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# BENTON PARK SCHOOL TECHNOLOGY COLLEGE

## MEDICAL NEEDS POLICY 2011



This policy is supplemental to Education Leeds Policy on the administration of medication and guidance on medical and related matters as well as Benton Park School's Health and Safety Policy. The policy has been developed in line with the advice contained in the Department of Health's good practice guide "Supporting Pupils with Medical Needs".

## **1. POLICY STATEMENT**

The governors and staff of Benton Park School wish to ensure that pupils with medical needs receive proper care and support at school. The school policy is therefore to support pupils/students to attend schools who have a medical condition. The school will therefore support administration of short and long term medication and medical techniques where this is necessary for the pupil/student to continue to be educated at school. The school will also put in place procedures to deal with emergency medical needs.

The Staffroom Notice Board identifies all students with long term medical needs by photograph and advice to staff.

To this end the following procedures have been established to ensure that all concerned, staff, parents, students and, where relevant, health professionals are aware of the student's condition and what steps have been agreed either to manage the condition on a daily basis or to be implemented in case of an emergency.

It is stressed however that the administration of medication is undertaken on a voluntary basis by staff and it will only be done where the procedures are followed.

## **2. DEFINITIONS**

**Daily Care Requirements** – These are the agreed actions that staff will take in school to help manage the medical condition on a daily basis. This could be administration of medication, carrying out medical techniques or simply to remind and/or supervise a student taking medication.

**Emergency Action** – This is action that will be taken in the event of a medical emergency. Action will be to dial 999 unless a pupil/student exhibits certain defined symptoms that are covered by a health care plan and an alternative has been specified, e.g. phone parent/carer, and administer emergency medication.

**Emergency Medication** – This is medication held in school which will be administered if specified symptoms are observed in a student who has been identified with a medical condition and for which a health care plan is in place.

**Emergency Situation** – This is a situation where a pupil/student exhibits certain defined symptoms that have been identified as requiring emergency action.

**Health Care Plan (HCP)** – This is the agreed plan to be followed in managing a medical need and will include day to day support and/or details of emergency action to be taken as appropriate.

**Long Term Medication** – This is prescribed medication required to manage a long term medical need, i.e. asthma, epilepsy etc.

**Medical Condition** – This is a condition that has been identified by medically qualified personnel.

**Medical Techniques** – These are specialist techniques which will either be undertaken routinely or in an emergency situation. Staff must have received appropriate information, instruction, training and supervision as identified as necessary when preparing the Med.

**Short Term Medication** - This is prescribed medication that a pupil/student requires when they have an illness, e.g. antibiotics which may be required to allow the pupil to return to the school after an illness. It would normally be administered for a couple of weeks or less.

### **3. PROCEDURES**

The following are the procedures that are to be followed in school to ensure the management of medical needs:

#### **3.1 LONG TERM MEDICAL NEEDS**

Some pupils attending school will have long-term medical needs and may require care or medication on a long term basis e.g. because of anaphylaxis, epilepsy, diabetes, haemophilia or any other complex medical condition. The school will become aware of such pupils through admission and transition procedures or when a pupil already on roll has developed a particular medical condition or suffered an accident or injury.

For any student falling into these categories a **Health Care Plan** will be completed and the following steps followed:

##### **Step 1 – Obtain information on students’ long term medical conditions**

Prior to children starting at school parents/carers are requested to complete information on their child’s health and, prior to the start of each subsequent year, they are asked to update this information. This will be done using the school’s standard data information form (**DCS1**). In addition to medical conditions the form also requests information on emergency contacts and other fields necessary for SIMS management.

NB: Parents/carers are not required to disclose information but if they do not it must be made clear to them that this will prevent the school from ensuring the safety of their child.

