

Supporting pupils with medical conditions policy

Harrison Primary School



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1. Aims

This policy aims to ensure that:

- Harrison Primary School pupils with medical conditions receive appropriate care and support at school, enabling them to play a full and active role in school life, remain healthy, and achieve their academic potential.
- All pupils have an entitlement to a full time curriculum or as much as their medical condition allows.
- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions.
- The needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with overall responsibility for implementing this policy is Sara Gmitrowicz, Head teacher.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

Harrison Primary School will have regard to this statutory guidance, carefully consider it, and make all efforts to comply.

3. Roles and responsibilities

3.1 The governing board

The governing board remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing board of Harrison Primary School fulfils this by:

- Ensuring that arrangements are in place to support pupils with medical conditions, allowing such children to access and enjoy the same opportunities at school as any other child.
- Taking into account that many medical conditions will affect quality of life and may be life-threatening, focusing on the needs of each individual child and the impact on their school life.
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support, show understanding of the impact on learning, and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.
- Ensuring that no child with a medical condition is denied admission or prevented from taking up a place because arrangements for their medical condition have not been made. However, in line with safeguarding duties, the school reserves the right to refuse admittance if it would be detrimental to the health of that child or others.
- Ensuring that policies, plans, procedures, and systems are properly and effectively implemented.
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy).
- Ensuring that the policy sets out procedures for when a pupil has a medical condition, covers the role of individual healthcare plans (IHPs), and identifies roles and responsibilities, training needs, and provision.
- Ensuring the policy covers arrangements for children competent to manage their own health needs and medicines.
- Ensuring the policy is clear about procedures for managing medicines, including written records.
- Ensuring the policy sets out what should happen in an emergency situation.
- Ensuring arrangements are clear about actively supporting pupils with medical conditions to participate in school trips and visits or sporting activities.
- Considering whether to train staff in the use of defibrillators or hold asthma inhalers for emergency use.
- Ensuring that the policy is explicit about what practice is not acceptable.
- Ensuring that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

3.2 The Head teacher

The Head teacher, Mrs Gmitrowicz, will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all IHPs, including in contingency and emergency situations, and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.
- Ensure that all staff who need to know are aware of a child's condition.
- Take overall responsibility for the development of IHPs. The Head teacher will make the final decision regarding IHP necessity.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

- Year leaders and class teachers will be responsible for briefing supply teachers, preparing risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Teachers will take into account the needs of pupils with medical conditions that they teach.
- All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

3.4 Parents/carers

Parents/carers:

- Must provide the school with sufficient and up-to-date information about their child's medical needs.
- Are the key partners and should be involved in the development and review of their child's IHP. They may also be involved in its drafting.
- Should carry out any action they have agreed to, as part of the IHP implementation, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP.

3.6 School nurses and other healthcare professionals

School nurses and other healthcare professionals will:

- notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.
- They may support staff on implementing a child's IHP and provide advice and liaison.
- Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.
- They may also provide advice on developing healthcare plans.
- Specialist local teams may be able to provide support for particular conditions (e.g. Asthma, diabetes).

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Arrangements will be unambiguous and flexible. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. Best practice risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted. Consultation on trips and visits will be separate to normal day-to-day IHP requirements. Where home to school transport is being provided by Hampshire County Council, Harrison Primary School will support the development of any associated risk assessments and/or specific transport emergency plans.

5. Being notified that a child has a medical condition

When Harrison Primary School is notified that a pupil has a medical condition, the School Business Manager, Mrs Pidgeon, will be responsible for ensuring that the necessary arrangements are put in place. This involves:

- Ensuring sufficient staff are suitably trained.
- Making all relevant staff aware of a child's condition.
- Establishing cover arrangements in case of staff absence/turnover.
- Briefing supply teachers.
- Carrying out risk assessments for visits and activities outside the normal timetable.
- Monitoring individual healthcare plans (at least annually).
- Facilitating transitional arrangements between schools.
- Adjusting measures if a child's needs change.

Timing for arrangements:

- Where children are joining Harrison Primary School at the start of a new academic year, these arrangements should be in place for the start of term.
- Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Individual Healthcare Plan Decision:

- Any pupil with a medical condition requiring medication or support in school should have an IHP which details the support that child needs.
- If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.
- Where necessary, the Head teacher will make the final decision regarding the necessity of an IHP.

The process outlined in Appendix A will be followed to decide whether the pupil requires an IHP.

(See Appendix A: Being notified a child has a medical condition and determining the requirement of an Individual Healthcare Plan).

