

**Coopersale Hall School**

Epipen

School Agreement Protocol

|  |  |
| --- | --- |
| Pupil’s Full Name |  |

It is thought that the child named above may suffer from an anaphylactic reaction if he/she eats certain foods.

If this occurs he/she is likely to need medical attention and, in an extreme situation, the condition may be life threatening. Medical advice is that attention to his/her diet, in particular the exclusion of certain named food, together with the availability of his/her emergency medication, are all that is necessary. In all other respects it is recommended by his/her consultant that his/her education should carry on ‘as normal’.

The arrangements set out below are intended to assist the school in achieving the least possible disruption to the pupil’s education, but also to make the appropriate provision for his/her medical requirements.

|  |
| --- |
| **DETAILS** |
| A. | The Headmistress has arranged for the teachers and other staff in the School to be briefed about your son/daughter’s condition and about other arrangements contained in this document. |
| B. | The School’s staff will take all reasonable steps to ensure that your son/daughter does not eat any food items that will cause a reaction. |
| C. | His/her parents will remind him/her of the need to refuse any food items that might be offered to him/her by other pupils. |
| D. | If there are any occasions on which your son/daughter may leave the school site, prior discussions will be held between the School and parents in order to ensure the appropriate provision and safe handling of any medication. |
| E. | Whenever the planned curriculum involves cookery or experiments with food items, prior discussions will be held between the School and parents to agree measures and suitable alternatives. |
| F. | Your son/daughter’s medication will be kept to hand in a central location. You must accept responsibility for ensuring that the medication is kept up-to-date. |

|  |
| --- |
| **ALLERGIC REACTIONS** |
| In the event of your son/daughter showing physical symptoms for which there are no obvious alternative explanation, his/her condition will be immediately reported to a senior first aider, who will decide whether there is cause for concern. They may contact, in direct order of priority:**999 – EMERGENCY SERVICE – AMBULANCE****Message to be given – Anaphylactic Reaction****Parents or Carer in the following order:** |
| **NAME** | **RELATIONSHIP** | **TELEPHONE NUMBER** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **ADMINISTRATION OF MEDICATION** |
| A. | Whilst awaiting medical assistance a member of staff, trained for the purpose, will administer the appropriate medication in line with the symptoms and following the instructions given during training. |
| B. | Your son/daughter will be given the required injection into the outer thigh, midway between the knee and hip. |
| C. | The administration of this medication is considered safe for your son/daughter and even if it is given through misdiagnosis, will not do harm to him/her. |
| D. | On the arrival of the qualified medical staff, the member of staff will appraise them of the medication given to your son/daughter. All medication will be given to the medical staff. |
| E. | After the incident, a debriefing session will take place with all members of staff involved. |

|  |
| --- |
| **TRANSFER OF MEDICAL SKILLS** |
| A. | A training session was held at Coopersale Hall School by the school nurse, who will explain in detail symptoms of the anaphylactic reaction and stages and procedures for the administration of medication. |
| B. | The School holds sufficient Public Liability Insurance to cover accidental loss, damage or injury for any staff who agrees to administer medication to a child, given the full agreement of parents and the School. |

|  |
| --- |
| **AGREEMENT AND CONCLUSION** |
| A copy of this School Agreement Protocol will be held by the School and the parents. Any necessary revisions will be subject to further discussions.On a termly basis, any changes in routine should be noted and circulated. |

|  |
| --- |
| **AGREED AND SIGNED** |
| **Headmistress** |  | **Date** |  |
| **First Aider in charge of overseeing care.** |  | **Date** |  |
| **Parent/Guardian** |  | **Date** |  |