##### **Step 2 – Assess the information provided**

*Any medical information provided on the data form (**DCS 1**) will be followed up and a discussion will take place with the school Health Officer to decide whether a Health Care Plan (Med 1) might be necessary. This includes any requirement for medication to be brought onto site and/or for staff to provide support in administering medication or carrying out medical techniques. In this case the Health Officer will liaise with parents/carers and family doctor to gather additional, detailed information.*

*Should a HCP be produced, it will be kept in the pupil care plan in the Health Officer’s room and relevant details transferred to the SEN notes and copied to the relevant year Head of Year and pastoral team. The SIMS pupil database will be annotated to make reference to the HCP.*

The following are the general assessment criteria to be followed:

**a) Where there is an indication pupils/students will undertake self-administration of long term medication** – The information provided will be used initially to assess whether the student will be allowed to self administer, this decision being based on the student's maturity, the type of medication and the environment. If it is decided that the student can self administer a further decision will be taken as to whether the medication can be carried or should be kept in *the Health Officer's room*. In these cases no HCP will be produced but the daily care requirements, what the medication is and what might constitute an emergency for the student will be added to the *pupil* medical record form, see **Med 2** attached. *This form will be kept in the Health Officer's room and will be sent for parental written consent.*

**b) Where the form indicates that a student will require assistance to administer long term medication** – The information provided will initially be used as the basis for discussion with staff as to whether the assistance can be provided. If not the responsibility will fall to the parent who will be advised that the situation be discussed with consultant/GP as it may be possible to vary when medication needs to be provided. If staff feel able to support the administration of medication then a further decision is required to decide whether there is a need for a HCP. Unless the request is simply to remind the pupil/student to take medication or store and hand out medication a HCP should be produced.

*To achieve this, a request is made to the Health Officer, who will obtain parental/carer consent and issue a HCP form to them. A copy of the completed form will then be returned to the school. One copy will be put into the pupil care plan file, and a copy to the relevant head of year. The SIMS pupil database will be annotated to make reference to the HCP. This information will also be contained within the SEN notes. Parents/Carers will then be asked to complete (Med 2). This will be kept with the pupils care plan in the school medical room.*

**c) Where the form indicates that staff may be required to undertake medical techniques** - The information from the form will initially be used as the basis for discussion with staff to see if they are happy to provide the support. If they are not then the Head Teacher will look at other possibilities and discuss these with the parents/carers. Where staff agree to provide support they must be provided with information, instruction, training and supervision as necessary *and this will be included in the HCP. A record of training provided is kept in the main office, in the Health Officer's room and Health & Safety folder.*

**d) Where the form indicates there are allergic reactions that may require emergency medication to be administered** – The information from the form will be considered. There are many allergies that pupils/students have which are generally not life threatening, e.g. hay fever, but any pupil/student with anaphylaxis, which is an extreme allergic reaction, will require the completion of a Med 1a (Severe Allergic Reaction).

**e) Where there is information on allergies** – This needs to be considered as a whole school issue and in case of food allergies information must be shared with catering and guidance should be issued to parents on what other children can bring to school. It will usually be sufficient to include such information on the *pupil* group medical record form *and on SIMS.*

### **Step 3 – Complete Health Care Plan (HCP)**

Where the assessment has indicated a HCP is needed and agreement has been reached with staff to either administer medication or support a pupil/student with medical techniques, an individual Med 1 *must be obtained via the school Health Officer*. This plan will be based on information provided by the parents/carers or by medically qualified personnel as appropriate.

Any support identified as necessary when completing the HCP, whether in terms of facilities, equipment or training must be provided.

Note that:

- a. The plan is to be completed at the time of the student's admission to the school, (or preferably during year 6 for year 7 admission) or as soon as it becomes apparent that a new long-term medical need has developed.
- b. The plan be completed in consultation with health professionals (normally the school health nurse or doctor), parents or carers and be reviewed annually or more frequently if necessary.
- c. All members of staff who come into regular contact with the student should receive a copy of the plan (normally as part of the special needs notes), one copy of the plan will be filed in the school *medical room* where it is available for staff reference, another in the pupil's personal file and a further copy will be retained by the Health Officer.
- d. The plan should contain details of any medical procedures which are required as a result of the pupil's condition, (e.g. epipen, insulin, etc.) The plan will be signed by the parent/carer, Health Officer and a designated person within the school. It is the parents' responsibility to ensure that a health care plan is in place to work with the school to ensure it is updated as necessary.

