



MEDICAL CARE POLICY

Owner(s)	Vice Principal
Last review date	September 2024
Governor committee	Compliance
Governor review date	Autumn 2024
Next review date	June 2025
Document availability	Internal: T:\School Management\POLICIES\Whole School External (if applicable): www.queensgate.org.uk

Introduction

Every effort is made to care for the pupils' physical and mental development whilst they are at Queen's Gate School. The safety and welfare of pupils is our highest priority; we seek to ensure that pupils who have medical conditions are properly supported so that they have full access to education, including school trips and physical education.

The School has drawn up this medical care policy mindful of:

- The Health and Safety (First Aid) Regulations 1981
- Equality Act 2010
- DfE Guidance on First Aid
- DfE Supporting pupils at school with medical conditions
- DfE Summary of responsibilities where a mental health issue is affecting attendance
- DfE Arranging education for children who cannot attend school because of health needs

All these require adequate arrangements to be made for the administration of first aid and wider care, taking account of staff numbers, the nature of the undertaking and the size and location of the establishment.

To ensure adequate provision, it is our policy that:

- There are sufficient numbers of trained personnel together with appropriate equipment available to ensure that someone competent in basic first aid techniques can rapidly attend an incident at all times when the school is occupied
- A qualified first aider is always available during normal school hours
- Appropriate first aid arrangements are made whenever staff and students are engaged in offsite activities and visits.

It may sometimes be necessary for staff to assist with the administration of medicines. The aim of this policy is to ensure that the administration of medicines at Queen's Gate is safe and lawful. This policy applies to anyone who may assist with or oversee the administration of medicines for a pupil at Queen's Gate School. Examples may include:

- Operations staff who are First Aid trained and would usually provide First Aid and oversee pupils' medical needs.
- Staff who are organising or attending school trips.
- PE staff who regularly take pupils off site

Medicines should only be given by nominated staff who have access to up-to-date information about a child's need for medicines and parental consent and have received appropriate training about administering medicines.

Responsibilities under our medical care policy

The Health and Safety Committee of Queen's Gate School, on behalf of the Board of Governors, monitors first aid and medical needs, which will take into account:

- Numbers of students, staff and visitors on site
- Layout and location of the buildings
- Specific hazards
- Special needs
- Hours of work
- Out-of-hours and off-site arrangements
- Trips and visits
- Arrangements to provide adequate numbers of first aiders, to provide cover in the absence of first aiders, and adequate training
- First aid equipment needed
- Location of first aid equipment and notices
- Overall risk assessment of first aid and administration of medicines

The Vice Principal is responsible for:

- Ensuring that this policy is kept up to date and reviewed every two years and as the need arises

The Bursar is responsible for:

- Monitoring records of accident reports
- Advising on appropriate levels of first aid provision
- Identifying first aid training needs, organising appropriate training for first aiders and maintaining a record of all first aid training of school staff
- Liaising with the health and safety committee on first aid and medical issues
- Advising the school on training and resources needed for students with special medical needs

Qualified first aiders are responsible for:

- Responding promptly to calls for assistance
- Providing first aid support within their level of competence
- Summoning medical help as necessary

- Recording details of treatment given
- Providing emergency first aid cover during school hours and extra duties if pre-arranged
- Organising provision and replenishment of first aid equipment in consultation with Heads of Departments

The Director of Sport is responsible for:

- Ensuring first aid kits are taken to all practice sessions and matches
- Ensuring appropriate first aid cover is available at all out-of-hours PE activities

Science Department staff are responsible for:

- Ensuring that they are aware of the location of the first aid kits in their laboratories
- Ensuring that risk assessments are done for any practical work taking place in their laboratories.

Art, Product Design and Design and Technology staff are responsible for:

- Ensuring risk assessments are in place for times when they are incorporating practical work into their lessons; for example, the use of saws and other potentially higher risk equipment and machinery.
- Ensuring that they are aware of the location of the first aid kits in their studios and classrooms.

Junior School staff are responsible for:

- Ensuring that they are aware of the location of the first aid kits
- Ensuring that risk assessments are in place for activities
- They always have a member of staff available with appropriate training

Staffing and trained First Aiders

The principal staff administering First Aid at the Junior School is Miss Jackson and in the Senior School it is Mrs O'Rourke. They are available in the School Offices during school hours. They can be contacted by email: firstaid@queensgate.org.uk

In addition, there are staff who have undergone three-day First Aid at Work training, Pediatric First Aid and one day of First Aid training. First Aid training is updated every three years with yearly refreshers.

