give an electric shock when a person is in cardiac arrest. AEDs are used as part of a 4-stage chain of survival. This can drastically increase the likelihood of a person surviving a cardiac arrest. The stages are:

1. Early recognition and calling 999
2. Early cardiopulmonary resuscitation (CPR)
3. Early defibrillation
4. Early post-resuscitation care

The AED is located in the main school admin office. It is clearly sign-posted.

We will keep a minimum supply of:

- spare electrode pads
- protective gloves
- safety razors
- pocket masks/ face shields
- dry wipes

We will ensure these are replaced as necessary.

We will provide all staff with the manufacturer's instructions and a short general awareness session.

Designated staff will undertake further, practical training in the use of the AED.

All staff will know where the AED is located and how to get help from designated staff in an emergency.

The AED will be checked weekly to make sure that it is not displaying any warning lights or messages. More detailed checks will be undertaken at a frequency recommended by the manufacturer. We will keep a record of these checks.

The person responsible for overseeing the AED, ensuring this is well maintained, and that consumable parts are replaced is Michelle Nokes, PA to SLT / First Aider at Work.

Ensuring access to education

We know that absences due to medical conditions can affect educational attainment.

We will provide extra support to students returning to school following a period away. This is so that they don't fall behind in their learning. We will be flexible in how we offer this support to help each student individually.

We will work in partnership to decide how to support the student's return to school. We will work together with:

- the student (where appropriate)
- their parents or carers
- relevant school support staff
- healthcare professionals

Where a student will be absent for an extended period, our 'Ensuring a good education for students who are unable to attend due to a health need' policy will apply. We will liaise with Dorset Council to make sure that appropriate educational provision is arranged.

Home to school transport

Some students with medical conditions get transport to school. This is provided by Dorset Travel.

All drivers employed or contracted by Dorset Travel receive training in first aid. They can respond to emergency situations. In an emergency, they stop the vehicle and call 999 immediately.

Medicines are not usually administered to students on transport. But in some circumstances, a passenger assistant may receive training to administer medication. This might happen where a student needs medication in an emergency, for example. If so, we will ask for parental consent to share the student's IHP with the passenger assistant.

We will tell the passenger assistant if emergency medication is administered at school. They will tell us if they have administered emergency medication whilst on transport.

Students will be able to carry their own medicine on transport if they are able to do so. If not, the passenger assistant will store this safely and will deliver this to the school office. Medicines being returned home will be given to the passenger assistant.

We will keep records of all medicines supplied by and returned to passenger assistants.

Transition

For students with medical conditions, we will plan the transition to the next school or setting in advance.

We will ask for parental consent to share the student's IHP with the receiving school or setting. We will provide them with details on how we are supporting the student.

We will hold a planning meeting in either the spring or summer term prior to transfer. This meeting will involve:

- both schools or settings
- the parent or carer
- the student (where possible)
- any relevant healthcare practitioners

At the meeting, we will update the IHP for use in the new school or setting.

Unacceptable practice

We will make sure that students with medical conditions are treated fairly. We will make sure that their needs are properly supported. We will generally not:

- prevent them from accessing or administering their medication
- assume that students with the same condition need the same treatment
- ignore the views of the student or their parents or carers, or medical advice
- send students with medical conditions home frequently because of their medical condition
- prevent students from staying for normal activities, unless this is specified in their IHP
- send an unwell student to the school office or medical room unaccompanied or with someone unsuitable
- penalise students for their attendance record if their absences are related to their medical condition
- prevent students from drinking, eating, or taking toilet or other breaks when they need to, to manage their medical condition

- require parents, or make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues
- prevent students from participating, or create barriers to students participating in any aspect of school life, including school trips

Confidentiality and data protection

We will protect the confidentiality of our students.

We will always get permission from parents or carers before sharing medical information with any other party. This includes other staff within our school and the emergency services.

We will make sure that medical information about a student, including their IHP, is not 'on view' within the school.

We will keep copies of IHPs and emergency 'grab packs' in secure filing systems. But we will make sure these can be accessed in emergency situations.

Liability and indemnity

Our Headteacher and governing body will make sure that we have the right insurance in place to support students with medical conditions.

Most medical conditions are covered under standard liability insurance. We will contact our insurance provider separately if we need medical malpractice insurance. This is usually only required for any complex or invasive healthcare procedures.

