# Leicestershire special schools medication policy






# MEDICATION ADMINISTRATION POLICY

The aim of this policy is to ensure that young people who require medication whilst in the care of school staff are given it safely and effectively enabling them to have a full and active role in school life.
On admission to school information should be sought about health and medicine needs required whilst at school. Ideally all medication should be given outside of the school day but often young people with health needs require these more frequently. Advice will be sought from our Diana school nurse about any additional health needs / medicines the young person may have and how to enable them to attend school. We deploy a health team within school to support the health needs of the young people and effectively implement this policy.

The governing body will ensure that

- Young people can access and enjoy the same opportunities at school as any other young person.
- The policy and process for medical condition management does not negatively impact on the child's ability to learn.
- Staff are trained properly to provide the support the pupils need.
- The pupil's needs are met by the implementation of the Individual healthcare plan.
- School insurance covers all situations.

The Head teacher/head of school will ensure that

- Staff are suitably trained and informed about the medicine needs of the young people. School staff have a recognised qualification in medicines or have completed medicine training from the Diana Service or other reputable source.
- Staff have the necessary equipment to administer medications.
- Staff and partners are aware of the policy and their roles within it.
- Individual healthcare plans are developed and reviewed annually.
- Authorise staff to administer medication.
- Arrangements are made in case of staff sickness or absence.
- Risk assessments are made with the class teacher for school trips, residential visits and activities outside of the school setting to ensure medicines are still administered.
- Work alongside the Diana service to monitor and review healthcare plans and medication forms.

Parents / carers will ensure

- The young person has a written consent form for the administration of the medicine.
- An in date supply of medication is given to the school when requested with a clear pharmacy label matching the authorisation form
- Provide a supply of syringes / spoons to be able to administer medications.
- The school is informed of any changes as soon as possible.
- Medication supplied to the school is in a labelled container with the young person's name, dose and time required with legible and up to date dispensing label.
- Allow information sharing between the school and healthcare providers.

Young person will ensure (where appropriate)

- As they feel able to contribute to their IHCP.
- Move towards self – administration
- Report any symptoms or side effects of medication.

The Diana school nurse will ensure

- Support and guidance is offered to school staff for medication issues
- Provide support to parents for medication issues.
- Medication Training is offered to identified school staff within schools and coaching sessions by the Diana school nurse are offered.
- Support staff on implementing a young persons IHCP

For this policy the health care team refers to school staff with health care responsibilities within school, Diana school nurses and Diana health care workers if appointed in school.
The term young person refers to a child / young person who attend school.

Information for parents and carers
Before a young person attends school, parents must inform school about medication that needs to be administered at school. This should only include medicines that are required more frequently than twice a day or in an emergency. (this can be discussed on an individual basis). If a young person starts a medication or changes, this needs to be communicated to the school by the parent/carer or medical practitioner asap.

A medication authorisation form needs to be completed for medicines to be given at school.

## CATEGORIES OF MEDICATION

- Prescriptions only medicines (POMS)

  These are medicines that are supplied to a named person and require a prescription and will have a prescription label. The prescription label must match the authorisation administration form.

- Non-prescription medicines (P)

  These can only be purchased from a registered pharmacy and do not require a prescription. The information about doses for different ages must match the young person and the dose on the bottle or packet and be correct on the medication authorisation form.

- General sale list medications (GSLM)

  These are medicines that do not require a prescription or be sold by a registered pharmacy, and they are widely sold in supermarkets etc. These need a medication authorisation form and the dose on the box or bottle must have the correct dose for the young person.

  E.g. Paracetamol 240mg in 5mls, dose for a 6 – 8 year old is 5mls. If a young person required a higher dose and was 6 – 8 years old they would need a prescription from a prescriber.

- Controlled drugs (CD's)

  These medicines need to have an authorisation form and come into school in a sealed envelope detailing quantity enclosed (see further information in CD section)

## OBTAINING MEDICATION

- The health care team will request medicines from parents in writing 7 days prior to running out to prevent delay in receiving further supply.
- Responsibility for ordering the prescription and obtaining the medicines from a prescriber rests with the parents.
- Parents will inform the school of any changes in medications as soon as possible.
- Any delay in receiving medication should be reported to the Head teacher and the Diana nurse.

## RECEIPT OF MEDICATION

Upon receipt of medicines the following must be checked to ensure it is correct and acceptable.

