South Harringay School
Supporting Pupils with Medical Needs Policy

Member of staff responsible: Ian Scotchbrook
Date Approved by Governors: July 2023
Date to be reviewed: July 2025

Introduction
Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' (Dec 2015) and we will have regard to this guidance when meeting this requirement.

Many children, at some point during their time at school, will have a medical condition which may affect their potential to learn and their participation in school activities. For most, this will be short term; perhaps finishing a course of medication or treatment; other children may have a medical condition that, if not properly managed, could limit their access to education.

This policy includes managing the administration of medicines, supporting children with complex health needs and first aid. The school makes every effort to ensure the wellbeing of all children, staff and adults on site.

The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.
Where children have an identified special need, the SEN Code of Practice will also apply.
We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Aims and Objectives
- To ensure that children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To establish a positive relationship with parents and carers, so that the needs of the child can be fully met - Parents of children with medical conditions are often concerned that

their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines and care while at school to help them manage their condition and keep them well. Other children may require interventions in particular emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that their child's medical condition will be supported effectively in school and that they will be safe.

- To work in close partnership with health care professionals, staff, parents and pupils to meet the needs of each child.
- To ensure any social and emotional needs are met for children with medical conditions (children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition).
- To minimise the impact of any medical condition on a child's educational achievement (in particular, long term absences due to health problems, affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term absences, including those for medical appointments, which can often be lengthy, also need to be effectively managed).
- To ensure that a Health Care Plan is in place for each child with a medical condition and for some children who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively.

Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The team of staff and healthcare professionals working with parents and pupils will be critical.

The Headteacher is responsible for:

- Ensuring that a policy is in place to meet the needs of children with medical conditions;
- Ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- Ensuring that the school is appropriately insured, and that staff are aware that they are insured to support pupils in this way;

The Inclusion Manager is responsible for:

- Ensuring that all staff who need to know are aware of the child's condition;
- Ensuring that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations;
- Ensuring that there are trained medical leads in both schools;
- Ensuring that the school nursing service is contacted in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse;
- Ensuring that staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

The Medical leads are responsible for:

- Ensuring they are attending and updating their medical training as required;

- Ensuring that they share good practice and train other staff where appropriate;
- Ensuring they liaise with the school nursing service for support on training and protocols;
- Ensuring they liaise with the school SENCO in the case of any child who has a medical condition that may require support at school;
- Ensuring that any child who has a medical need has an appropriate care plan in place;
- Ensuring that care plans are reviewed and updated as required;
- Ensuring that asthma, epilepsy and anaphylaxis auto-injector (AAI) medication expiry is tracked and parents are notified when they are due to expire;
- Ensuring that the asthma and allergy registers are updated and shared with all relevant staff
- Ensuring that emergency medication kits for asthma and anaphylaxis are in good order with the appropriate equipment and recording sheets in the pack, in date and replaced when necessary;
- Supporting the implementation of the policy through verbal and written communication with staff and parents;
- Ensuring that any Medical Tracker issues raised by staff are relayed to Medical Tracker providers.

The medical leads also lead on asthma and allergy needs in the school. Amina Joseph is the lead for Juniors and Amina Abdullahi is the medical lead for EYFS and Infants.

South Harringay School Staff:

- Understand that any member of staff may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so;
- Undertake training to recognise the signs and symptoms of an allergic reaction
- Be aware of how to check if a pupil is on the allergy or asthma registers;
- Be aware of how to access anaphylaxis auto-injectors (AAIs), epilepsy medication, asthma pumps and the school's own emergency AAIs and asthma pumps;
- Be aware of which staff members have received training to administer AAI and how to access their help
- Understand the role they have in helping to meet the needs of a child with a medical condition;
- Work towards/complete targets and actions identified within the Health Care Plan or the SEN Education, Health and Care Plan;
- Ensure that children understand they should not share their snacks to minimise risk of allergen exposure and remind parents/carers that birthday treats are not allowed in school;
- Ensure that use of foods in cooking, crafts and science experiments are carefully considered and restricted depending on the allergies of the particular children in their class. Staff should consider an appropriate ingredient that can be substituted, e.g. wheat-free flour for play dough or cooking)

Healthcare professionals:

- Notifying the school when a child has been identified as having a medical condition who will require support in school;

- Take a lead role in ensuring that pupils with medical conditions are properly supported in school, including supporting staff on implementing a child's plan;
- Work with Headteachers to determine the training needs of staff and agree who would be best placed to provide the training;
- Confirm that staff are proficient to undertake healthcare procedures and administer medicines.