Complaints

Compass Learning Centre complaints procedure covers the supporting students with medical conditions policy.

Monitoring

This policy will be reviewed each year and updated if needed.

When evaluating the policy, we will seek feedback from:

- our students
- their parents and carers
- school staff
- relevant healthcare professionals
- our governing body
- other relevant professionals

Appendix A: Roles and responsibilities

We will work with others to support students with medical conditions at Compass Learning Centre This means working in partnership with:

- students
- parents and carers
- healthcare professionals
- the local authority
- other professionals

Each person's role and responsibilities are explained below:

Students

Students contribute to discussions about their support at school. Their views help to inform the Individual Healthcare Plan (IHP).

Parents and carers

Parents and carers provide the school with up-to-date information about their child's medical needs. They contribute to the development and review of the IHP. They will provide any medicines or equipment needed, unless otherwise agreed. They will make sure that they or another nominated adult can always be contacted.

School staff

All members of school staff will know what to do when a student with a medical condition needs help.

Staff who perform medical duties will undertake suitable training before doing so. Medical duties include administering medicines and providing medical care. Staff will be competent to perform these duties.

Headteacher

The Headteacher will make sure that:

- this policy is implemented
- all staff are aware of the policy and understand their role in carrying it out
- all staff who need to know are aware of a student's condition
- enough staff are trained to carry out the policy and support all IHPs, including in emergency situations
- IHPs are developed
- school staff are properly insured

They will also talk to the school nurse about students who need medical support at school, when necessary. They may delegate this task to another member of school staff.

Governing body

The governing body Of Compass Learning Centre will 'make arrangements' to support students with medical conditions. This is so that they can participate as much as possible in all aspects of school life. This duty includes making sure:

- this policy is developed and implemented
- enough staff are trained and competent to support students with medical conditions
- staff can access information and other teaching support materials as needed

School and children's community nurses

School nurses may tell the school when a student has a medical condition which will need support. They may support the school in implementing a student's IHP and by providing advice. They might also talk to local lead clinicians about support for a student and training for staff.

Children's community nurses can also help schools seeking advice and support in relation to students with a medical condition. They might help to write the student's IHP.

Other healthcare professionals and health services

Other healthcare professionals, such as GPs and paediatricians, may tell the school nurse when a student has a medical condition that will require support. They may also provide advice on developing IHPs.

Health services can provide valuable support, information, advice and guidance to schools, and their staff.

Integrated Care Boards (ICBs)

NHS Dorset is the public name of NHS Dorset Integrated Care Board (ICB) and has undertaken the statutory responsibilities of the NHS Clinical Commissioning Group (CCG). The ICB is responsible for planning to meet the health care needs of people and communities in Dorset. This includes ensuring that commissioning is responsive to children and young people's needs and works to support health services to co-operate with schools supporting students with medical conditions.

Local authorities

The local authority (Dorset Council) commissions school nurses for maintained schools and academies. It will also provide support, advice and guidance to schools to support students with medical conditions.

Ofsted

Ofsted inspectors consider how well a school meets the needs of the full range of students, including those with medical conditions.

Appendix B: Emergency salbutamol protocol

Compass Learning Centre does not hold its own supply of salbutamol inhalers.

Appendix C: Emergency adrenaline auto-injectors

We have purchased a supply of adrenaline auto-injector (AAI) devices. These are for emergency use with students at risk of anaphylaxis. In doing so, we will follow the [Guidance on the use of adrenaline auto-injectors in schools](#) (Department of Health, 2017).

Anaphylaxis is a severe and often sudden allergic reaction.

We are aware of the common triggers that may cause an allergic reaction. We are working towards reducing these risks in our school by ensuring staff are aware of individual students' conditions, offering training on recognising and treating anaphylaxis, and by promoting general awareness of the risk

Adrenaline auto-injectors are for use when a student's own device is not available, or not working. We will only administer them if we have received medical agreement and written parental consent to do so. We will record this information on the student's IHP.

We will keep an up-to-date register of all students with allergies and those who are at risk of anaphylaxis. This will be shared with all relevant staff. The register will include:

- known allergens and risk factors for anaphylaxis
- whether the student has been prescribed an adrenaline auto-injector, and if so what type and dose
- whether parental consent has been given for use of the spare adrenaline auto-injector if their own is not available
- a photograph of each student to allow a visual check (with parental consent)

We will always call 999 if a student appears to be experiencing a severe allergic reaction. We will do this even if they have already used their own adrenaline auto-injector, or the emergency device. We will tell the emergency services of any allergies that we know the student has.