All staff are required to complete the TES Develop online First Aid course at the start of the year or point of entry. Updates will also be provided at the start of the academic or when the need arises.

The two identified First Aiders provide day to day First Aid and treatment of minor illness. They also care for a pupil before she is taken home if she is more seriously ill, and accompany her to hospital when necessary. A first aider will accompany all residential visits. Off-site activities will have an appropriately trained first aider running them. On-site pre-school or after-school activities will either be run by an appropriately trained first aider or covered by another member of a staff who is appropriately trained.

Medical information about Pupils

A school health form will be completed before entry to school. Care is taken to ensure that access to confidential and sensitive information is restricted. Parental consent forms are completed for consent to first aid treatment during school hours. Specific medical conditions of pupils are made known to relevant staff, with the consent of the pupils, parents/carers and the Principal. All medical records are kept in a filing cabinet in the School Offices which is kept locked. Records are kept up to the pupil's 25th birthday.

When a pupil is unwell or has an accident

If a pupil is unwell in class or has an accident, she can be sent to see Mrs O'Rourke or Miss Jackson. They will assess the pupil and decide on the course of management. The pupil's Head of Year or the Director of the Junior School must be informed of a pupil's condition if they stay in the first aid room for longer than an hour. At this point a decision must be made about whether to contact the parents/carers. Other actions will include telephoning an emergency ambulance if a pupil is seriously unwell or injured.

The first aiders will document each pupil's visit in the medical log documenting details of time of attendance, the name of the pupil and her class, the presenting complaint and how it is managed. They will also communicate with the pupil's Head of Year and keep them informed of the pupil's condition and outcome, if appropriate. Similarly, if appropriate, the SMT will be informed. Emergency ambulances have access to the front and rear of the school. The First Aiders will always follow current first aid principles.

Informing parents/carers

In the case of a head injury, where a pupil has hit her head or has been hit on the head, the pupil's parents/carers will be telephoned and emailed as soon as possible, including a head injury information sheet. Girls who are known or suspected to have suffered a head injury will not be permitted to take part in any sports or other activities that carry a higher-than-normal risk of head injury, all her staff will be made aware so they can be alert to the risk.

Parents/carers need to be informed (whether there are any signs of injury or not) about the nature of the accident, and any medication or treatment that might have been administered. A pupil's parents/carers will be contacted by telephone and email for anything other than a minor complaint or accident. The First Aider will convey the nature of the pupil's illness and its severity to the parent/guardian and will ask the parent/guardian to collect their daughter as soon as possible. Once a parent gives formal consent a pupil may be allowed to travel home by herself if she is not too unwell.

Accident forms

The school will keep records according to Health and Safety Regulations. Staff and pupil accidents must be recorded on an Accident Report, by the member of staff involved or by the member of staff present at the time of the accident. The forms are kept in the School Office, the PE Office, the Bursar's Office and in the Junior School Office. Once completed each form must be submitted to the Principal or the Director of the Junior School as appropriate for signing off. If the injured person is a member of staff, they are responsible for recording the injury themselves. If an accident occurs out of the school premises, the member of staff present should record the injury as soon as possible after returning to school. It is essential that this information is sent to all the parties who should receive it as it is this system that ensures that action is taken to improve the safety of the school environment.

First aid for events outside the school premises

For P.E. lessons and school trips or lessons off the school premises, there will be a designated person in charge of first aid or ensuring that first aid facilities are available. All P.E. teachers are qualified first aiders. It is the responsibility of the teacher in charge or designated First Aider to carry a First Aid Bag. First Aid bags and boxes on the school premises. It is the responsibility of the First Aiders to check the contents of each first aid bag, whenever it is brought back from a school trip and before one is given to a teacher for a school trip. The first aid bag taken to P.E. is similarly checked regularly. It is replenished whenever anything from it is used. It is the responsibility of the P.E. Teachers to bring the first aid bag to the School Offices for

replenishment whenever anything from it is used. The contents of first aid bags are in accordance with Health and Safety guidelines.

It is the responsibility of departments to ensure that first aid kits are replenished; central first aid kits will be checked and stocked from the School Offices.

First Aid Kits

First Aid points are available to both Junior and Senior School. The School has two defibrillators; one is located in the Junior School Staff Room Entrance (126) and one in the Senior School Hallway (133).

