TORPOINT COMMUNITY COLLEGE

INSPIRING OPTIMISTIC LEARNERS

Supporting Students with Medical Conditions Policy

Reviewed: July 2026	**Next review due: July 2027**
Governing Body Committee: Headteacher	**CLT contact:** Martine Blandin-Neaves/Kim Brogan/Vanessa Ellis
Policy adopted by the Head Teacher on: 26/06/26	

Policy – Amendment Record Sheet

Amendment Number	Section Amended	Amended By	Reason for Amendment	Date
01	Contents	Kim Brogan	Addition of EpiPen Policy	15/06/26
02	3.2 The Head Teacher	Kim Brogan	Bullet point 4- Change of wording	15/06/26
03	7. Managing medicines	Kim Brogan	Addition of reference to adrenaline auto-injector policy	15/06/26
04	Section 15	Donna Douglas	Addition of comprehensive adrenaline auto-injector guidance	17/06/26
05	Appendix 2	Donna Douglas	Addition of template letter for AAI procurement	17/06/26
06	Section 1 aims Section 3.1 (The governing body) Section 10 – Record keeping Section 11 – liability and indemnity	Donna Douglas	Governing board delegates responsibility to Headmaster for sections	03/07/26
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1. Aims

This policy aims to ensure that:

- Students, staff and parents understand how our school will support students with medical conditions.
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities.

The governing board has overall responsibility for ensuring this policy is implemented effectively.
The governing board delegates the day-to-day implementation of this policy to the headteacher, who will ensure:

- Sufficient staff are suitably trained
- Staff are made aware of students' conditions, where appropriate
- There are cover arrangements to ensure someone is always available to support students with medical conditions
- Supply teachers receive appropriate information about the policy and relevant students
- Individual healthcare plans (IHPs) are developed and monitored

The governing board will monitor the implementation of this policy through regular reports from the headteacher.

The named person with responsibility for implementing this policy is Martine Blandin-Neaves.

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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 students at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on supporting students with medical conditions at College.

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain, without a prescription, adrenaline auto-injector (AAI) devices for use in emergencies.

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3. Roles and responsibilities

3.1 The governing body

The governing body has ultimate responsibility to make arrangements to support students with medical conditions. **The governing board delegates operational responsibility for these arrangements to the headteacher.**
The governing board will fulfil its responsibilities by:

- **Approving this policy and reviewing it annually**
- **Receiving regular reports from the headteacher on the implementation of this policy, including:**
    - Numbers of students with medical conditions and IHPs in place
    - Staff training completion rates and competency records
    - Any incidents or concerns related to medical conditions
    - Confirmation that appropriate insurance is in place

- **Monitoring that written records of medicine administration are being maintained**
- **Ensuring questions about medical conditions support are included in governor monitoring visits**

The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions, **through requesting evidence from the headteacher that appropriate training systems are in place.**

3.2 The headteacher

The headteacher 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 medical plans, including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a child's condition.
- Be accountable for ensuring Medical Plans and allergy registers are in place and kept up to date.
- Make sure that school staff are appropriately insured and aware that they are ensured to support pupils in this way.
- Contact the school nursing service in the case of any student who has a medical condition that may require support at College, 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 students 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 students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility of supporting students with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will consider the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's Medical Plans and may be involved in its drafting.

- Carry out any action they have agreed to as part of the implementation of the Medical Plan, e.g. provide medicines and equipment, and ensure they or another nominated adult are always contactable.

3.5 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their Medical Plans.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible. They may also support staff implementing a child's Medical Plan.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any students identified as having a medical condition. They may also provide advice on developing Medical Plans.

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4. Equal opportunities

Our College is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits, and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

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5. Being notified that a child has a medical condition

When the College is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires a Medical Plan.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.

See Appendix 1.

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6. Individual healthcare plans

The headteacher has overall responsibility for the development of Medical Plans for students with medical conditions. This has been delegated to Martine Blandin-Neaves, Senior Assistant Headteacher.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.

Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done.
- When.
- By whom.

Not all students with a medical condition will require a Medical Plan. It will be agreed with a healthcare professional and the parents when a Medical Plan would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

Medical Plans will be linked to, or become part of, any education, health and care (EHC) plan. If a student has SEN but does not have an EHC plan, the SEN will be mentioned in the Medical 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 Senior Assistant Headteacher will consider the following when deciding what information to record on Medical Plans:

- The medical condition, its triggers, signs, symptoms, and treatments.
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, 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 student'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 student 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 and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the student's condition and the support required.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff or self-administered by the student during school hours.
- Separate arrangements or procedures required for College trips or other College activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/studentl, the designated individuals to be entrusted with information about the student's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

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7. Managing medicines

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

- When it would be detrimental to the student's health or College attendance not to do so **and**
- Where we have parents' written consent.

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date.
- Labelled.
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The College will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors will always be readily available to students and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

From September 2026, spare adrenaline auto-injectors (AAIs) will be held in the Medical Room as part of an emergency anaphylaxis kit, in accordance with the Human Medicines (Amendment) Regulations 2017. Full guidance on the use of AAIs is provided in Section 15 of this policy.

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 student 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 on to another student 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 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents, and it will be reflected in their Medical Plans.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take medicine or carry out a necessary procedure if they refuse but will

follow the procedure agreed in the Medical Plan and inform parents 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 Medical Plan, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every student with the same condition requires the same treatment.
- Ignore the views of the student or their parents.
- 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 College activities, including lunch, unless this is specified in their Medical Plans.
- If the student becomes ill, send them to the College reception or medical room unaccompanied or with someone unsuitable.
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend College to administer medication or provide medical support to their student, including with toileting issues. No parent should have to give up working because the College is failing to support their child's medical needs.
- Prevent students from participating or create unnecessary barriers to students participating in any aspect of College life, including College trips, e.g. by requiring parents to accompany their child.
- Administer, or ask students to administer, medicine in school toilets.

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8. Emergency procedures

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

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

Specific emergency procedures for anaphylaxis are detailed in Section 15 of this policy.

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9. Training

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

The training will be identified during the development or review of Medical Plans. Staff who provide support to students 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 Senior Assistant Headteacher. 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 students.
- Fulfil the requirements in the Medical Plans.
- 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.

Specific training requirements for anaphylaxis and AAI administration are detailed in Section 15 of this policy.

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10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to students for as long as these students are at the College. **The headteacher is responsible for maintaining these records and will provide confirmation to the governing board annually that record-keeping systems are operating effectively.**
Medical Plans are kept in a readily accessible place which all staff are aware of.
An allergy register will be maintained and kept in an easily accessible location. Records of AAI administration will be kept in accordance with Section 15 of this policy.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the College's level of risk. **The governing board delegates responsibility for arranging and maintaining appropriate insurance to the headteacher and Director of Business and Finance, who will provide annual confirmation to the governing board that adequate insurance cover is in place.**
The details of the College's insurance policy are held by the Director of Business and Finance. When schools are supporting students with medical conditions, they must have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication. The only exception will be where the actions of the employee amount to serious and wilful misconduct. Carelessness, inadvertence or a simple mistake do not amount to serious and wilful misconduct.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Senior Assistant Headteacher in the first instance. If the Senior Assistant Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

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13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every year.

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14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints Procedure
- Equality Policy
- Health and Safety Policy
- Child Protection and Safeguarding Policy
- Special Educational Needs Policy

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15. Guidance on the use of adrenaline auto-injectors in College

15.1 Introduction

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The College's spare AAI should only be used on students known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

Any AAI(s) held by a school should be considered a spare/back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times.