- Name of medication
- Strength and formulation on the box, bottle/strip and pharmacy label is consistent with request.
- Patient's name on the pharmacy label
- Manufacturer's expiry date. If the expiry date is shorter after opening, this needs to be noted.
- Medication remains in original container or that decanted by pharmacy.
- Date on the pharmacy label. Any medicines dispensed over 3 months ago should be questioned with parents (to ensure current dose/medicine is current)
- If doses are frequently changing e.g. increasing dose speak with parents and request written confirmation in the form of a clinic letter or letter from G.P.
- If the medicine label states 'as directed' for dose and/or times confirmation must be sought from any authorised prescriber (which could be the G.P; consultant, nurse or independent prescriber) in written form – this can be requested from parents. Parents should always be contacted to inform them when clarification is needed.
- When sending in creams, ointments, eye drops or liquid medicines etc. parents must label the product with the date the preparation was opened.
- The dosage amount should be written and recorded in milligrams (mgs). Liquid medication should be recorded in millilitres (mls).
- A daily medication check list may be completed by staff as an aide memoir.
- Medications coming into school need to be checked in using the checking in medication form appendix 1 or school equivalent.

## CONTROLLED DRUGS

Receipt of Controlled Drugs (CDs)
Some young people have medication that is classified as a controlled drug (schedule 2, marked CD on box). These drugs must be received in the following manner and stored in the locked controlled drugs cabinet.

- All CDs on school site need to be recorded in the CD book and any that are no longer being administered at school should be returned home following the correct procedure.

- If CDs are sent into school via a third party (i.e. Transport) ensure they are supplied in a sealed envelope with the quantity written on the outside. Open and verify amount.
- Complete all checks as per receipt of medication.
- In addition CDs must then be recorded in the CD register (CD Book) kept in the secured CD drugs cupboard
- Medication must be counted in, counted down as administered and counted out if they leave the building – this to be witnessed and recorded in the CD book. The balance of controlled drugs must be checked each time a controlled drug is administered.
- For controlled drugs that are returned via transport, staff should seal the CDs in an envelope and write the quantity contained within on the outside of the envelope to ensure parents know what quantity they will be receiving.
- Use one page per young person, per medication.

## MEDICATION STORAGE

All medicines must be stored in a locked cupboard or drug trolley intended for medicines only. If a drugs trolley is used, this must be secured such that its movement is restricted when not in use.

- CDs (schedule 2) to be recorded and locked in a secured cupboard.
- Schedule 3 drugs (Buccolam, paraldehyde) should be stored in the secured cupboard/trolley but not recorded in the CD register.
- Medication that needs to be kept refrigerated must be stored in the locked medication fridge or locked box in a fridge in a locked room. Fridge temperatures must be recorded daily (appendix 2) if the temperature falls outside 2 – 8oc, advice needs to be sought from a pharmacist before using the medication or fridge. Fridges to be cleaned/ defrosted regularly.
- All other medicines to be stored in a locked drugs cupboard/ trolley.
- Medical room should be locked when not in use.
- Only medicines requiring cold storage should be kept in the fridge – No other items such as food or drink should be stored in the medication fridge.
- Whilst security of medicines is important, consideration should be given to having easier access to emergency medicines.

- Keys giving access to the medicines must be kept with the health care professional or the designated education personnel at all times. When not needed, keys must be stored in a locked receptacle. (such as a draw or filing cabinet) These must be accounted for at the end of each working day.
- Schedule 2 CDs. Stock check must be done and recorded at least once on each working day during term time. A stock check is done by ensuring that the physical quantity and written quantity correspond
- Prn" CDs that are not routinely used (such as midazolam and diazepam). These should be placed in a tamper evident pouch and a stock check should be done at least once weekly by ensuring that the seal number remains the same as before (appendix 3). If the seal number is different to that recorded previously, that implies that the pouch has been opened and therefore staff need to establish the circumstances around this.
- Expiry date check must be carried out once in each term. A note of medicines expiring before the next check must be made to ensure that it is not used after the expiry date. Where the expiry date is stated as month and year, the product can be used until the last day of that month.
- A list of controlled drugs can be found at www.gov.uk (crtl and click to follow link)

## AUTHORISATION OF MEDICATION

- Only medicines that have a signed authorisation from the parent/legal guardian can be administered
- The health and wellbeing team or designated member of staff will administer all medication at the time specified on individual medication sheets.
- One other person will check all medication administered.
- Diana Special School Nurses can single check medications except CD drugs where a witness will be needed to verify amounts.
- Ensuring the name of drug, dose, frequency and signature of parent and date are present and legible the medication can be given.
- Ensure that the detail on the authorisation correlates with the details on the pharmacy label and details on the medicine box/strip/bottle.
- One authorisation form needs to be completed for each medicine to be administered.