Pupils with special needs/at risk pupils

The At-Risk Register of pupils with medical conditions/allergies is compiled and regularly updated. The Catering Manager is informed of all food-related allergies. All members of staff have access to this Register by contacting the Junior School Secretary or Senior School Office and it is consulted prior to all school trips. Individual protocols are set up for pupils with serious illnesses or at risk of serious illness. These include pupils with allergies or anaphylaxis risk, asthma, diabetes, epilepsy and heart disease. Our medical questionnaire form states that it is the parents' responsibility to update the School Office of any changes to their child's condition.

Medication in School

Usually, pupils should not bring any medication to school for the purpose of self-medication without permission having been given by the School Office, a Head of Year or member of the Pastoral Care team which includes the Designated Safeguarding Leads, Assistant Director of Pastoral Care or Director of Pastoral Care. All permission must be shared with the office who keep medical records and have oversight of pupil health.

Generally, pupils should not carry medicines, or have them in their possession, (other than emergency medicines such as adrenaline auto-injectors and inhalers) whilst they are at school. However, Pastoral staff or the School office may give permission for 6th form students to bring a small amount of their own over-the-counter medicines into school for personal use which they keep securely on their person or in their lockers.

Staff should ensure all of their personal medicine is stored securely, out of the sight of pupils. Staff workrooms/lockers or offices are the recommended venues. If a member of staff is unable

to find a secure setting, it is recommended that the medicines are stored in the School secretary's or Junior School Secretary's office.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Therefore, medication should only be brought into school when it is essential for a dose to be taken during the school day; that is where it would be detrimental to a child's health if the medicine were not administered during the school day

Queen's Gate will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

Homeopathic Remedies and Medicines Prescribed Overseas

Homeopathic medicines should not be given in school unless prescribed by a medical doctor or health care professional and provided to the school in in the original fully labelled container as dispensed by a pharmacist.

If medication has been prescribed overseas it be must in-date, labelled, provided in the original container as dispensed by a pharmacist or healthcare provider and include instructions for administration, dosage and storage. Instructions for the medication must be provided by the prescribing healthcare provider in English.

Storage and Access to Medicines

All medicines brought to school will be stored safely, usually in the School Office or Junior School office. Asthma inhalers, blood glucose testing meters/ other medication for diabetes, and adrenaline pens will usually be kept by pupils so that they are readily accessible. It is important for trip leaders to consider the safe storage of medication on trips and decisions about such matters will form part of the trip risk assessment.

Controlled Drugs

Pupils who have been prescribed controlled drugs will have an Individual Health Care Plan (IHCP) . A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so and if it is required for emergencies. Parents and pupils should be aware that passing it to another child or adult for use is an offence.

Where regular dosing is required during the school day, controlled medications will be kept for a pupil securely stored in a non-portable container and only staff named on an IHCP will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.

Protocols for Administering Medicines Where Parents Have Given Prior Consent

No pupil under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Consent for prescribed medicines, or consent for short term use of an over-the-counter medication, for example, a course of antibiotics or short-term use of anti-inflammatories for an injury, should be provided by writing to the school office, Junior School Secretary and/ or to a trip leader. Parents should provide the details of the dose required, schedule of medication and likely duration of use in. Medication will usually be stored in the school office. For longer term medical conditions, consent to administer medication will be given by parents when they sign the IHCP. Storage of medication on a trip will be part of the trip risk assessment process.

Parents may give consent for the school office or trip leaders to give paracetamol or over the counter antihistamines. Parents usually give consent at the point of registration. Consent is not updated annually and parents who wish to change this consent status should write to the School Office.

Usually, a pupil who regularly requires medication at school will have an IHCP. The procedures for creating and maintaining IHCPs can be found in the First Aid Policy.

Where staff are administering medicine, either because a pupil has an IHCP, or because they have a short-term need for medication, the following protocols will be observed.

Before administering the medicine, staff should check:

- The child's name

- The child's medical consent forms
- Name of medication, that it is in its original labelled container as dispensed by the pharmacist and its expiry date
- Prescribed dose and method of administration
- Time / frequency of administration
- Written instructions provided by the prescriber on the label or container

Every time a member of staff administers medicine to a child, they should complete and sign a record.

If the pupil has any side effects these should be recorded, and parents informed. If side effects are serious appropriate medical advice or treatment should be sought.