15.2 What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

- Foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)

- Insect stings (e.g. bee, wasp)
- Medications (e.g. antibiotics, pain relief such as ibuprofen)
- Latex (e.g. rubber gloves, balloons, swimming caps)

15.3 Reducing the risk of allergen exposure

The College will implement the following measures to reduce the risk of allergen exposure:

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies will be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. Students should be taught to also check with catering staff before purchasing.
- Where food is provided by the College, staff will be educated about how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food.
- The College will implement policies to avoid trading and sharing of food, food utensils or food containers.
- Use of food in crafts, cooking classes, science experiments and special events will be carefully considered and may need to be restricted depending on the allergies of particular students.
- When planning out-of-College activities such as sporting events, excursions, College outings or trips, the College will consider the catering requirements of food-allergic students and emergency planning (including access to emergency medication and medical care).

15.4 Supply and procurement of spare AAIs

The College can purchase AAIs from a pharmaceutical supplier, such as a local pharmacy, without a prescription. A supplier will need a request signed by the headteacher stating:

- The name of the College for which the product is required
- The purpose for which that product is required
- The total quantity required

A template letter for this purpose is provided in Appendix 2.

Dosage considerations:

For secondary school pupils, the Resuscitation Council (UK) recommends:

- For students age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline (e.g. EpiPen 0.3mg, Emerade 300 or Jext 300 microgram device)
- For teenagers age 12+ years: a dose of 300 or 500 microgram (Emerade 500) can be used

The College will hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training. The decision on which brand and how many devices to purchase will be made based on the needs of our student population and in consultation with healthcare professionals.

15.5 The emergency anaphylaxis kit

The College will maintain an emergency anaphylaxis kit which will include:

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

The emergency anaphylaxis kit will be stored together with the emergency asthma inhaler kit in the Medical Room.

15.6 Storage and care of AAIs

All AAI devices – including those belonging to individual students and any spare AAI in the emergency kit – will be kept in a safe and suitably central location (the Medical Room) to which all staff have access at all times, but in which the AAI is out of the reach and sight of children. They must not be locked away in a cupboard or an office where access is restricted. The Collegel will ensure that AAIs are accessible and available for use at all times and not located more than 5 minutes away from where they may be needed.

Maintenance responsibilities:

At least two named volunteers amongst College staff will have responsibility for ensuring that:

- On a monthly basis the AAIs are present and in date
- Replacement AAIs are obtained when expiry dates approach (facilitated by signing up to AAI expiry alerts through the relevant AAI manufacturer)

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

15.7 Disposal of used AAIs

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

15.8 School trips and sporting activities

The College will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a College trip off College premises. Students at risk of anaphylaxis will have their AAI with them, and there will be staff trained to administer AAI in an emergency. The College may consider whether it is appropriate to take spare AAI(s) obtained for emergency use on some trips.

15.9 Allergy register

The College will maintain an allergy register as part of its medical conditions policy. The register will include:

- Known allergens and risk factors for anaphylaxis
- Whether a student has been prescribed AAI(s) (and if so what type and dose)
- Whether parental consent has been given for use of the spare AAI
- A photograph of each student to allow a visual check to be made (with parental consent)

The register will be kept in an easily accessible location and will be easy to read. The register will be updated regularly – ideally annually – to take account of changes to students' conditions.

15.10 Students to whom a spare AAI can be administered

The spare AAI in the emergency kit should only be used in a student where both medical authorisation and written parental consent have been provided for the spare AAI to be used on them. This information should be recorded in a student's individual healthcare plan.

The College's spare AAI can be used instead of a studentl's own prescribed AAI(s), if these cannot be administered correctly, without delay.

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

15.11 Recognising and responding to an allergic reaction

Signs of a 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 for mild-moderate reactions:

- Stay with the student, call for help if necessary
- Locate adrenaline auto-injector(s)
- Give antihistamine according to the student's allergy treatment plan
- Phone parent/emergency contact
- Monitor for any progression in symptoms

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

15.12 Emergency response to anaphylaxis

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

18. Lie student flat with legs raised (if breathing is difficult, allow student to sit)
19. Use adrenaline auto-injector without delay
20. Dial 999 to request ambulance and say ANAPHYLAXIS

IF IN DOUBT, GIVE ADRENALINE

After giving adrenaline:

21. Stay with student until ambulance arrives, do NOT stand student up
22. Commence CPR if there are no signs of life
23. Phone parent/emergency contact
24. If no improvement after 5 minutes, give a further dose of adrenaline using another auto-injector device, if available

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

You should administer the student's own AAI if available; if not, use the spare AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

Practical points when calling 999:

- Try to ensure that a person suffering an allergic reaction remains as still as possible, and does not get up or rush around. Bring the AAI to the student, not the other way round.
- When dialling 999, say that the person is suffering from anaphylaxis ("ANA-FIL-AX-IS").
- Give clear and precise directions to the emergency operator, including the postcode of your location.
- If the student's condition does not improve 5 to 10 minutes after the initial injection you should administer a second dose. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Arrange to phone parents/carer.
- Tell the paramedics:
- If the child is known to have an allergy
- What might have caused this reaction e.g. recent food
- The time the AAI was given

15.13 Recording use of AAI and informing parents/carers

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

- Where and when the reaction took place (e.g. PE lesson, playground, classroom)

- How much medication was given, and by whom

Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents will be contacted at the earliest opportunity.

15.14 Staff training requirements

Any member of staff may volunteer to take on the responsibilities set out in this guidance, but they cannot be required to do so.

SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES. It is therefore appropriate for as many staff as possible to be trained in how to administer AAI.

Training for ALL staff:

All staff will be trained to:

- Recognise the range of signs and symptoms of an allergic reaction
- Understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g. skin) symptoms
- Appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective)
- Be aware of the anaphylaxis policy
- Be aware of how to check if a student is on the register
- Be aware of how to access the AAI
- Be aware of who the designated members of staff are, and the policy on how to access their help

Training for designated staff:

Designated members of staff will be trained in:

- Recognising the range of signs and symptoms of severe allergic reactions
- Responding appropriately to a request for help from another member of staff
- Recognising when emergency action is necessary
- Administering AAIs according to the manufacturer's instructions
- Making appropriate records of allergic reactions

The College must arrange specialist anaphylaxis training for staff where a student in the College has been diagnosed as being at risk of anaphylaxis. The specialist training will include practical instruction in how to use the different AAI devices available.

Online resources and introductory e-learning modules can be found at http://www.sparepensinschools.uk, although this is NOT a substitute for face-to-face training.

The College will ensure that:

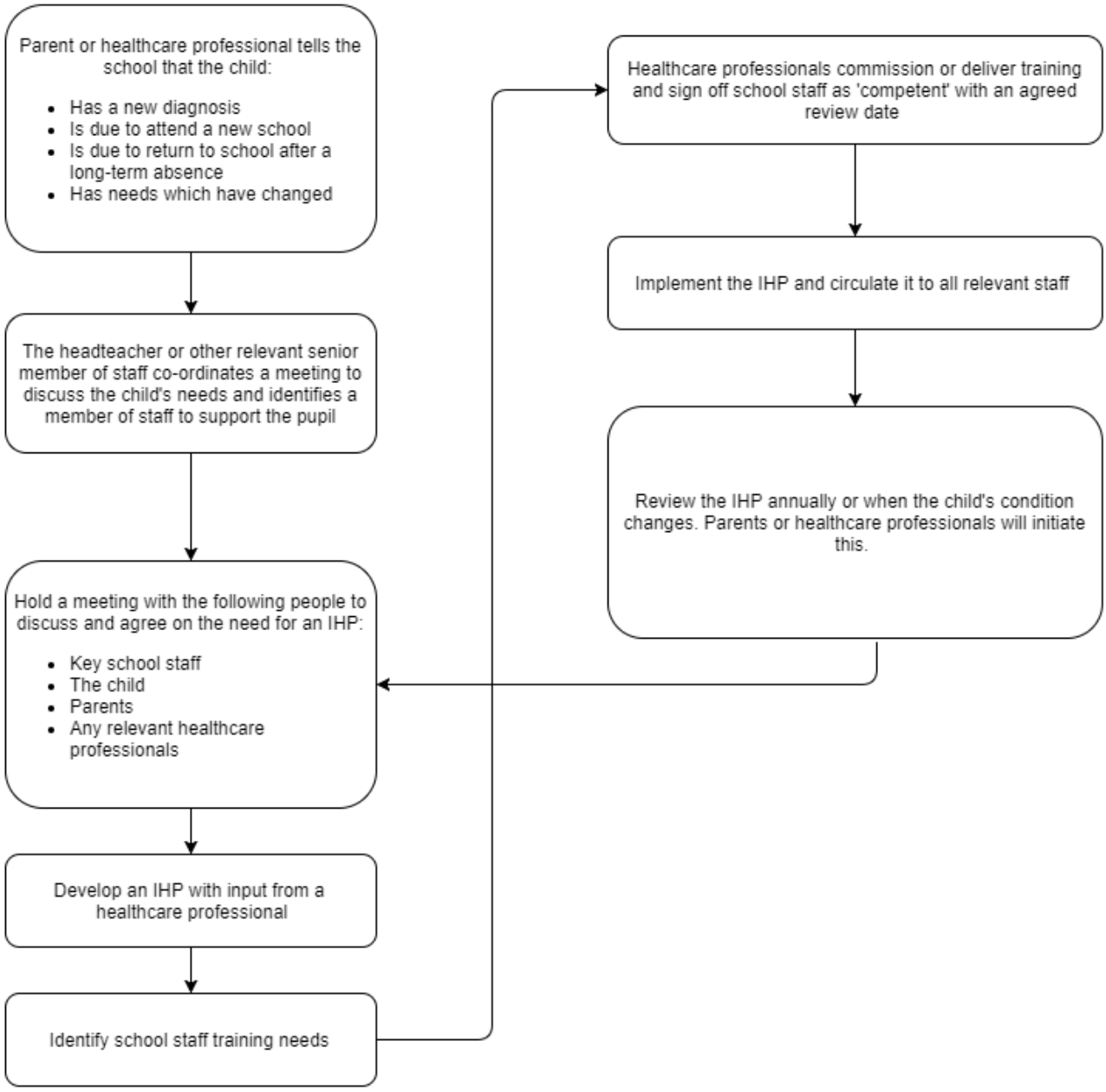
- A named individual (Martine Blandin-Neaves) is responsible for overseeing the protocol for use of the spare AAI, and monitoring its implementation and for maintaining the allergy register

- At least two individuals are responsible for the supply, storage, care and disposal of the AAI

15.15 Useful resources

- Spare Pens in Schools: http://www.sparepensinschools.uk
- Supporting pupils at school with medical conditions (DfE, 2014): https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- Allergy UK: https://www.allergyuk.org/
- Anaphylaxis Campaign: https://www.anaphylaxis.org.uk
- Education for Health: http://www.educationforhealth.org
- NICE guidance on anaphylaxis: https://www.nice.org.uk/guidance/cg134

Appendix 1: Being notified a child has a medical condition.



Appendix 2: Template letter to pharmacy to obtain adrenaline auto-injectors

[To be completed on Torpoint Community College headed paper]

[Date]

Dear Pharmacist,

Request for Spare Adrenaline Auto-Injector Devices

We wish to purchase emergency adrenaline auto-injector devices for use in our school.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis.

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

Please supply the following devices:

| Brand name | Dose (state milligrams or micrograms) | Quantity required | |------------|----------------------|-------------------| | [To be completed] | [To be completed] | [To be completed] | | [To be completed] | [To be completed] | [To be completed] |

Guidance from the Department of Health to schools recommends:

For secondary school students aged 11-16:

- For pupils age 6-12 years: EpiPen (0.3 milligrams) or Emerade 300 microgram or Jext 300 microgram
- For teenagers age 12+ years: EpiPen (0.3 milligrams) or Emerade 300 microgram or Emerade 500 microgram or Jext 300 microgram

AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training).

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

Signed: _____ Date: _____

Print name: _____

Headteacher

Torpoint Community College