## ADMINISTRATION OF MEDICATION

- Ideally, administration of medicines should be carried out in a setting that is free from distraction. Privacy and dignity of the child must also be considered when administering medicines.
- When transporting medicines within the school, a drug trolley or an alternative suitable device must be used to ensure safety and security of the medicines.
- Staff members must make sure that the instruction on the authorisation corresponds to that on the pharmacy label. Ensuring the drug name, dose, strength and time are correct.
- Ensure syringes used for oral medication and enteral tubes are used as directed by the manufacturer. All syringes are single patient use only and should be washed and stored as per manufacturer instructions.
- When administering the medication care should be taken to identify the correct young person, by the use of the photo I.D. (these should be updated yearly) if appropriate he/she should be asked their name or to read their name from the medicine container.
- Positively encourage the young person to be as independent as possible when taking their medication eg. Place tablet into hand allowing him/her to put it into own mouth or support to do so if needed. Staff must supervise the young person during this procedure to ensure the medication has been taken.
- Once medication is checked it should be administered to the young person by the two members of staff that have prepared the medication.
- On no account should there be any bulk preparation of medication.
- Only tablets that are scored can be halved / quartered.
- Only tablets that have it indicated on the pharmacy label can be crushed / dissolved /dispersed.
- Once the medication has been given a record should be made of medicines administered or omitted. A record of administration can simply be an initial against the relevant time, day and medicine on the medication sheet. In addition to the above, the time of administration should be recorded if the medicine was administered over an hour either side of the required time or if there are other reasons where this information would be useful (e.g. “prn” medicines, hand-over for parent etc.)
- For missed doses/omissions, reason for omission must be recorded and parent contacted.

- For schedule 2 CDs, in addition to the above the following must also be recorded in the appropriate page of the CD register: (a) date (b) time (c) dose administered (d) dose wasted (e) running balance (f) staff signature.
- Any un-used or out of date medicines must be returned to the parent at the end of the academic year.
- Health staff to ensure there is a system in place for the monitoring of expiry dates of prn medicines and removal of expired medicines from use

## REFUSAL OF MEDICATION

- If medication is refused by a young person then this should be documented as such on the medication administration sheet with a reason if possible and signed by the Staff member and medication checker.
- Strategies in the health care plan should be followed.
- Parents should be informed by telephone and the refusal documented. The refused medication should be placed in kitchen roll if liquid and disposed of in usual waste. Small quantities of tablets (1-2 tablets) can also go into the usual waste.

Vomited Medication

- Should a young person vomit shortly after receiving medication the medication must not be re-administered. Parents must be informed by telephone and if the young person is unwell he/she must go home. The incident must be documented. The exception to this is when medication is given as required with an allergy plan, this will state if the medication is vomited it can be readministered.

## SELF ADMINISTRATION

- We encourage where appropriate young people to take responsibility for managing their own medications. This may be by encouraging the young person by putting a tablet in their hand to take to carrying their own medication.
- An individual health care plan will be discussed with the parents and young person if able and should they wish to self-administer their own medication competence and capability need to be established and the level of supervision that may be required.
- If a young person has a dossette box for administering their own medication at home a care plan needs to be completed with the support of the Diana nurse if they wish to do this at school. Dossette boxes must be prescribed by a GP and dispensed by a pharmacist. A parental authorisation form will need to be completed for each medication to be administered in the dossette box. The self-administration of medication in school form needs to be completed to ensure the safety of pupils and staff members.

## EMERGENCY MEDICATION

Rectal diazepam, buccal Midazolam, rectal Paraldehyde

- Rectal Diazepam/ buccal Midazolam/ rectal Paraldehyde should only be administered according to the young person's Individual seizure care plan.
- Staff must have undergone training and a record of who can administer emergency medication be kept. Training must be documented and reviewed at least annually.
- Once rectal Diazepam/ buccal Midazolam/ rectal Paraldehyde has been administered then an ambulance must be called if not already done so.
- Parents should be contacted immediately. Once a parent/carer arrives the responsibility for that young person rests with the parent/carer who can then decide whether or not to send them to hospital.
- If parents cannot be contacted the young person must go to hospital if advised by the paramedics (a member of staff will escort the young person and remain with them until parents or a named alternative has arrived)
- A young person may not remain in school once rectal diazepam, buccal Midazolam, rectal paraldehyde has been given.
- After the incident has been dealt with a 'Rectal Diazepam/ buccal Midazolam/ rectal Paraldehyde Administration Report form' should be completed, two copies made and one given to parents/carers and one to remain on site.