If an error in administering medication is made, the pupil's parents should be notified immediately, and action must be taken to prevent any potential harm to the child. The Principal should be informed and relevant documentation completed.

If a pupil refuses to take medicine, or spits it out, staff should not force them to take it but should note this in their records. Parents should be informed on the same day. If a refusal to take medicines results in an emergency the Medical Care Policy should be followed, and emergency medical help sought.

Non-Prescription Pain Relief Medication and antihistamines

In the Senior School, where a parent has given consent, the School Office or staff on a trip may give paracetamol for pain relief or an antihistamine for seasonal or other allergies. Paracetamol must never be administered without first checking maximum dosages and when the previous dose was taken.

Parents will always be informed when paracetamol or antihistamines have been given. Staff must never share their own supplies of pain relief such or other over the counter medication with pupils.

Staff should always record when paracetamol or antihistamines are given. The records should include the time and the dose. For antihistamines the generic name of the medication must be recorded rather than the brand, for example cetirizine hydrochloride 10mg rather than Piriton.

Protocols for Administering Medicines Where Parents Have Not Given Prior Consent.

In some exceptional circumstances medicines may be prescribed to a pupil without the knowledge of the parents. In such cases Queen's Gate would work with external agencies and professionals to ensure the welfare of the pupil and the safe administration of the medicines. Queen's Gate would work with the pupil to encourage them to involve their parents. Where this was not possible, staff will act in accordance with the Safeguarding and Child Protection Policy to ensure that the pupil's welfare, needs and rights are supported.

The management and administration of medicines in the Junior School

In the Junior School medicine is usually administered by the School Secretary. In her absence this may be done by teaching staff. If in doubt, the member of staff should consult the Director of the Junior School.

If a pupil requires on-going medication such as insulin, or carries an Auto-Injector containing adrenalin, then staff will receive training on how to administer such medication, and a list will be kept in the school office indicating which members of staff are prepared to administer this type of medication.

In the rare case when it is not thought appropriate for a member of staff to administer medication, parents will be asked to come into school to administer the medication or take the child out for a short time to do so.

Prescribed medication

The medication will only be administered if it has been prescribed for a particular child by a doctor, dentist, nurse or pharmacist, and with the written consent of parents.

Non-prescription medication (E.g. pain and fever relief- such as Calpol, teething gel or anti histamine relief – such as Piriton, cough medicine etc.) will only be administered with the written consent of parents

Non-prescription medicines should not normally be administered to children under the age of 8.

Staff Duty of Care

Anyone caring for children, including teachers or other school staff, have a common law duty of care to act like any reasonably prudent parent. In some circumstances the duty of care could extend to administering medicine and /or taking action in an emergency. This duty also extends to staff leading activities off site, such as PE fixtures, school trips or educational visits.

Certain medicines can be given or supplied without the direction of a doctor for the purpose of saving life. For example, the parental administration of adrenaline (1mg in 1ml), chlorpheniramine and hydrocortisone are among those substances listed under Article 7 of the POM order for administration by anyone in an emergency for the purpose of saving life (Prescription Only Medicines (Human use) Order 1997).

Caring for long-term sick pupils

All pupils should expect to receive the same high standard of education. Provision for pupils who are not attending school due to their health needs, and the framework surrounding it, should receive good quality education as far as the pupil's health needs allow. The DfE guidance 'Supporting pupils at home with medical conditions' outlines expectations for schools.

Parents will be invited to work closely with the school to formulate a plan which outlines the educational provision. The individual pupil should also be involved with decision making and where necessary multi-agency forums can assist with this process. How long a pupil might be away from school will be an important factor when considering the level of support they will need.

Pupils who have continuing health needs should have an IHCP which will need to be reviewed and assessed on a regular basis. When a pupil is ready to return to school, key staff will prepare a reintegration plan; this may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on a pupil in the early stages of their absence. While most pupils will want to return to their routine as soon as possible, some will need gradual reintegration over a longer period.

All staff should be mindful of the significant emotional burden of sustaining a chronic health condition for both the pupil and her parents. Communications should be managed with great sensitivity. Where there is any concern about a pupil with a chronic health condition, staff are encouraged to approach the Director of Junior School or Director of Pastoral Care for guidance.

Training

Individual Health Care Plans will be reviewed by the School Office with the Director of Pastoral Care, the Assistant Director of Pastoral Care, or The Director of the Junior School. If a need for further training is identified The Director of Pastoral Care is responsible for ensuring that the relevant staff receive appropriate training.