Assisting Children with Long Term or Complex Medical Needs
A proactive approach is taken towards children with medical needs. Every child with a long term or complex medical need will need to have a transition meeting in the summer before they transfer to reception or KS2 and children starting mid-phase or mid-year or children who have a new diagnosis will need to have an induction meeting two weeks prior to their start date. These meeting will take place with either Guzin or Amina and sometimes with the support of the learning mentor or inclusion leader. This enables the school and parents to identify potential difficulties before a child returns to school, allows the school to make reasonable adjustments and reduces the likelihood of and disadvantages occurring from the medical circumstances. Issues identified in the past have included access to classrooms, toilet facilities, additional adult support, lunchtime procedures and emergency procedures. A Long Term Care Plan **(Appendix 1)** will be produced for any child with long term/complex medical needs and will be reviewed on a regular basis. To assist children with long term or complex medical needs, the school will also consider whether any/all of the following is necessary:

- Adapting equipment, furniture or classrooms to enable the child to access a particular aspect of the curriculum or area of the school. Involving the home and hospital support service. Working in partnership with medical agencies and receiving advice/support from other professionals including the School Nurse;
- Arranging for additional adult support throughout specific parts of the school day;
- Adapting lesson plans;
- Establishing a phased attendance programme;
- Ensuring that there are procedures in place for the administration of medicine;
- Training for Support Staff/Teachers on a specific medical condition;
- Providing a programme of work for children who are absent from school for significant periods of time;
- Providing appropriate seating during assembly/carpet time;
- Ensuring there is adequate supervision during play times so that the health and safety of all children is not compromised;
- Ensuring that arrangements are made to include a child with medical needs on school visits.

Individual Health Care Plans
An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn

up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents. Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the condition is short term, the short term care plan will be used **(Appendix 2).** Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

Parents will receive a copy of the Health Care Plan with the originals kept by the Inclusion Leader. Medical notices, including pictures and information on symptoms and treatment are placed in the staff room and medical room, kitchen and given to the child's class teacher for quick identification, together with details of what to do in an emergency.

Allergy Care Plans
All children with a diagnosis of food allergy and at a risk of anaphylaxis should have a written Allergy Management Plan. The allergy plans provided by their allergy clinic **(Appendix 4 & 5)** can be used as the pupil's individual healthcare plan. These plans should be reviewed annually. Allergy health care plans must include the following:

- known allergens and risk factors for anaphylaxis in the pupil
- whether the pupil has been prescribed AAIs and if so what type and dose
- where a pupil has been prescribed an AAI, if parental consent has been given for the use of the spare AAI.
- a photograph of the pupil to allow a visual check to be made

Asthma Care Plans
Asthma Care Plans must be written by the child's GP, reviewed annually and a copy of this should be made available to the school. In the first instance, the medical leads will ask the parents to obtain the plan from the child's GP. In the event we are unable to obtain the care plan from parents, the school will write directly to the child's GP to obtain a copy. Whilst we are trying to obtain the care plan, we will continue to use the care plan we have created with the child's parent/carer.

Administering Medicines

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- A child under 16 should never be given medicine containing aspirin or any other pain relief medication unless prescribed by a doctor; Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- We only accept prescribed medicines that 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 to schools inside an insulin pen or a pump, rather than in its original container;
- All medicines must be stored safely. Children should know where their medicines are at all times and be able to access them immediately with adult support. Where relevant,

they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away;

- Asthma medication taken by children is recorded on their individual asthma tracker sheet which is kept in the class's asthma pump bag. Class teachers and support staff are required to record the date, time and number of puffs a child has taken. If a child uses their asthma pump more than 3 times per week, the class teacher must notify the parents or carers so that they can arrange for the child to have a review of their asthma medication.
- Other medicines, such as antibiotics, anaphylaxis and epilepsy medication, administered to individual children are recorded on Medical Tracker, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered at school are noted;
- When no longer required, medicines are returned to the parent to arrange for safe disposal;
- Sharps boxes are only used for the disposal of needles and other sharps.

