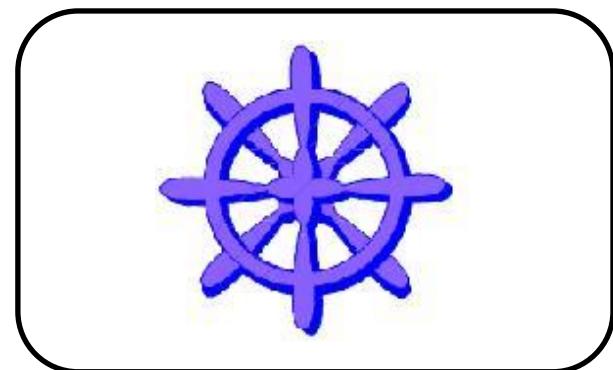


St Katherine's C of E Primary School



School Spare Adrenaline Auto-Injector & Ventolin/Salbutamol Inhaler Policy

Adopted

16/11/2022

Signed by

A. Taylor

Headteacher

Date: 16/11/2022

Rev. M. Walford

Chair of Governors

Date: 16/11/2022

Next review date: NOV 2024

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Statement of Intent

St Katherine's C of E Primary School wishes to ensure that pupils with medication needs receive appropriate care and support at school.

1. Key roles and responsibilities

- 1.1. The Governing Body has overall responsibility for the implementation of the School Spare Adrenaline Auto-Injector & Ventolin/Salbutamol Inhaler Policy and procedures of St Katherine's C of E Primary School.
- 1.2. The Governing Body has overall responsibility for ensuring that the School Spare Adrenaline Auto-Injector & Ventolin/Salbutamol Inhaler Policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- 1.3. The Governing Body has responsibility for handling complaints regarding this policy as outlined in the school's Complaints Policy.
- 1.4. The Governing Body has responsibility for ensuring the correct level of insurance is in place for the administration of medication.
- 1.5. The Headteacher will be responsible for the day-to-day implementation and management of the School Spare Adrenaline Auto-Injector & Ventolin/Salbutamol Inhaler Policy and procedures of St Katherine's C of E Primary School.
- 1.6. Staff, including teachers, support staff and volunteers, will be responsible for following the policy and for ensuring pupils do so also.
- 1.7. Staff, including teachers, support staff and volunteers, will be responsible for implementing the agreed policy fairly and consistently.
- 1.8. Parents and carers will be expected to keep the school informed about any changes to their child/children's health.
- 1.9. Parents and carers will be expected to discuss medications with their child/children prior to giving consent for the school's spare AAI or inhaler to be used.

2. Definitions

- 2.1. St Katherine's C of E Primary School defines a "staff member" as any member of staff employed at St Katherine's C of E Primary School, including teachers.
- 2.2. AAI – Adrenaline Auto-Injector (e.g. Epi-pen) – the school's spare AAI is of a 'junior' dosage (e.g. Epi-pen Jr 0.15mg)
- 2.3. Inhaler – Ventolin or Salbutamol inhaler (blue)

3. Training of staff

- 3.1. Members of office, support and teaching staff have received asthma training and training in the use of an Adrenaline Auto-Injector (e.g. Epipen)
Additional staff will receive training as and when required.

4. Guidelines

- 4.1. Prior to children having access to the school's spare AAI and/or inhalers parents/carers must complete the relevant consent form **and** the school must already hold the child's own AAI or inhaler showing the pharmacists label and the child's name (i.e. they must already have been prescribed by a doctor) – See Appendix 1 and Appendix 2. These requirements will be overridden if the school is instructed to administer the spare AAI or inhaler by a 999 call handler, when a pupil is in anaphylaxis or severe asthma attack.
- 4.2. The spare AAI and/or inhaler will only be administered if it would be detrimental to the child not to do so and the child's own medication is unavailable or unusable.
- 4.3. The spare AAI and inhalers are stored in the front office, in the locked filing cabinet drawer (with clear signage to show which drawer). An additional spare inhaler is stored in the Year 3 classroom cupboard.
- 4.4. The spare AAI and inhalers will be checked each January to ensure they are still in date (and replaced where necessary)
- 4.5. Upon expiration, spare AAIs and inhalers will be taken to a local pharmacy for safe disposal.
- 4.6. Staff members may refuse to administer medication. If a member of staff refuses to administer medication, the Head teacher will delegate the responsibility to another staff member.
- 4.7. In the case of a child experiencing an anaphylactic reaction, their own AAI(s) will be used in the first instance. Only where this is not available, or where it is found to be unusable, will the school's spare AAI be used (where an AAI has been prescribed by a doctor and written parental consent has been supplied in advance as detailed in 4.1).
- 4.8. In the case of a child requiring an inhaler, their own inhaler will be used in the first instance. Only where this is not available, or where it is found to be unusable, will the school's spare inhaler be used (where an inhaler has been prescribed by a doctor and written parental consent has been supplied in advance as detailed in 4.1).
- 4.9. If the school's spare AAI is used, written records will be kept and parents will be notified (see Appendix 3 and Appendix 4)
- 4.10. Where the school's spare AAI is administered to a child, there must be two members of staff present (both must sign the written record – see Appendix 3)
- 4.11. If the school's spare inhaler is used, written records will be kept and parents will be notified (see Appendix 5 and Appendix 6)
- 4.12. Where the school's spare AAI is administered to a child, there must be two members of staff present (both must sign the written record – see Appendix 5)
- 4.13. A register of children for whom consent has been given to use the school's spare AAI will be kept in the front office with the spare AAI (see Appendix 7)
- 4.14. A register of children for whom consent has been given to use the school's spare inhalers will be kept in the front office with the spare inhalers and another in the Year 3 classroom cupboard with the additional spare inhaler (see Appendix 8)
- 4.15. If a parent/carer wishes to withdraw consent for the spare AAI or inhaler to be used for their child, they must complete a Withdrawal of Consent form and give it to the Pupil Administrator in the school office (see Appendix 9 and Appendix 10)

4.16. St Katherine's C of E Primary School cannot be held responsible for side effects that occur when medication is taken / administered correctly.