Staff or parents/volunteers with medical conditions

It is important that the School Offices are informed of any significant medical conditions that affect anyone teaching/helping within the school, and that might require assistance e.g. epilepsy, anaphylaxis, diabetes etc. Leaders of outings and residential visits must check with staff/parents/volunteers whether there are any circumstances they may have to take into consideration when writing the risk assessment.

Allergies

Staff are informed of pupils with allergies, as are the catering staff, so that they may avoid contact with foods to which they are allergic. There is a list in Staffrooms and the School Offices of pupils who have severe food allergies, accompanied by photographs and instructions on how to respond to the reaction. The school strives to be as nut-free as possible and we do not have food on site that contains nuts. However, risk is always present wherever there is food.

Staff receive training in how to recognise when a pupil is having an allergic reaction and how to deal with it. They also receive training in how and when to use an adrenaline auto-injector (“AAI”). This training takes place at the beginning of the Autumn Term.

Pupils who may require the use of an Automatic Adrenaline Injectors (AAI) for severe allergic reactions are required to keep their own medicine on their person at all times, in school and off the premises. Students are required to carry 2 AAI pens on their person at all times.

At P.E. lessons, the P.E. teachers have an emergency inhaler kit. The pupils also take their spare emergency medication with them when off site. Spare emergency kits for each pupil, including AAIs and Inhalers are collected by the P.E. teacher to be kept in the first aid bag which is taken to P.E held off site.

Our medical questionnaire form states that, for pupils with allergies, it is the parents’ responsibility to keep the School Offices informed of any clinical reviews or changes in their child’s condition.

The teacher in charge of any outing away from the school premises has the responsibility of being acquainted with any specific medical needs of the pupils in their care, including having a

knowledge of, for example, pupils with asthma, and their need for inhalers, and pupils with allergies, at risk of anaphylaxis.

Pupils with prescribed AAI are not permitted to go off-site for any school trip or sports fixture if they do not have their Emergency Medication on them. It is the teacher's responsibility to check this prior to departure. Fully completed risk assessments identify pupils at risk on each trip. The risk assessment should identify which member of staff checks that pupils are carrying their medication and that it is in date. Pupils must remain in school if they do not have their medication with them.

Pupils requiring transfer to hospital

Pupils who require transfer to hospital generally fall into two groups:

- Those requiring further assessment/treatment, are non-urgent and can travel safely in a car.
- Those who need urgent medical treatment or who cannot travel safely or comfortably in a car due to the nature of their medical problem/injury.

For those who are non-urgent and can travel safely in a car, parents/carers will be informed immediately and requested to come and collect their child for transfer to hospital. In these instances, the parent will accompany their child to hospital. For those who need urgent transfer to hospital, an ambulance will be called.

When to call an ambulance

All staff are advised to call an ambulance immediately when a pupil or member of staff has any difficulty breathing; suffers significant blood loss quickly; loses consciousness – other than fainting; uses an AAI due to an anaphylactic reaction; sustains a suspected major fracture.

Guidance for requesting an ambulance

Dial 999, ask for an ambulance and be ready with the information below.

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

Your telephone number

Your name

Your location

Provide the exact location of the pupil

Provide the name of the child and a brief description of their symptoms

Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Put a completed copy of this form by the phone.

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Confidentiality

Medical information about pupils will remain confidential. However, a first aider may need to share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality in providing medical care for pupils.

It is also recognised that the First Aider will liaise with parents/carers, the Principal, SMT, or other academic staff and will pass on information as appropriate, with the pupil's prior consent.

Hygiene procedures for spillage of blood or body fluids

The risk of infection through exposure when dealing with blood/bodily fluid spillage will be minimised by immediate, safe, and effective cleaning, as detailed in the following instructions.

- All staff should wear protective clothing (disposable gloves and apron), and cover any open cuts;
- Apply contents of a biohazard spillage kit and clean as directed;

- Clear away and use fresh paper towels with water/detergent solution to clean;
- Ensure area is safe after cleaning;
- Perform hand hygiene both before and afterwards;
- Splashing must be avoided and mops should not be used;
- One person should be primarily responsible for each area.

Health and safety and awareness of hazards in subject teaching

Prevention of accidents is given ongoing consideration within the school; for full details see the Health and Safety Policy.