If a student without a known allergy appears to experience a severe allergic reaction, when contacting the emergency services, we will inform them that we hold an emergency adrenaline auto-injector on site.

Emergency adrenaline auto-injectors are securely stored in our main admin office. They are out of the reach of students but not locked away. They are clearly labelled and kept away from students' own devices. Adrenaline auto-injectors will always be accessible and available within 5 minutes.

Our emergency anaphylaxis kit includes:

- Two adrenaline auto-injectors
- instructions on how to use the device(s)
- instructions for storage of the device(s)
- manufacturer's information
- a checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- arrangements for replacing the injector(s)
- a list of students to whom the adrenaline auto-injector can be administered
- a record of use

The person(s) responsible for maintaining the emergency adrenaline auto-injector kit is Michelle Nokes, PA to SLT / First Aider at Work.

They will check that the adrenaline auto-injector(s) are present and in date each month and keep a record of this. They will buy replacement devices when expiry dates approach.

We will keep an accurate record of when an emergency adrenaline auto-injector is used. This will include details of:

- where and when the reaction took place
- how much medication was given
- who gave the medication

We will contact parents at the earliest opportunity.

Used adrenaline auto-injectors will be given to the paramedics on arrival or disposed of in a sharps bin.

At Compass Learning Centre all staff will:

- receive training to recognise the range of signs and symptoms of an allergic reaction
- understand how quickly anaphylaxis can progress to a life-threatening reaction
- understand that anaphylaxis may occur with prior mild symptoms
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs
- be aware of this policy in relation to anaphylaxis
- know how to check if a student is on the allergy register
- know how to access the emergency adrenaline auto-injector
- know who the designated members of staff for anaphylaxis are, and how to get their help

Designated members of staff will receive training in:

- recognising the range of signs and symptoms of severe allergic reactions
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering adrenaline auto-injectors according to the manufacturer's instructions
- making appropriate records of allergic reactions

We will undertake a risk assessment for any students at risk of anaphylaxis who are taking part in a school trip. A member of staff trained in administering adrenaline auto-injectors will attend the trip.

The person responsible for overseeing the protocol for use of the emergency adrenaline auto-injector, monitoring its implementation, and maintaining the allergy register is Michelle Nokes, PA to SLT / First Aider at Work.

The next section of this protocol contains information on how to recognise and respond to an allergic reaction/ anaphylaxis (including use of the emergency adrenaline auto-injector).

How to recognise and respond to an allergic reaction/ anaphylaxis (including use of the emergency adrenaline auto-injector)

| Recognition and management of an allergic reaction/ anaphylaxis | |
|--|---|
| Mild-moderate allergic reaction | Signs and symptoms include: <ul style="list-style-type: none"> • Swollen lips, face or eyes • Itchy/ tingling mouth • Hives or itchy skin rash • Abdominal pain or vomiting • Sudden change in behaviour |
| Action: <ul style="list-style-type: none"> • Stay with the child, call for help if necessary • Locate adrenaline auto-injector(s) • Give antihistamine according to the child's allergy treatment plan • Phone parent/emergency contact | |
| | |
| Watch for signs of anaphylaxis (life-threatening allergic reaction) | |
| Airway | <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing, swollen tongue |
| Breathing | <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough |
| Consciousness | <ul style="list-style-type: none"> • Persistent dizziness • Becoming pale or floppy • Suddenly sleepy, collapse, unconscious |
| If one (or more) of these signs are present: <ol style="list-style-type: none"> 1. Lie child flat with legs raised (if breathing is difficult, allow child to sit) 2. Use adrenaline auto-injector without delay 3. Dial 999 to request ambulance and say anaphylaxis | |
| If in doubt - give adrenaline auto-injector | |

After using adrenaline auto-injector:

1. Stay with child until ambulance arrives, do **not** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/ emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another auto-injector device, if available

Anaphylaxis may occur without initial mild signs: **always use adrenaline auto-injector first in someone with known food allergy who has sudden breathing difficulty** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present

Taken from [Guidance on the use of adrenaline auto-injectors in schools](#) (Department of Health, 2017).