6. Individual healthcare plans (IHPs)

The Head teacher, Mrs Gmitrowicz, has overall responsibility for the development of IHPs for pupils with medical conditions. The SENCo, Head of School, or Office staff will be responsible, in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans. (See Appendix B: Individual Healthcare Plan Template)

- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Plans will be developed with the pupil's best interests in mind and will set out: what needs to be done, when, and by whom.
- Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate, based on evidence. If there is no consensus, the Head teacher will make the final decision.
- Plans will be drawn up in partnership with the school, parents/carers, Head teacher, Special Educational Needs Coordinator (SENCo) and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.
- Where a child's health issues relate only to their allergy, an Allergy Action Plan can function as their Individual Healthcare Plan. Harrison Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans for this purpose. The plans are medical documents and should be completed by a child's health professional and not by parents, carers or the school.
- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors/parent helpers etc. may enter. More discreet locations for storage such as Intranet or a locked file are more appropriate, although, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.
- IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.
- The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Head teacher will consider the following when deciding what information to record on IHPs:
- The medical condition, its triggers, signs, symptoms and treatments.

- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, times, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role, confirmation of their proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents/carers and the Head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact and contingency arrangements.
- What to do if a child refuses to take medicine or carry out a necessary procedure.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the parties is needed to ensure that the IHP identifies the support the child needs to reintegrate.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so.
- Where possible, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- Prior to staff members administering any medication, the parents/carers of the child must complete and sign a 'Parental Consent to Administration of Medicine' form ([See Appendix C: Parent Consent Form](#)).
- No child will be given any prescription medicines without written parental consent except in exceptional circumstances.
- The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers. In such cases, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Harrison Primary School cannot administer Ibuprofen to children under 12 without a doctor's prescription.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.
- The school will only accept prescribed medicines that are:
 - In-date.
 - Labelled.
 - Received by the school office/Roost team from the parent/carer
 - Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.
 - The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- Where a child needs two or more prescribed medicines, each should be in a separate container.
- A maximum of four weeks' supply of the medication may be provided to the school at one time.
- All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.
- Medications will be stored in accordance with product instructions (paying particular note to temperature) in the Medical Room. Should a pupil have a need for an AAI, two will be kept in the class medical box, and (if applicable and provided by the parents/carers) one is kept in 'The Roost's' cupboard.
- Medications MUST be signed in and out of school by a member of school staff, preferably at the beginning and end of each term.
- Medicines MUST be signed out and returned to parents/carers to arrange for safe disposal when no longer required or the expiry date has been reached. Staff should notify disposal of medicines unless returned to a pharmacy for safe disposal.

- Medications **MUST** be signed in and out of class by a member of school staff, when transferring to a different location in school, i.e. The Roost or activity club. ([See Appendix D: Movement of AAls \(Epipens\) and inhalers to The Roost / after-school activity clubs](#))
- Parents/carers are responsible for keeping records of medication expiry dates and replacing promptly. Reminder texts may be sent by the school office.
- Emergency salbutamol inhaler kits are kept voluntarily by school.
- Emergency spare AAls (Epipens) are kept voluntarily by school.
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible around the school.
- Harrison Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the IHP.

- Wherever possible, children will be allowed to carry their own medicines and relevant devices, including AAls, or should be able to access their medication for self-medication quickly and easily; these will be stored in the medical box in their classrooms to ensure that the safeguarding of other children is not compromised.
- Harrison Primary School also recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision.
- Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

For specific guidance on the treatment and management of anaphylaxis, please refer to [Appendix E: Emergency Treatment and Management of Anaphylaxis](#).

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head teacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school. ([See Appendix F: Record of Medicines Administered](#))

School admissions forms should request information on pre-existing medical conditions. Parents must have an easy pathway to inform school at any point in the school year if a condition develops or is diagnosed.

A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class should have an overview of the list for the pupils in their care, within easy access.

Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

IHPs are kept in a readily accessible place that all staff are aware of, whilst preserving confidentiality as detailed in the IHP section.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The Head teacher will ensure that school staff are appropriately insured and aware that they are insured to support pupils in this way.

12. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the School Business Manager (Mrs Pidgeon) in the first instance. If the School Business Manager cannot resolve the matter, they will direct parents/carers to the Head teacher. If the Head teacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

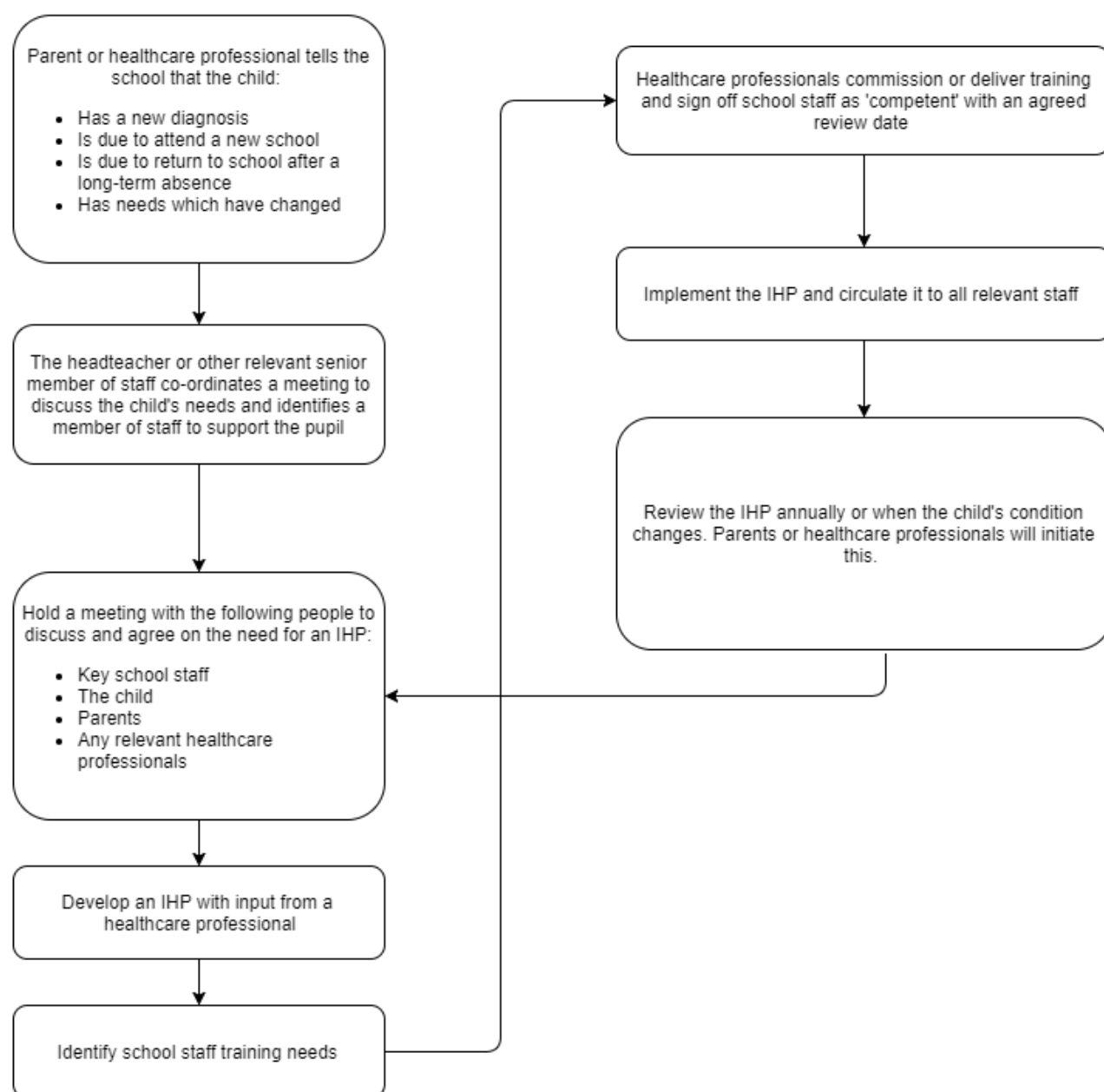
This policy will be reviewed and approved by the governing board every two years or sooner in the event of a change in legislation. The key questions during review should be: Are we working within the Policy? Have there been any unexpected ramifications? How can we make policy and practice even better?