Risk assessments are prepared before any outing, sporting activity or public performance, to ensure careful consideration has been given to the impact of any hazard on pupils, staff and the public. The Science, DT, Art and P.E. departments pay careful attention, through risk assessment and following their respective advisory guidelines to all activities e.g. COSHH etc. All departments follow a code of practice regarding safety and assessment of hazards.

Completed risk assessments are kept electronically and signed copies kept in the individual departments. Particular attention is given to general cleanliness and hygiene of washroom and changing areas.

RIDDOR

The Bursar is responsible for informing the Health and Safety Executive (HSE). The Principal should always be informed of any accident that could be reportable. Party Leaders organising activities out of normal school hours off the school premises should be clear about the school's responsibility to contact HSE within a given timescale, in the event of an accident. All staff are responsible for filling out an accident/incident report.

What accidents/incidents need to be reported?

HSE must be notified of fatal and major injuries and dangerous occurrences without delay (e.g. by telephone on 0845 300 99 23). This must be followed up within 10 days with a written report. Other reportable accidents do not need immediate notification, but they must be reported to HSE within 10 days. This applies to pupils, staff, parents/carers and members of the public, both on and off site, involved or affected by a school activity.

Reportable Incidents:

- Fractures, other than to fingers, thumbs and toes;
- Amputations;
- Any injury likely to lead to permanent loss of sight or reduction in sight;
- Any crush injury to the head or torso causing damage to the brain or internal organs;
- Serious burns (including scalding), which: a) Cover more than 10% of the body; or b) Cause significant damage to the eyes, respiratory system or other vital organs;
- Any scalping requiring hospital treatment;
- Any loss of consciousness caused by head injury or asphyxia;
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness;
- Any injury which requires resuscitation or admittance to hospital for more than 24 hours.
- Accidents which prevent the injured person from doing their normal work for more than seven days (including acts of physical violence). Records are to be kept of an accident if the injured person has been incapacitated for more than three consecutive days.
- Dangerous occurrences, e.g. explosion or fire causing suspension of normal work for over 24 hours;
- Accidental release of any substance which may damage health.

Please see the HSE RIDDOR website for more detailed information on dangerous occurrences.

Allergy and Anaphylaxis

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

Definitions

Anaphylaxis: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

Allergen: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

Adrenaline auto-injector: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI, adrenaline pens or by the brand name EpiPen. There are three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. Emerade is currently not available as it has been recalled due to misfiring incidences.

Allergy action plan: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan, such as the BSACI Allergy Action Plan.

Individual health care plan: A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy

should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

Risk assessment: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risk. Allergy should be included on all risk assessments for events on and off the school site.

Spare pens: From 2017 schools have been able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' own adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

Roles and Responsibilities

Queen's Gate School takes a whole-school approach to allergy management.

Designated Allergy Lead

The Designated Allergy Lead is Charlotte de la Pena. They are responsible for:

- o Ensuring the safety, inclusion and wellbeing of pupils with allergy
- o Taking decisions on allergy management across the school
- o Championing and practising allergy awareness across the school
- o Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management
- o Ensuring allergy information is recorded, up-to-date and communicated to all staff
- o Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- o Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures
- o Reviewing the stock of the school's spare adrenaline pens (check the school has enough and the locations are correct) and ensuring staff know where they are
- o Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings
- o Regularly reviewing and updating the Allergy and Anaphylaxis Policy
- o Ensuring there is an Anaphylaxis Drill once a year

At regular intervals the Designated Allergy Lead will check procedures and report to the SMT.

Principal First Aid Staff

Mrs O'Rourke and Miss Jackson are responsible for:

- o Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the Admissions Team for new joiners)
- o Supporting the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and staff running clubs
- o Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)
- o Coordinating medication with families. Whilst it is the parents' and carers' responsibility to ensure medication is up to date, the first aid team should also have systems in place to check this and notify the parents when they see the expiry date is approaching
- o Keeping an adrenaline pen register to include Adrenaline Pens prescribed to pupils and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented.
- o Regularly checking spare pens are where they should be, and that they are in date
- o Replacing the spare pens when necessary
- o Providing on-site adrenaline pen training for other members of staff and pupils and refresher training as required eg. before school trips

Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and school nursing team to ensure that:

- o There is a clear method to capture allergy information or special dietary information at the earliest opportunity
- o There is a clear structure in place to communicate this information to the relevant parties (i.e. school office, first aiders, catering team)
- o Visitors (for example at Open Days and events) are aware of the catering set up, if food is to be offered, and plans for medication if the child is to be left without parental supervision

All staff

All school staff, to include teaching staff, support staff, domestic staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs) are responsible for:

- o Championing and practising allergy awareness across the school
- o Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed

- o Being aware of pupils with allergies and what they are allergic to
- o Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- o Ensuring pupils always have access to the medication they need
- o Being able to recognise and respond to an allergic reaction, including anaphylaxis
- o Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if you have not received any in the last 12 months
- o Considering the safety, inclusion and wellbeing of pupils with allergies at all times
- o Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.