There is no legal duty which requires staff to administer medication. However, staff across the school may administer medication to children provided that the parent/carer has completed a Medication use form **(Appendix 3)**. Occasionally, a child will show an adverse reaction to a new course of treatment and for this reason we will not take responsibility for administering the first prescribed dosage. Medication should only be requested to be administered if it needs to be administered during school time. Where the dosage is three times a day, it is usually acceptable that these doses are given at home – before school, immediately after school and just before bedtime.
Medication and the request form should be handed to staff by parents/carers, never the child. Medicines should always be provided with the prescriber's instructions.

Asthma inhalers, epilepsy and AAIs medications are kept in the child's classroom in the Junior, Infant and Nursery schools. Emergency asthma inhalers and AAIs are kept in the Meeting Room in the junior building and in the Medical room in the infants building. Diabetes medication is also kept in the same rooms for each phase along with glucose medication, slow acting carbohydrate snacks, Hypostop Gel and blood glucose monitoring kit.

Storing medicines
We will only store, supervise and administer medicine that has been prescribed for an individual child. Staff should never transfer medicines from their original containers. Medicines are stored safely in the Meeting Room in the Junior school and in the Medical Room in the Infant school; and in the refrigerator if required. All emergency medicines, such as asthma inhalers, epilepsy medication and AAIs are readily available to the child – not locked away.

Children should know where their own medicines are stored.

Defibrillator
A Defibrillator is available within the school as part of the first aid equipment and is located in main reception. First aiders are trained in the use of defibrillators.

Procedures for emergency anaphylaxis auto-injectors:

The emergency anaphylaxis auto-injectors must only be used in the following circumstances:

- A child at risk of anaphylaxis who has been provided with a medical plan confirming this, and **has** been prescribed an AAI, but they are not immediately available (for example: the AAI is broken, out of date, has misfired or been wrongly administered) and specific consent for use of the spare AAI from both a healthcare professional and parent/guardian has been obtained;
- A child at risk of anaphylaxis who has been provided with a medical plan confirming this, but **has not** been prescribed an AAI but consent for use of the spare AAI from both a healthcare professional and parent/guardian has been obtained;
- A child is having anaphylaxis but does not have the required medical authorisation and parent/carer consent of emergency AAI to be used and the school has called 999 to seek advice and notified the call handler that an emergency AAI is available and that this is authorised by the emergency medical dispatcher.

The emergency anaphylaxis auto-injector kit should contain:

- One or more AAI device
- Instructions on how to use the devices
- Instructions on storage of the device
- Manufacturers information/information leaflet included with the AAIs
- A checklist of AAI(s) identified by their batch number and expiry date with monthly checks recorded and signed
- Arrangements for replacing used or expired AAIs
- A register of pupils whom the AAIs can be administered. The register should list children **prescribed** AAIs with consent given by health care professional and parent/carer for administration of emergency AAIs; and should also list pupils **not prescribed** AAIs with consent given by health care professional and parent/carer for administration of emergency AAIs (Appendix 6 & 7)
- An administration records

AAI devices & Dosing

For children under 6 years old	For children 6-12 years old	For teenagers 12+ years old
EpiPen Junior 0.15 milligram Or Emerade 150 microgram Or Jext 150 microgram	EpiPen 0.3 milligram Or Emerade 300 microgram Or Jext 300 microgram	EpiPen Junior 0.3 milligram Or Emerade 300 microgram Or Emerade 500 microgram Or Jext 300 microgram

Procedures for emergency asthma inhalers:

- The emergency salbutamol inhaler kit should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

- The emergency salbutamol inhaler kit should only be used when a child's normal inhaler is not available (for example, because it has expired, is broken or empty).
- The school must keep a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler and have written parental consent for using the emergency inhalers, a copy of which should be kept with the emergency inhalers.
- Staff must check that the register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler before they give the emergency inhaler to any child.
- Staff must record the use of the emergency inhaler on Medical Tracker and inform parents or carers that their child has used the emergency inhaler by using the letter template provided on Medical Tracker.
- The emergency inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.
- The emergency inhaler should always be used with a plastic spacer belonging to the child. If there is not plastic spacer belonging to a child, then the emergency plastic or disposable spacer can be used.
- To avoid possible risk of cross-infection, the emergency plastic spacer should not be reused. It should be kept at school with the child's name on it for future personal use.
- After use, the emergency inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be return to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.
- The emergency salbutamol inhaler kit should be taken on any school trips where a child with asthma is attending, even when they have their own inhaler.