### **Step 4 – Add information to summary Sheet**

Having compiled the information on the medical needs of pupils/students *ensure this is added to the pupil data on SIMS* and where appropriate the Special Needs Notes. This information aims to make staff aware of these issues and know who has a medical need and what that is. It must include as much detail as possible about what constitutes an emergency situation and what the daily care requirements are if any.

### **Step 5 – Record Keeping**

It is necessary to record whenever medication is administered or there is a need to undertake a medical technique.

**(Med 4)** should be completed for each individual whether the administration of medication or the medical technique undertaken is planned or an emergency intervention.

### **Step 6 – Review**

Parents/carers need to be reminded regularly to update the school concerning their child's medical needs and a review of the existing procedures needs to occur whenever this happens or there is any reason to suspect the HCP is out of date or ineffective.

### **3.2 – SHORT TERM MEDICATION**

In the case of short term medication the school will look at individual requests but will only administer medication where agreed by the Head Teacher and only when a written request is received. It is the responsibility of the parents/carers to supply the medication which must be in an appropriately labelled container indicating name of pupil/student and the dose to be given.

The pupil/student will be required to come to the office at the beginning of lunch or otherwise as required in order for the medication to be administered. A record of the medication administered will be made using **Med 4**.

### **3.3. – REQUEST TO ADMINISTER EMERGENCY SHORT TERM MEDICATION**

The school will be willing in principal to administer emergency short term medication during a school trip provided the parents/carers have made the request on the Med 2 consent form and clearly flagged up any particular needs of the pupil, e.g. medical, dietary etc., together with dosage requirements, etc as above. Permission for self-administration of medication should also be indicated on these forms. The staff responsible for the trip should, as part of their normal risk-assessment procedures, check these forms and reassure themselves that they are willing and competent to carry out the parents/carers wishes. If there is any doubt, they should seek further advice or training. In rare cases, where the member of staff is not suitably trained or is unwilling to accept the responsibility, it may be impossible for the child to take part in the activity.

***Any medication administered again needs to be recorded using Med 4.***

Note that:

- a. The Governors and Headteacher will accept responsibility in principal for members of the school staff giving or supervising students taking prescribed long or short term medication during the school day providing those staff have volunteered to do so.
- b. Medication will only be accepted in school if:
  - a. *it has been prescribed by a doctor in the case of prescription medication and written parent/carer consent has been given.*
  - b. *written parental consent is obtained in the case of non-prescription medication e.g. paracetamol. In both cases, the medication must be clearly labelled with the following information:*
    - i. Student's name and tutor group
    - ii. Name of medication
    - iii. Dosage
    - iv. Frequency of dosage
    - v. Date of dispensing
    - vi. Storage requirements
    - vii. Expiry date.

- c. Each item of medication should be delivered in its original container and handed directly to the person nominated by the Headteacher.
- d. Unless otherwise indicated, all medication to be administered in school will be kept in secure storage within the school's *medical room*.
- e. The school will only administer medication where a "request to administer medication" form (**Med 2**) has been completed and signed by the parents/carers of a student. No medication will be given unless this form has been completed. The form is to be completed prior to the pupil starting at the school or, if already in attendance, as soon as the condition is identified.

**N.B. If a student simply turns up with medication which has not been agreed, it may be necessary to send the pupil home.**

**f. Assessment of Request.**

Following receipt of a "*request to administer medication*" (**Med 2**) the Headteacher or designated person will discuss with staff the nature of the request and whether or not they are willing to administer the medication. The Headteacher or designated person will also identify whether staff are competent to administer the required medication.

(Staff are deemed competent to administer medication in tablet form orally or as medicine orally but must have received training in any for medical techniques required, e.g. use of EPI-PEN for anaphylaxis. (See competence to administer medication below.)

**g. Notification to Parents**

**Parents are directed to page 15 of the student planner asking for registration of their child's need for regular medication.**

Parents will then be notified whether or not the school has agreed to administer the medication requested and where appropriate a copy of the health plan provided. Parents will be advised that it is their responsibility to notify the school of any changes in the medication.