Adrenaline Auto – injector devices (AAI)

- AAI's must be readily available for School staff to access when needed and must always stay with that young person and when out in the community.
- A trained member of staff in Anaphylaxis and AAI must always accompany the young person.
- The young person who has an AAI must have an allergy action plan that can be followed, and their medication be readily available for administration.
- If a young person requires their AAI an ambulance should be called, and their care plan followed. A member of staff will escort them to hospital.
- Parents / carers should then be called, and discussions had on where to meet the parents e.g. At the hospital as the young person will need to go straight to hospital.
- If parents cannot be contacted a member of staff will escort the young person and remain with them until parents or a named alternative has arrived.
- AAI's must be labelled in the same way as other medication and checked for their expiry dates regularly by the health care team.

**Please see separate section on the Emergency AAI**

Reliver inhalers

- Reliver inhalers must be readily available to be administered to a young person.
- The authorisation and prescription label must be followed.
- Some children may have an asthma plan to follow.
- If out in the community the reliver inhaler must also accompany the young person.
- Volumatic/ spacer devices must also be labelled to ensure single patient use.

**Please see separate section on Emergency salbutamol inhaler**

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## PRN MEDICATION (as required)

- As required medication should only be given when full consent given by parents and approved by the Head.
- As required medication can only be given for indications detailed on the medication information.
- The use of non – prescribed medicines should be limited to a 24-hour period and not exceed 48hours. If symptoms persist, parents must seek medical advice.
- Before administering the medication, information must be sought as to when the last dose was given.
- Only the dose for the age stated on the medication can be given and must match the parental authorisation.

## ADVERSE REACTION TO MEDICATION

- All medication can have side effects. If a young person has a minor reaction to medication Parents should be notified. Staff should obtain advice from the young person's G.P. as soon as possible and advice followed.
- If the young person has a severe reaction such as swelling of hands, face and body, reddening of skin, sweating, blotchiness or a feeling of faintness, difficulty breathing, expert help is needed immediately. Dial 999 for medical assistance and contact parents. Follow advice from medical staff on the phone until paramedics arrive. Documentation must be completed.

All suspected adverse reactions in children and young people should be reported to the Medicines and Healthcare Products Regulatory Agency (MHRA) via the webpage: https://yellowcard.mhra.gov.uk/ . This can be done by non-healthcare staff

## OVER THE COUNTER MEDICATION (OTC)

- Generally, it is not necessary for an over the counter medicine to be prescribed by a medical practitioner in order to be administered in the school setting. The exception is where the child may already be taking prescribed medication and there may be an interaction between prescribed and non-prescribed medicines. In this instance all medications should be prescribed.
- Aspirin should not be given to children under 16 years of age unless prescribed.
- A medication authorisation form needs to be completed for OTC medicines by parents.
- These medicines should only be given as directed on the package; this includes the dose staff will seek advice from the Diana school nurse before the commencement of these medicines and if they do not match the indications for use on the packaging.

## MEDICATION ERROR

In the event of a drug error the affected young person's safety is the priority therefore staff should:

- Check on well-being of the young person
- Seek medical advice immediately from the young person's GP or out of hour's service doctor and follow any advice give; ensure you give all information regarding any other medication the young person has taken or should take. If there are any concerns re the condition of the young person then take him/her to hospital or dial 999
- Inform Head teacher / senior management team
- Inform parents / carers
- Inform Diana school nurse
- Amend medication sheet re advice from GP
- Inform all staff involved in error
- Complete all appropriate forms

Head teachers will investigate and take appropriate action. Diana service staff will complete school and Diana incident reports. The Diana school nurse lead will liaise with the headteacher and take appropriate actions.

## SCHOOL TRIPS

- Risk assessments must be completed by the leader of the trip and given to the health care team to establish if medication will be required for the trip and how this will be carried out.
- Medication administration forms must be obtained, paying attention to any additional drugs outside of the school day.
- An identified named person must be identified to supervise the storage and administration of medication. The correct amount of medication must be supplied for the duration of the time away from school.
- Medication that needs to be taken on a trip must not be drawn up prior to the outing.
- Medication must be signed out of school and back in on their return.
- Medication must be kept in a locked container and should not be left unattended in a vehicle

## TRANSPORT MEDICATION

- Transport staff may bring in emergency medication for a young person to keep at school that is used for transport staff. This is due to transport staff not being able to store the medication whilst the young person is at school.
- School staff will only store emergency medication whilst the young person is at school and not overnight.
- This will be signed in and out using the appropriate forms.