The emergency salbutamol inhaler kit should contain:

- A salbutamol metered dose inhaler;
- At least two plastic or disposable spacers compatible with the inhaler;
- Instructions for using the inhaler and spacer;
- Instructions for cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler

Emergency Procedures

In emergency situations, where possible, the procedure identified on a child's Healthcare Plan will be followed. When this is not available, a qualified First Aider will decide on the emergency course of action. If it is deemed a child needs hospital treatment as assessed by the First Aider the following procedures must take place:

1. Stabilise the child
2. Dial 999
3. Contact parent/carer
4. Notify Head Teacher

The most appropriate member of staff accompanies the child to hospital with all relevant health documentation on record (inc. tetanus and allergy status) and clear explanation of the incident if witness does not attend. Senior member of staff should attend the hospital to speak to parents if deemed necessary.

Hygiene and Infection Control
All staff should be aware of normal precautions for avoiding infections and follow basic hygiene procedures e.g. hand washing. In the Meeting Room and Medical Room staff have access to protective disposable gloves and care is taken with spillages of blood and body fluids.

Sporting Activities
Some children may need to take precautionary measures before or during exercise. Staff supervising such activities should be aware of relevant medical conditions and any preventative medicine that may need to be taken and the relevant emergency procedures.

Educational Visits
We actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure pupils with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

A risk assessment will be complete at the planning stage to take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional that are responsible for ensuring that pupils can participate. A copy of the child's health care plan should be taken with the child on an Educational Visit.

The class teacher must also ensure that medication such as inhalers and AAI are taken on all school trips and given to the responsible adult that works alongside the child throughout the day. A First Aid kit must be taken on all school trips. The trip leader must ensure that all adults have the telephone number of the school in case of an emergency.

It is not a requirement to have a First Aid trained adult attending the trip. As most of our support staff in the Infant School are First Aid trained, there is likely to be at least one qualified adult to support should the need arise. The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip. Staff administering medication to children on school trips should follow the guidelines above. If medication is administered whilst on the school trip, the staff member should record what and how much was administered, when and by whom. Any side effects of the medication administered are noted. On return to school, this should be recorded on Medical Tracker.

When a child is attending a residential trip in a remote location, the class teacher will ensure that the child takes two AAIs on the trip.

After School Clubs
It is the responsibility of school clubs (from outside providers) to liaise with parents/carers and to send home a medical form for completion. We ensure that all clubs know how to obtain medical assistance, location of the medication and how to dial for an outside line if they need to call an ambulance.

Breakfast Club and 'The Green'
Breakfast club and 'The Green' must have a trained First Aider and a first aid kit close at hand. On the booking forms parents must state any medical needs and allergies and provide a contact number in case of emergency. Any child who requires medicine must have written confirmation from the parent.

Staff Training
Any member of staff providing support to a pupil with medical needs must have received suitable training. It is the responsibility of the School Nurse to lead on identifying with other health specialists and agreeing with the school, the type and level of training required, and putting this in place. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.

Training must be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
It is important that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. The school should ensure that training on conditions which they know to be common within their school is provided (asthma, epi pen, sickle cell, diabetes for example).

Parents can be asked for their views and may be able to support school staff by explaining how their child's needs can be met but they should not provide specific advice, nor be the sole trainer.

Non Adherence to Policy

If a child and/or parent/carer are not engaging with adhering to this policy e.g. health care plan and/or prescribed medication are not brought to school, and there is sufficient concern, staff must record this on My Concern and report it to the designated safeguarding lead(s).

Appendix 1

Long Term Care Plan Form

Student's name

Medical condition

Is this an ongoing condition?