All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- o Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies
- o Providing the School Office with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hayfever, rhinitis or eczema
- o Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- o Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- o Encouraging their child to be allergy aware

Parents of children with allergies

In addition to point 4.5, the parents and carers of children with allergies should:

- o Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan
- o If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams
- o Ensure medication is in-date and replaced at the appropriate time
- o Update school with any changes to their child's condition and ensure the relevant paperwork is updated too

- o Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management.
- o Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food they are allergic to.

All pupils

All pupils at the school should:

- o Be allergy aware
- o Understand the risks allergens might pose to their peers
- o Learn how they can support their peers and be alert to allergy-related bullying.
- o Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency
- o [If pupils are likely to be buying or bringing in food from home and are old enough to check the ingredients include a line about adhering to food restrictions or guidance about food being brought in]

Pupils with allergies

Pupils with allergies are responsible for:

- o Knowing what their allergies are and how to mitigate personal risk; this will depend on age and may not be appropriate with very young children
- o Avoiding their allergen as best as they can
- o Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- o If age-appropriate, to carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose
- o Understand how and when to use their adrenaline auto-injector
- o Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- o Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies
- o Pupils permitted to leave the school site during the school day should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help

Information and documentation

Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- o Known allergens and risk factors for allergic reactions
- o A history of their allergic reactions
- o Detail of the medication the pupil has been prescribed including dose; this should include adrenaline pens, antihistamine etc.
- o A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis
- o A photograph of each pupil
- o A copy of their Allergy Action Plan. See definitions for the BSACI templates.

Assessing Risk

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- o Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking
- o Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
- o Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils.
- o Planning special events, such as cultural days and celebrations

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

Food including snacks

Catering in school

The school is committed to providing a safe meal for all students, including those with food allergies.

- o Due diligence is carried out with regard to allergen management when appointing catering staff.
- o All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training .
- o Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures.
- o The catering team will endeavour to get to know the pupils with allergies and what their allergies are supported by all school staff.
- o The school has robust procedures in place to identify pupils with food allergies.
- o Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request.
- o Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- o Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the Lead.

FOOD HYGIENE FOR PUPILS

- o Pupils will wash their hands before and after eating
- o Sharing, swapping or throwing food is not allowed
- o Water bottles and packed lunches should be clearly labelled

SCHOOL TRIPS AND SPORTS FIXTURES

- o Staff leading the trip will have a register of pupils with allergies with medication details
- o Allergies will be considered on the risk assessment and catering provision put in place
- o Staff should consult with the parents if the trip requires an overnight stay
- o Staff, and some pupils if appropriate, accompanying the trip will be trained to recognise and respond to an allergic reaction
- o Allergens will be clearly labelled on catered packed lunches. If you have a pupil with an allergy to a food outside the "main 14" you should have a clear system in place to ensure they always receive a safe meal.

- o If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal.
- o See Adrenaline Pens section for School Trips and Sports Fixtures

Insect stings

Pupils with a known insect venom allergy should:

- o Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered.
- o Avoid wearing strong perfumes or cosmetics
- o Keep food and drink covered

The school estates team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

Animals

It is normally the dander that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- o A pupil with a known animal allergy should avoid the animal they are allergic to
- o If an animal comes on site a risk assessment will be done prior to the visit
- o Areas visited by animals will be cleaned thoroughly
- o Anyone in contact with an animal will wash their hands after contact
- o School trips that include visits to animals will be carefully risk assessed

Inclusion and mental health

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- o No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- o Pupils with allergies may require additional pastoral support including regular check-ins from their Head of Year
- o Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives

- o Bullying related to allergy will be treated in line with the school's anti-bullying policy

ADRENALINE PENS

[See the government guidance on Adrenaline Pens in Schools.](#)

Storage of adrenaline pens

- o Pupils prescribed with adrenaline pens will always have easy access to two in-date pens.
- o Spot checks will be made to ensure adrenaline pens are where they should be and in date
- o Adrenaline pens must not be kept locked away
- o Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator)
- o Used or out of date pens will be disposed of as sharps

Spare pens

This school has two spare adrenaline pens too be used in accordance with government guidance.