## EMERGENCY PROCEDURES

- Within a young person's IHCP it will clearly state what an emergency is for that young person and what steps to take.
- All staff will have a clear understanding of what to do in the event of an emergency.
- An ambulance will be called if it is deemed necessary and if any emergency medication is required to be administered.
- If a young person needs to go to hospital a member of staff will stay with them until a parent arrives.
- All staff will ensure they know how to direct emergency services to their location including school trips.

## TRAINING FOR STAFF

- Staff who are administering medication of any sort via any route need to have medication awareness training (or equivalent) or appropriate training for that mediation eg, Oxygen
- Staff that are second checking medication also need to have medication awareness training.

## UNACCEPTABLE PRACTICE

- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany the child.

- Staff medication on the premises must be securely stored, and out of reach of children always and not dispensed by any other person.
- Staff medication should not be stored with young people's medication. This is to prevent errors and to minimise the number of people with access to the medication cupboard / trolley.
- Excess medication should not be kept on site and sent home when completed or no longer in use.

# Signing In / Out of medication

| Date / Time | Medication | Amount (1 bottle, 1 box 1tube etc) | Sign out | Sign in |
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## Signing In / Out of travel medication

| Date / Time | Medication | Amount (1 bottle, 1 box 1tube etc) | Sign out | Sign in |
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# Checklist to administer medication

Authorisation sheet from parents received and filled in correctly

All details on Pharmacy label matches parental authorisation

**Yes**

If a CD record in CD register. Store all medication correctly as indicated.

**No**

Parents contacted, medication / authorisation sheet sent home to be corrected.

At time indicated, prepare medication checking right medication, right pupil, right route, right dose / strength and expiry date. Make sure the manufacturers expiry once opened is not before the expiry date.

Identify young person either asking their name and from their photo and give their medication.

Medication given – document on medication sheet.

Medication refused – document on medication sheet and inform the Head and parents.

**Appendix 3** **Compliance with Policy – Audit Tool**

Purpose of this document is to ascertain level of compliance with the Policy. Information should be gathered by examining documentation, availability of paperwork and visual inspection.

Date of inspection:.....

Name of staff completing inspection:.....

| | | Level of Compliance | | | |
|---|---|---|---|---|---|
| Criterion | Standard | Full | Partial | Non | N/A |
| Proof of ordering medicines via one of the approved methods | Full Compliance (100%) | | | | |
| Authorisation for every medicine present on the day | | | | | |
| Authorisation, pharmacy label and medication correspond | | | | | |
| All medicines stored in a lockable cupboard located inside a lockable room | | | | | |
| All medicines in-date | | | | | |
| No obsolete medicines present | | | | | |
| Refrigerator (lockable or not) located inside a lockable room | | | | | |
| Keys to the cupboards/room kept on the individual or in a safe place | | | | | |
| Presence of photo identification for children requiring medicines administration | | | | | |
| CD entries fully completed | | | | | |
| Weekly check of tamper evident seal for CDs | | | | | |
| Completion of appendix 2 for refrigerated medicines | | | | | |
| Full documentation of administration/omission | | | | | |
| Presence of sealable envelopes for transportation of CDs | | | | | |

## Royal Pharmaceutical Society of Great Britain

### Refrigerator Temperature Record

**Month:** **Year:**

| Date / Day | Max Temp C | Min Temp C | Action taken if outside range 2-8 C | Checked by (initials) | Thermometer reset (tick) |
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Please record the date(s) the fridge was defrosted:

**Review:**

Has the fridge temperature been checked every day? ☐ Yes ☐ No

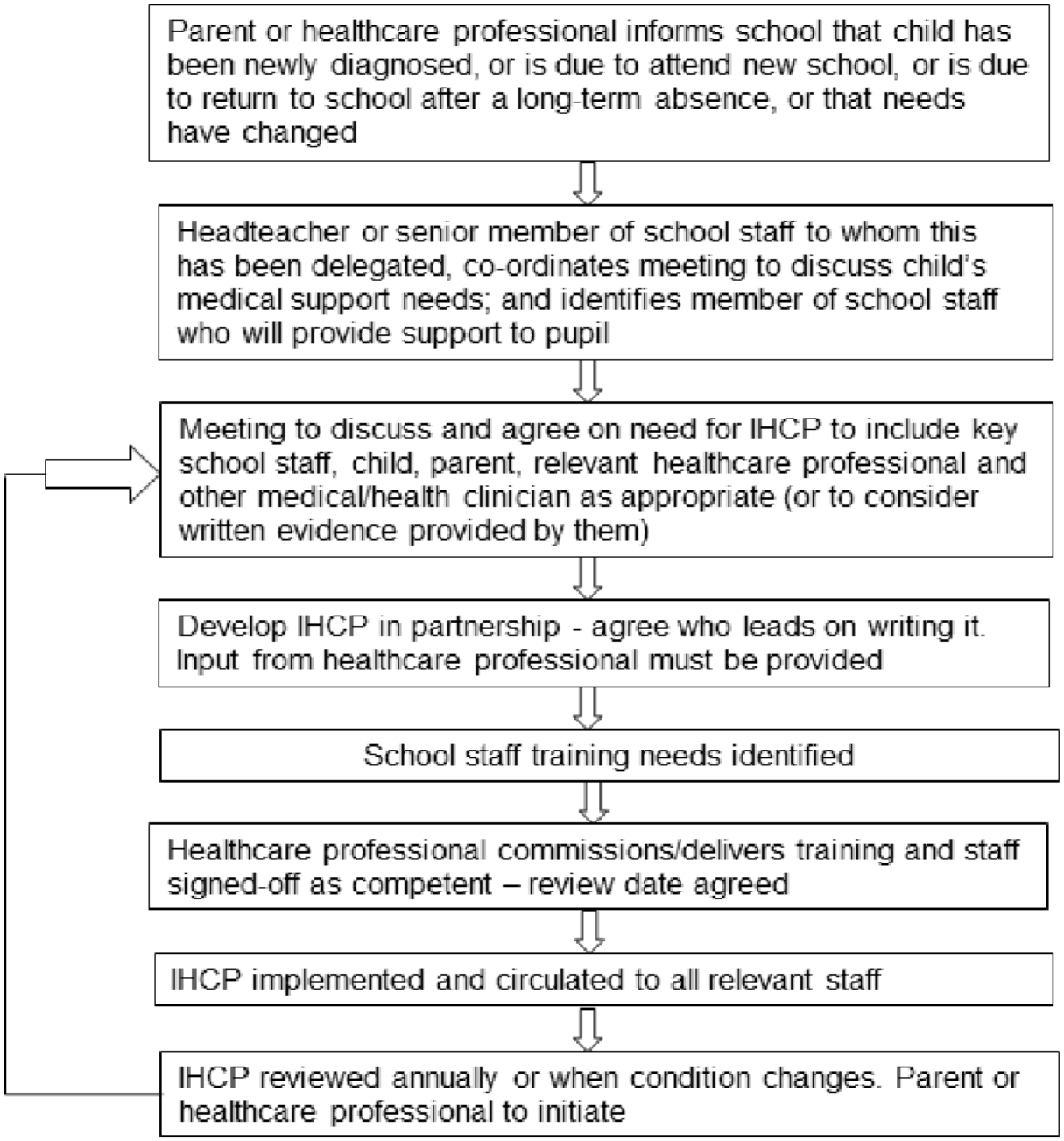
Has any necessary action been taken? ☐ Yes ☐ No

If yes, what was the action?

Reviewed by: ..... Date:.....

If the fridge temperature is outside of the stated range (+2°C and +8°C) then assess the integrity of the stock in the fridge seeking manufacturer's advice where appropriate.

Development of an individualised health care plan (IHCP)



## Self – administration of medication in School

| | |
|---|---|
| Full Name | |
| Date of birth | |
| Address | |
| School | |
| Does the young person have mental capacity and competent to make decisions?<br><br>To include being able to read and understand the labelling on medication and concepts of time?<br><br>Head teacher to assess | Yes Proceed with the rest of this form<br><br>No Reassess next term<br><br>Signature of Head: Date: |
| Can the student open the containers / draw up the medication? | Yes<br><br>No - What support will they need: |
| Student consent to administer own medication with a school staff member checking | Signature of student: Date: |
| Parent / legal guardian agrees to the self – administering of medications by the student. | Signature of parent / legal guardian:<br><br>Date: |
| The use of this form does not include any emergency medications or dosed boxes / pre -made medication. Self-administering can be reviewed at any point and will be reviewed every term. | |

## THE USE OF EMERGENCY ADRENALINE AUTO-INJECTORS IN SCHOOLS

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allowed schools to obtain, without a prescription, adrenaline auto-injector (AAI) devices, if they wish, for use in emergencies. This will be for any pupil who holds both medical authorisation and parental consent for an AAI to be administered. The AAI(s) can be used if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

Any AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should always carry two of the devices. This guidance does not supersede this advice from the MHRA,1 and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.