**h. Record of Administration**

In cases where medication is administered a record is to be made of the dose and time. This will be achieved using (**Med 4**). Other administration of medication needs to have more detail included and this information shared with the parents/guardians. (This is very useful in trying to identify patterns and likely triggers which bring on a medical condition which may result in a much more positive situation for the pupil.)

- i. The school will provide parents/carers on request with details of when medication has been administered to their child.

**j. Self-administration of medication**

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry medication with them in school. (**Med 2**)

- k. It is the parents/carers responsibility to notify the school if there is a change in medication, a change in dosage requirements or a discontinuation of the pupil's need for medication.

#### **4. STAFF TRAINING & LIABILITY**

Whilst all staff have a duty to take reasonable care for the health and safety of students in school *there is no contractual requirement for teachers to administer medication or to support pupils who have medical needs*. Where staff do agree to participate in these duties it is important to recognise that their participation is of a voluntary nature.

Nevertheless, national policies emphasise the importance of inclusion and equal opportunities and the school's policy statement (1. above) makes clear our desire to accommodate reasonable requests to administer medication and to ensure that no student is excluded from education because of a medical condition.

All staff who agree to administer medication are deemed competent to administer or supervise the self administration of oral medication, (tablets, asthma inhalers, liquids, etc) provided they have been given clear information on the condition and what is expected of them (see Section 3 above) However, where invasive techniques are involved (e.g. the use of an epipen, administration of rectal diazepam, etc) training must be provided. A list of common medical conditions and their treatment is to be found in Appendix 1.

Staff training should normally be undertaken by a competent person such as a school nurse, doctor or other medical professional. In some circumstances first-aiders may appropriately provide training for other staff.

A record of staff who have received training will be maintained *and kept in the main school office health & Safety file, and also recorded on the SIMS database*, and will include details of training dates, types and techniques of medication and other relevant information. Training will be repeated periodically to allow new staff to acquire the relevant knowledge and existing staff to update their skills.

#### **5. FIRST AID**

In line with Health & Safety guidance, the school will endeavour to ensure that all times at least four members of staff have qualified on an HSE approved three-day "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.

#### **6. EMERGENCY PROCEDURES**

All staff should know how to call the emergency services and a guidance card with key details will be provided near the main switchboard. A clear plan will be in place for dealing with emergencies and roles clearly defined. This plan will be reviewed regularly.

#### **7. RELATIONSHIP TO OTHER POLICIES**

- School Trips Policy

- ISEN Policy
- Health & Safety Policy

## 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 breath. 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 in the Health Care Plan under this heading will normally indicate the following or similar:

- Should (name of pupil/student) have difficulty breathing, or continue to cough, or appear to be wheezy **he/she** should be given the **opportunity/encouraged** to use **his/her** medication immediately.
- If it is possible to identify the trigger and remove it, i.e. move indoors out of cold air or away from pollen, then this should be done. The pupil should be **comforted/given support** as appropriate.
- If after medication is administered there is no improvement in the condition or the condition deteriorates, then medical advice must be sought and/or an ambulance called and family contact notified.
- NB the medication can take some 5 to 10 minutes to take effect but if the child is becoming distressed or unduly tired call an ambulance.

**e) Daily Care Requirements** – The information in the Health Care Plan under this heading will normally indicate the following or similar:

- (Name of pupil/student) will make use of **his/her inhaler/nebuliser regularly/as and when required**. This may be more frequently in cold weather or prior to PE. The pupil/student will normally require (indicate usual number of “puffs”) \_\_\_ puffs.
- The **inhaler/nebuliser** contains (add information on chemical) \_\_\_\_\_ and is kept in **classroom/office/carried by the pupil/student**. The **inhaler/nebuliser** is marked with **his/her** name. The pupil/student is able to use the **inhaler/nebuliser with assistance/without assistance**.

**f) Competence** – All staff are able to assist in reminding pupils/supervising pupils taking the medication. The parent/carer/school nurse/first aider will demonstrate the use of inhalers/nebulisers as appropriate.