5. Recognition & Management of an Allergic Reaction/Anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

**Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):**

AIRWAY:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, swollen tongue

BREATHING:

- Difficult or noisy breathing
- Wheeze or persistent cough

CONSCIOUSNESS:

- Persistent dizziness
- Becoming pale or floppy
- Suddenly sleepy, collapse, unconscious

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

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

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

After giving Adrenaline:

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

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

6. Recognition & Management of an Asthma Attack

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available/usable, use the school's spare inhaler (only if they are on the consent register)
- Remain with the child while the inhaler is brought to them
- Immediately help the child take 2 puffs of the inhaler
- If there is no immediate improvement, continue to give two puffs at a time every 2 minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better, or you are worried at ANY point before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**.
- If an ambulance does not arrive in 10 minutes, give another 10 puffs in the same way as above.

7. Appendices

**APPENDIX 1**

**St. Katherine's
C of E Primary School**

**Consent form for the use of the school's spare
Adrenaline Auto-Injector (junior dosage)
for a child showing symptoms of anaphylaxis**

Name of School	St. Katherine's C of E Primary
Name of Child	
Date of Birth	
Medical Reason or illness	Anaphylaxis

I confirm that my child has been diagnosed with an allergy, which could cause anaphylaxis, and has been prescribed an adrenaline auto-injector.

My child has a working, in-date adrenaline auto-injector, clearly labelled with their name and pharmacist's label and in the original box, which is kept on school premises.

In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto-injector is not available or is unusable, I consent for my child to receive adrenaline from an emergency adrenaline auto-injector (junior dosage) held by the school for such emergencies, if it is available at that time.

Parent/Carer Name	
Relationship to Child	
Parent/Carer Signature	
Date	

Office Use Only:

Date Received	
Register Updated?	YES/NO

**APPENDIX 2**

**St. Katherine's
C of E Primary School**

**Consent form for the use of the emergency
Asthma Inhaler
(Ventolin/Salbutamol)**

for a child showing symptoms of asthma

Name of School	St. Katherine's C of E Primary
Name of Child	
Date of Birth	
Medical Reason or illness	Asthma

I confirm that my child has been diagnosed with asthma and has been prescribed an asthma inhaler (e.g. Ventolin/Salbutamol)

My child has a working asthma inhaler, clearly labelled with their name and pharmacist's label and in the original box, which is kept on school premises.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to use the school's emergency asthma inhaler (Salbutamol/Ventolin) held by the school for such emergencies, if it is available at that time.

Parent/Carer Name	
Relationship to Child	
Parent/Carer Signature	
Date	

Office Use Only:

Date Received	
Register Updated?	YES/NO

APPENDIX 3

APPENDIX 4



St. Katherine's
C of E Primary School

Name of Child	
Date of Birth	

Your child was administered with the school's spare AAI, as detailed below, due to an anaphylactic reaction:

Date	
Time	
Reason for the school's spare AAI to be used in this instance (e.g. child's own AAI malfunctioned, child required a further dose and second AAI was not available etc.)	

APPENDIX 5

APPENDIX 6



St. Katherine's
C of E Primary School

Name of Child	
Date of Birth	

Your child was administered with the school's spare inhaler, as detailed below, due to having symptoms of asthma:

Date	
Time	
Reason for the school's spare inhaler to be used in this instance (e.g. child's own inhaler malfunctioned etc.)	

APPENDIX 7



St. Katherine's C of E Primary School

**REGISTER OF CHILDREN
FOR WHOM WE HOLD CONSENT TO USE THE
SPARE ADRENALINE AUTO-Injector
(AAI)**

APPENDIX 8



St. Katherine's
C of E Primary School

**REGISTER OF CHILDREN
FOR WHOM WE HOLD CONSENT TO USE THE
SPARE INHALER (VENTOLIN/SALBUTAMOL)**

**APPENDIX 9**

**St. Katherine's
C of E Primary School**

**WITHDRAWAL OF CONSENT
for the use of the school's spare
Adrenaline Auto-Injector (junior dosage)**

Name of School	St. Katherine's C of E Primary
Name of Child	
Date of Birth	

I confirm that I wish to withdraw consent for the use of the school's spare AAI for my child (named above) and wish for their name to be removed from the consent register. I understand that the spare AAI will no longer be available to be administered to my child in a medical emergency.

Parent/Carer Name	
Relationship to Child	
Parent/Carer Signature	
Date	

Office Use Only:

Date Received	
Register Updated?	YES/NO

**APPENDIX 10**

**St. Katherine's
C of E Primary School**

**WITHDRAWAL OF CONSENT
for the use of the school's spare
Inhaler (Ventolin/Salbutamol)**

Name of School	St. Katherine's C of E Primary
Name of Child	
Date of Birth	

I confirm that I wish to withdraw consent for the use of the school's spare inhaler for my child (named above) and wish for their name to be removed from the consent register. I understand that the spare inhaler will no longer be available to be administered to my child in a medical emergency.

Parent/Carer Name	
Relationship to Child	
Parent/Carer Signature	
Date	

Office Use Only:

Date Received	
Register Updated?	YES/NO