☐ Yes
☐ No

Medication name(s)

Dosage of medication(s)

1. Medication use time (if applicable)

☐☐:☐☐ am / pm

2. Medication use time (if applicable)

☐☐:☐☐ am / pm

3. Medication use time (if applicable)

☐☐:☐☐ am / pm

Self administration

☐ Yes
☐ No

Date medication(s) dispensed by pharmacy

Medication expiry date(s)

Special precautions

EXAMPLE: *Medication should be taken before/ after lunch.*

Student's condition and individual symptoms

Daily care requirements

Procedures to take in an emergency

Follow up care (if applicable)

Short Term Care Plan Form

Student's Name

Self administration
☐ Yes
☐ No

Medication name

Date medication dispensed by pharmacy

Last date medication needs to be taken

Special precautions

EXAMPLE: *Medication should be taken before/ after lunch.*

Dosage of medication

1. Medication use time

☐☐:☐☐ am / pm

Procedures to take in an emergency (if applicable)

2. Medication use time (if applicable)

☐☐:☐☐ am / pm

3. Medication use time (if applicable)

☐☐:☐☐ am / pm

DETAILS OF PERSON COMPLETING THIS FORM:

Name

Date

Email address

Signed

OFFICE USE ONLY: RECORDED ON MEDICAL TRACKER: ☐

Record Medication Use

School Record of Medication Use

Quick guide

Student's name

DOB

Medication use date

Medication use time

Set current time

Name of medication

Exact dosage administered

Medication administered by

-- Select --

If staff administered, staff name

Second staff member if applicable

Any side effects experienced?

Notes

...

bsaci ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... (If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. Emerade®) Dose:..... mg
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** 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 adrenaline dose** using a second autoinjectilable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

How to give Emerade®

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

bsaci ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** (if vomited, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
4. Commence CPR if there are no signs of life
5. **Stay with child** until ambulance arrives, **do NOT stand child up**
6. Phone parent/emergency contact

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

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: **sparepensinschools.uk**

Emergency contact details:

1) Name:

2) Name:

Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available. then use asthma reliever (blue puffer) via spacer

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at **bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at **guidance.nice.org.uk/CG116**

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

Register of children <u>prescribed</u> AAI

Name	DOB	Class	Consent to use emergency AAI (Yes/No)

Register of children <u>not prescribed</u> AAI

Name	DOB	Class	Consent to use emergency AAI (Yes/No)

Pharmacy Letter

[To be completed on headed school paper]

[Date]

Dear Pharmacy,

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/college.

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.

Please supply the following devices:

Brand name*		Dose* (State milligrams or micrograms	Quantity Required
	Adrenaline auto- injector device		
	Adrenaline auto- injector device		
	Adrenaline auto- injector device		

Signed: Date:

Print name:

Head Teacher/Principal

*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).

Guidance from the Department of Health to schools recommends:

Children age under 6 years	Children age 6-12 years	Teenagers age 12+ years
EpiPen Junior (0.15mg) or Emerade 150 microgram or Jext 150 microgram	EpiPen (0.3 milligrams) or Emerade 300 microgram or Jext 300 microgram	EpiPen (0.3 milligrams) or Emerade 300 microgram or Emerade 500 microgram or Jext 300 microgram

CHILD HAVING AN ALLERGIC REACTION?

R
RECOGNISE

Early recognition is key

Make yourself aware of children with known allergies

Know the child, know the allergy

Reactions can occur from minutes to 2 hours post-exposure

REMOVE

allergen immediately if in contact

A
ANAPHYLAXIS ABC

Signs of anaphylaxis:

Airway
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

Breathing
- Difficult/noisy breathing
- Wheeze
- Persistent cough

Consciousness
- Persistent dizziness
- Pale/floppy
- Suddenly sleepy
- Collapse
- Unconsciousness

C
CARE

Lie the child flat
Sit up if breathing difficulty

Use adrenaline pen according to instructions

E
EMERGENCY 999

Always call ambulance after using adrenaline pen

Say ANAPHYLAXIS
("ANA- FIL-AX- IS")

Keep child lying down

No improvement after 5 mins?
Give 2nd adrenaline pen

Wheezy?
Give 6-10 puffs of blue inhaler with spacer

In anaphylaxis,
it's a RACE against time.