Children at risk of anaphylaxis should have their prescribed AAI(s) at school for use in an emergency. The MHRA recommends that those prescribed AAIs should always carry TWO devices, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.

Depending on their level of understanding and competence, children and particularly teenagers should always carry their AAI(s) on their person, or they should be always quickly and easily accessible. If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted. If the AAI(s) are left in school the pupil must still have access to an AAI when travelling to and from school.

Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

# Recognition and management of an allergic reaction/anaphylaxis

## Signs and symptoms include:

**Mild-moderate allergic reaction:**

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**ACTION:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(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: | Persistent cough<br>Hoarse voice<br>Difficulty swallowing, swollen tongue |
| BREATHING: | Difficult or noisy breathing<br>Wheeze or persistent cough |
| CONSCIOUSNESS: | Persistent dizziness<br>Becoming pale or floppy<br>Suddenly sleepy, collapse, unconscious |

**IF ANY ONE (or more) of these signs are present:**

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

*** IF IN DOUBT, GIVE ADRENALINE ***

**After giving Adrenaline:**

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

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

## Obtaining an emergency AAI device

To obtain an AAI you will need a request signed by the head teacher (ideally on appropriately headed paper) stating: - the name of the school for which the product is required; - the purpose for which that product is required, and - the total quantity required. A template letter can be found in appendix 1.

Several different brands of AAI are available in different doses depending on the manufacturer. It is up to the school to decide which brand(s) to purchase. Schools are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training. Where all pupils are prescribed the same device, the school should obtain the same brand for the spare AAI. If two or more brands are currently held by the school, the school may wish to purchase the brand most prescribed to its pupils. However, the decision as to how many devices and brands to purchase will depend on local circumstances and is left to the discretion of the school. (Advice to be obtained from the Diana school nurse)

Young people who can use an emergency AAI device.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted, and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Practical points:

• When dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location.

• If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.

• Tell the paramedics:

– if the child is known to have an allergy.

– what might have caused this reaction e.g. recent food;

– the time the AAI was given.

An emergency anaphylaxis kit should include:

- 1 or more AAI(s).
- Instructions on how to use the device(s).

- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.

Storage and care of the AAI's

Schools should ensure that all AAI devices – including those belonging to a younger child, and any spare AAI in the Emergency kit – are kept in a safe and suitably central location. They must not be locked away in a cupboard or an office where access is restricted.

Each day the pupil is at school the AAI needs to be checked that it is present and in date. Emergency AAI's are to be checked they are present and in date on a monthly basis by the school health care officer and replacement of out of date AAI's obtained as expiry date approaches.

The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics on arrival.

School trips including sporting activities.

Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regards to safe-guarding etc. Pupils at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency. Schools may wish to consider whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

Children who can use an emergency AAI.

The spare AAI in the Emergency Kit should only be used in a pupil where both medical authorisation and written parental consent have been provided for the spare AAI to be used on them.

This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of

the spare AAI from both a healthcare professional and parent/guardian must be obtained. Such a plan is available from the British Society for Allergy and Clinical Immunology (BSACI)

All children with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan.

Register

Schools should have an allergy register which includes:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAI(s) (and if so what type and dose).
- Where a pupil has been prescribed an AAI whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil.
- A photograph of each pupil to allow a visual check to be made (this will require parental consent).

Schools will also need to ensure they have a proportionate and flexible approach to checking the register. DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES. Allowing pupils to keep their AAIs with them (if this is possible) will reduce delays and allows for confirmation of consent without the need to check the register.

Consent should be updated annually to take account of any changes to the pupil's condition.

Unless directed otherwise by a healthcare professional, the spare AAI should only be used on pupils known to be at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

Recording the use of the AAI

Use of any AAI device should be recorded. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

**Remember!**

These "spare" AAIs can be used:

- in any pupil known to be at risk of anaphylaxis, but only if medical authorisation and written parental consent have been provided.
- if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

**If a pupil is having anaphylaxis but does not have the required medical authorisation and parent/guardian consent** for a "spare" AAI to be used, the school should immediately call 999 and seek advice: If "spare" AAIs are available, mention this to the call handler/emergency medical dispatcher, as they can authorise its use if appropriate.

**If the pupil's condition does not improve 5 to 10 minutes after the initial injection, then give a second dose of adrenaline:**

- Use another AAI device – AAI devices are single-use only. This can be the pupil's own device, or the school's "spare" AAI.
- If you give a second dose, call the emergency services again to confirm that an ambulance has been dispatched.