The adrenaline pens are clearly signposted and are stored in the School Offices.

The Allergy Lead is responsible for:

- o Deciding how many spare pens are required. If needed, it may be worth considering having a couple of spare adrenaline pens in grab bags for school trips/ matches as well as around the site.
- o What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11)
- o Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion.
- o The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance above
- o Distribution around the site and clear signage

Adrenaline pens on school trips and match days

- o No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens

- o Adrenaline pens will be kept close to the pupils at all times eg. not stored in the hold of the coach when travelling or left in changing rooms
- o Adrenaline pens will be protected from extreme temperatures
- o Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction
- o Staff should consider whether to take spare pens to sporting fixtures and on trips

RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

- o If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's Emergency Response Plan.
- o If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.
- o A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- o This will be administered by the pupil themselves, if age appropriate, or by a member of staff. Ideally the member of staff will be trained, but in an emergency **anyone** will administer adrenaline.
- o If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.
- o If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.
- o The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- o Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

Training

The school is committed to training all staff annually to give them a good understanding of allergies. This includes:

- o Understanding what an allergy is
- o How to reduce the risk of an allergic reaction occurring
- o How to recognise and treat an allergic reaction, including anaphylaxis
- o How the school manages allergy, for example Emergency Response Plan, documentation, communication etc
- o Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- o The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- o Understanding food labelling
- o Taking part in an anaphylaxis drill

The school will carry out an anaphylaxis drill annually. This includes:

- o An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

Asthma

The school recognises that asthma is a widespread, serious but controllable condition affecting many students at the school. The school positively welcomes all students with asthma. This school encourages students with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, parents/guardians and students.

Record keeping

When a student joins the school, parents are asked if their child has any medical conditions including asthma when they join the school. From this information the school keeps its asthma register, which is available to all school staff. The school expects parents to update or exchange the card for a new one if their student's medicine, or how much they take, changes during the year.

Asthma medicines

Immediate access to reliever medicines is essential. Students with asthma must carry their reliever inhaler at all times. Spot checks will be undertaken on a regular basis throughout the academic year. The Department of Health has released guidance on the use of emergency

salbutamol inhalers in schools for students who have been diagnosed with asthma and prescribed an inhaler. In line with this guidance, the school has a number of spare salbutamol inhalers and volumatic spacers to use in an emergency (with parental consent) if a student's own inhaler is empty, broken or unavailable. All students with asthma must still have their own inhaler and spacer (prescribed by their General Practitioner) on their person at all times. If an emergency inhaler and spacer has been used, the parent will be informed. The spacer used will be given to the student to take home as this cannot be used by another student.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all students. All teachers should know which students in their class have asthma and all PE teachers at the school are aware of which students have asthma from the school's asthma register. Students with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each student's inhaler will be labelled and kept in the vicinity of the lesson. If a student needs to use their inhaler during a lesson they will be encouraged to do so.

Out-of-hours sport

There has been a large emphasis in recent years on increasing the number of students and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well-documented and this is also true for students and young people with asthma. It is therefore important that the school involve students with asthma as much as possible in after school clubs.

School environment

The school does all that it can to ensure the school environment is favourable to students with asthma. The school has a definitive no-smoking policy. As far as possible the school does not use chemicals in science, DT and art lessons that are potential triggers for students with asthma. Students with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

School Trips

All students with asthma must carry their inhaler on school trips. They will be asked to show them to a member of staff before leaving the school premises. As a backup, one of the school's

spare generic inhalers and spacers held in the Junior School Reception and Senior School Office will be taken on trips and held by a member of staff. It is important to note that only one back up/generic inhaler will be taken per group of students, not per individual student. If a student does not have their inhaler on them, they will NOT be permitted to go on the trip.

The school will not accept responsibility for any student whose parent has not provided an inhaler for use by the student during the school day or whose inhaler has expired. The school will contact parents of those students whose inhaler has not been provided if/when the student has an asthma attack during the school day. In these instances, the school will telephone for an ambulance and where possible parents/guardians will need to accompany their student to the hospital in the ambulance.

Appendix

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**.

Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.