Ciaran Cyriac, UCL Medical Student
Deirdre Brown, Paediatric CNS Allergy

Adapted from BSCI Allergy Action Plan
09/17

RACE Plan

HOW TO RECOGNISE 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

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two 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 ANYTIME 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

FIRST AID FOR SEIZURES

What is a seizure?

- Sudden onset and the child has no control of movement
- Burst of electricity to the brain
- Three main types: Absence, Tonic Clonic and Complex

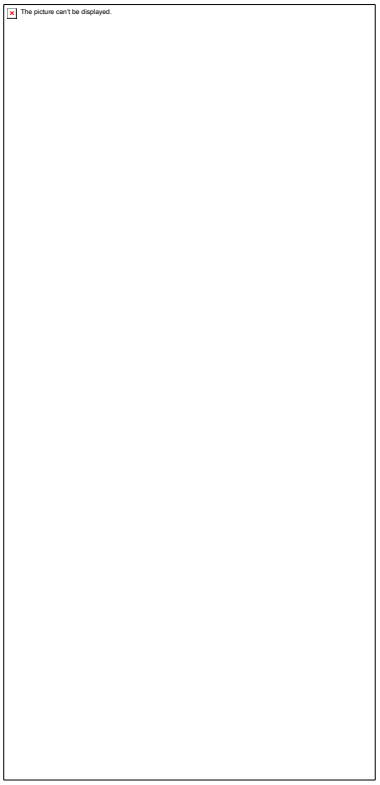
What can seizures look like?

- Can last from 5-10 seconds to several minutes
- Can be one long seizure or lots of small seizures in quick succession
- No response
- Blank look
- Slight or major twitching
- Blinking
- Staring
- Stiffening of the body
- Fall/drop
- Jerking of limbs
- Salivating and unable to swallow
- Change of colour (may go blue in the face)
- Aggression

DO...

- Remove harmful objects from nearby to protect the child from injury, put something under their head to protect it from banging on a hard surface
- Loosen clothing around the neck
- Call for help
- Make note of when seizure started and finished and write a brief description
- Observe child's lips colour-note if they appear pink or blue and observe him/her breathing
- **If a seizure continues for more than 5 minutes, administer child's Buccolam into buccol cavity (between cheeks and gums). If the child has not been prescribed an emergency medication, call 999 for an ambulance**
- Once the seizure finished, gently place the child in the recovery position to aid breathing and prevent aspiration if they vomit.
- Call child's parents
- Talk to the child in a re-assuring way and allowed sleep if they want to.
- Maintain dignity and privacy as much as possible
- Stay with the child until recovery is complete.
- If the seizure is brief and stops spontaneously, the child may be able to go home with parents/carers.
- Child's emergency medication must be taken on all school trips and swimming and climbing activities should be supervised.

Recovery Position:



DON'T...

- Restrain the child
- Put anything in the mouth
- Try to move the child unless he/she in danger
- Give the child anything to eat or drink until fully recovered
- Attempt to bring the child round

CALL FOR AN AMBULANCE IF:

- **The seizure continues for more than 5 minutes**
- **If seizure follows another without the child regaining consciousness between seizures**
- **The child's breathing slows down or stops**
- **The child is injured during the seizure**
- **The seizure doesn't stop within 10 min of giving Buccolam**
- **You can't administer the full prescribed dose**

Whittington Health NHS

Child having an asthma attack?

NHS Islington Clinical Commissioning Group

T – Think ?

Any of these signs:

- Coughing
- Wheezing
- Hard to breathe
- Tight chest
- Cannot walk/talk

Send someone to get inhaler and spacer

Stay with the child

Is this an emergency?

I – Intervene +

- Keep calm
- Reassure child
- Sit them up and slightly forward
- Is someone getting inhaler and spacer?
- Administer inhaler
- Note time of using inhaler

Is this an emergency?

M – Medicine

- Use blue inhaler
- Shake inhaler
- Place in spacer
- Spray one puff
- Take five breaths
- Repeat the above up to 10 times if needed
- If no improvement, call an ambulance

Is this an emergency?

E – Emergency 999

- If no improvement, or if you are worried or unsure, call 999
- If ambulance takes longer than 10 mins, repeat Medicine steps
- Note time of calling 999

School's postcode

Has child taken their inhaler?

When asthma strikes, it's TIME to act.

28 August 2015 V1