Appendix 1

[To be completed on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/

college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the

emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment)

Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors

for the emergency treatment of anaphylaxis. (Further information can be found at
https://www.gov.uk/government/consultations/allowing-schools-to-hold-spare-adrenaline-auto-injectors )

Please supply the following devices:

| Brand name* | | Dose* (state milligrams or micrograms) | Quantity required |
|---|---|---|---|
| | Adrenaline auto – injector device | | |
| | Adrenaline auto – injector device | | |

Signed:_____Date:_____

Print name:_____

Head Teacher

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

| For children age under 6 years: | For children age 6 – 12 years: | For teenagers age 12+ years: |
|---|---|---|

| | | |
|---|---|---|
| Epipen Junior (0.15mg) or<br><br>Jext 150 microgram | Epipen (0.3 milligrams) or<br><br>Jext 300 microgram | Epipen (0.3 milligrams) or<br><br>Jext 300 microgram |

Further information can be found at http://www.sparepensinschools.uk

Appendix 2

# Consent form:

## Use of emergency Adrenaline Auto - Injectors (AAI)

[Insert school name]

**Child showing symptoms of anaphylaxis**

1. I can confirm that my child has been diagnosed with an allergy and has been prescribed an AAI.

2. My child has a working, in-date AAI, clearly labelled with their name, which they will bring with them to school every day / be left at school.

3. In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable, I consent for my child to receive a AAI from an emergency AAI held by the school for such emergencies.

Person with parental responsibility sign……...

Date: …….

Name(print)……

Child's name……..

Child's date of birth……

Class: ……

Parent's address and contact details:

……..

……..

Telephone……

E-mail……

## THE USE OF EMERGENCY SALBUTAMOL INHALER IN SCHOOLS

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves, they should keep their inhaler on them, and if not, it should be easily accessible to them.

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

To obtain a salbutamol inhaler you will need a request signed by the head teacher (ideally on appropriately headed paper) stating: - the name of the school for which the product is required; - the purpose for which that product is required, and - the total quantity required. This can be taken to a pharmacy and an inhaler and spacer device can be purchased. Depending on the size of the school will depend on how many inhalers to purchase, a minimum of two spacers needs to be purchased.

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler.
- at least two plastic spacers compatible with the inhaler.
- instructions on using the inhaler and spacer.
- instructions on cleaning and storing the inhaler.
- manufacturer's information.
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded.
- a note of the arrangements for replacing the inhaler and spacers a list of children (register) permitted to use the emergency inhaler as detailed in their individual healthcare plans.
- a record of administration (i.e., when the inhaler has been used).

Storage and care of the inhaler

On a monthly basis the school health officers need to check that the inhalers and spacers are in working order and the inhaler has sufficient medication and is not expired. Once an inhaler and spacer are used in an emergency, the spacer can be sent home with the child and the cap and inhaler plastic housing holding the cannister can be washed in warm soapy water and dried and the cannister returned. This can be used again but a new spacer will need to be available and used. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g., spray two puffs).

Disposal – back to pharmacy register as a lower tier waste carrier, as a spent inhaler counts as waste for disposal. Registration is free https://www.gov.uk/waste-carrier-or-broker-registration

Young people who can use an emergency salbutamol inhaler.

The emergency salbutamol inhaler should only be used by children: - who have been diagnosed with asthma and prescribed a reliever inhaler; - OR who have been prescribed a reliever inhaler; AND have written parental consent for use of the emergency inhaler. This information should be recorded in a child's individual healthcare plan.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Register

A register with name, photo, and consent for emergency inhaler to be used needs to be kept and updated annually. The register needs to be readily available to allow for it to be checked when the emergency salbutamol is needed. Appendix one.

Going to use the emergency salbutamol inhaler - check the register.

Responding to signs of an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Appendix one

# Consent form:

# Use of emergency salbutamol inhaler

[Insert school name]

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day / be left at school.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Person with parental responsibility sign……...

Date: ……

Name(print)……

Child's name……..

Child's date of birth……

Class: ……

Parent's address and contact details:

……..

……..

Telephone……

E-mail……

Appendix 2

# Use of salbutamol inhaler

Child's name: ……

Class: ……

Date: ……

Dear……,

This letter is to notify you that……. has had problems with his / her breathing today. This happened when…….

· They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

They were given …… puffs.

· Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

They were given …… puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

Health team

[insert title / school name]