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 in the Health Care Plan will vary considerably but will indicate the symptoms where known, i.e. in case of tonic clonic seizures whether the pupil will fall to the ground, become incontinent etc. The information in the Health Care Plan under this heading will normally indicate the following or similar:

- Should (Name of pupil/student) suffer a seizure, which will normally involve \_\_\_\_\_, nothing is to be done to stop or alter the course of the seizure unless emergency medication is required. The **pupil/student** should not be moved unless the **pupil/student** is in a dangerous place, but something soft can be placed under **his/her** head. The **pupil/student's** airway must be maintained at all times. The **pupil/student** should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the **pupil/student** should be turned on **his/her** side and put into the recovery position. Someone should stay with the pupil/student until **he/she** recovers and re-orientates

or

- Should (Name of pupil/student) **suffer an epileptic fit which lasts for \_\_ minutes or more/suffers (insert number) \_\_ of seizures then he/she** will need to have emergency medication administered. The competent member of staff, in company with a second adult, will administer the medication. Initially \_\_ milligrams of (add in name of drug) \_\_\_\_\_ will be administered **rectally/by drops into the mouth**. In the event there are difficulties administering the medication, e.g. diarrhoea, call an ambulance. If the **fit/seizures** continue a second dose of \_\_ milligrams of (add in name of drug) \_\_\_\_\_ are to be administered. If the **fit/seizures** continue for \_\_ minutes call an ambulance and notify family contact.

**e) Daily Care Requirements** – In the case of Epilepsy this section will usually be left blank. This is because only emergency medication will normally be required.

**f) Competence** – Staff who volunteer to administer the emergency medication must have received training from an approved source. This will involve information on the specific type of epilepsy, the possible triggers and instruction/demonstration on administering the medication.

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. Diabetes affects about one in 550 children and the majority 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 in the Health Care Plan under this heading will normally indicate the following or similar:

- Should (name of pupil/student) suffer an hypo, which will normally involve **him/her appearing drowsy/starting to shake/becoming irritable/\_\_\_\_\_**, **he/she should be given the opportunity/encouraged to take a glucose tablet/sugary drink/\_\_\_\_\_**. The hypo should pass within (usually 10 - 15 minutes) \_\_\_\_\_ and if it persists past this time call an ambulance and notify the family contact.
- If the pupil recovers within \_\_\_\_\_ minutes **he/she** should be encouraged to consume a slow acting starchy food, e.g. glass of milk.

**e) Daily Care Requirements** – The information in the Health Care Plan under this heading will normally indicate the following or similar:

- (Name of pupil/student) will need to be reminded to check **his/her** blood glucose levels at **lunchtime/breaktimes/(Specify period)\_\_\_\_\_**. The pupil/student will need **no assistance/help** with the test kit but is to use the kit in **(indicate room or space.)\_\_\_\_\_**, so that he/she is not likely to be disturbed by other pupils/students.

**f) Competence** – All staff are able to assist in reminding pupils/students to use or to supervise them using the test kit. The use of the test kit will be demonstrated to staff by parent/care/school Health Officer as appropriate. Record of blood sugar level on Med 5 form.

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 in the Health Care Plan under this heading will normally indicate the following or similar:

- Should (name of Pupil/Student) **have/thought to have consumed** any food product containing **legumes/\_\_\_\_\_ and/or exhibits/indicates** the following symptoms, **wheeziness/difficulty breathing/ abdominal cramps/\_\_\_\_\_** **he/she** will be given the EPI-PEN adrenaline auto injection into the fleshy part of the thigh. An ambulance will also be called and the family contact notified.

**e) Daily care requirements** – These need to be discussed carefully and where triggers have been identified a whole school approach to controlling or eliminating them is recommended.

**f) Competence** – Staff who volunteer to administer the emergency medication must have received training from an approved source. The training will cover information on the cause of the allergic reaction and instruction/demonstration/practice on administering the medication, i.e. using the EPI-PEN. The use of the EPI-PEN is quite simple but staff usually like refresher training from time to time as the EPI-PEN is rarely used. Training can be provided by GP/Consultant/School Nurse/First Aid provider.

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

The Medical Needs Policy is to be ratified by the Pupil Welfare and Curriculum Committee on 3<sup>rd</sup> March 2011

Signature ..... (Chair of the PWC Committee)

Signature..... Headteacher

To be reviewed: March 2013