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Child Protection & Safeguarding Policy
- Complaints
- Equality information and objectives
- EYFS
- First aid
- Health and safety
- Off-site Visits Policy
- Special educational needs information report and policy

Appendix A: Being notified a child has a medical condition and determining the requirement of an Individual Healthcare Plan



Template A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

(If applicable) In the event of my child displaying symptoms of anaphylaxis and their auto-injector is not available or is unusable, I consent for my child to receive adrenaline from the emergency adrenaline auto-injector held by the school for such emergencies

Parent signature and date

Signature of person responsible for providing support in school and date

Form copied to

Appendix C: Parent Consent Form

Parental Agreement for Harrison Primary School to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form and the school or setting has a policy that the staff can administer medicine

Name of Child			
Date of Birth			
Class			
Medical condition or illness			
MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY			
Medicine			
Form of medicine (i.e. tablet/liquid/cream etc.)			
Expiry date			
Dosage and method			
Timing			
Special precautions/other instructions			
Are there any side effects that the school needs to know about?			
Self-administration	YES	NO	
Procedures to take in an emergency			
Name			
Daytime telephone no.			
Relationship to pupil			
Address			
I take responsibility for ensuring the school have my child's in-date medicine.	<div style="display: flex; justify-content: space-between;"> <div><i>Parent/Carer Signature</i></div> <div><i>Date form completed</i></div> </div>		

Appendix D: Movement of AAls (EpiPens) and inhalers to The Roost / after-school activity clubs

These steps will be followed to ensure medication is always quickly accessible:

- Email sent by parent/carer (to adminoffice@harrison.hants.sch.uk) advising of child's club or Roost participation – Parent/carer responsibility
- School team text reminders scheduled to advise movement of medication required – Office team responsibility
- Registers for clubs printed off daily – Office team responsibility
- Club Leads collect club register each week from office – Club Lead responsibility
- Inhalers and/or EpiPens signed out of class medical box at end of school day, and taken to club location - Club Lead/Office team responsibility
- Inhalers and/or EpiPens signed into office medical box (or Roost if applicable) at end of session - Club Lead/Roost team responsibility
- Inhalers and/or EpiPens signed back into class medical box before child arrives next day – Roost/Office team responsibility

Appendix E: Emergency Treatment and Management of Anaphylaxis

Anaphylaxis is a serious, life-threatening allergic reaction where the whole body is affected, often within minutes of exposure to the allergen. Common allergic triggers include foods, insect stings, and drugs. It requires an immediate emergency response. Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Symptoms often appear quickly and the 'first line' emergency treatment is adrenaline, administered with an adrenaline auto-injector (AAI).

What to look for:

Symptoms of Anaphylaxis

Symptoms usually come on quickly, within minutes of exposure to the allergen. Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives or urticaria) anywhere on the body.
- A tingling or itchy feeling in the mouth.
- Swelling of lips, face or eyes.
- Stomach pain or vomiting.

More serious symptoms are often referred to as the **ABC symptoms (Airway, Breathing, Circulation)** and can include:

- **AIRWAY:** Swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing, difficulty speaking, throat tightness, change in voice such as hoarse or croaky sounds).
- **BREATHING:** Difficult or noisy breathing, sudden onset wheezing, chest tightness, persistent cough, wheeze (whistling noise due to a narrowed airway).
- **CIRCULATION:** Feeling dizzy or faint, collapse, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness (unresponsive). Babies and young children may suddenly become floppy and pale. In extreme cases, there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening.

What does adrenaline do?

Adrenaline is the mainstay of treatment for anaphylaxis, starting to work within seconds.

- It opens up the airways.
- It stops swelling.
- It raises the blood pressure.

Action to be taken in an emergency: As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

- **Keep the child where they are, call for help and do not leave them unattended.** Bring the AAI to the person having anaphylaxis, and not the other way around. Avoid standing or moving someone having anaphylaxis.
- **Position is important** - LIE CHILD FLAT WITH LEGS RAISED (or sit them up if having breathing problems, but this should be for as short a time as possible). Do not stand them up, or sit them in a chair, even if they are feeling better, as this could lower their blood pressure drastically.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAI's should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999 and state ANAPHYLAXIS (ana-fil-axis).**
- **If symptoms do not improve after 5 minutes, administer a second dose using another AAI.**
- If no signs of life, commence CPR.
- **Stay with the person until medical help arrives.**
- **Call parent/carers as soon as possible.**
- **All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered,** as a reaction can reoccur after treatment (biphasic reaction).

Spare Adrenaline Auto-Injectors in School:

Since 2017, schools have been legally able to directly purchase AAI's from a pharmaceutical supplier without a prescription. Harrison Primary School has purchased spare AAI's for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

- These are stored in a clearly labelled pouch in the Medical Room, kept safely, and are accessible and known to all staff.
- The office staff are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.
- Written parental permission for use of the spare AAI's is included in the pupil's IHP.
- If anaphylaxis is suspected in an undiagnosed individual, emergency services should be called, stating suspected ANAPHYLAXIS, and their advice followed regarding the administration of a spare AAI.

Appendix F: Record of Medicines Administered

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			