Hillcross Primary School

Policy for Supporting children with Medical Needs and Administering Medicines in School

Mission, Vision and Culture

Think, Nurture, Thrive and Be Proud!

Our bespoke, ambitious and child-led curriculum combined with our outstanding practice creates opportunities for all children to achieve success and meet their full potential, both personally and academically. As a nationally recognised Thinking School and a Rights Respecting Gold School, we nurture an empathetic community of creative, respectful, curious and independent thinkers and provide opportunities for our children to develop their unique talents and skills. We pride ourselves in our dedication to fostering positive wellbeing, celebrating diversity and promoting a culture of environmental awareness and responsibility.

Through our school culture of Collaboration, Consistency, Challenge and Celebration, and by promoting the values of Aspiration, Courage, Honesty, Respect and Responsibility, we empower a resilient school community of compassionate, responsible global citizens, committed to making the world a better place.

Introduction

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Children with special medical needs have the same processes of admission as other children and cannot be refused admission to a school on medical grounds alone. Teachers and other school staff have a duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to staff leading activities off site.

The prime responsibility for a child's healthcare lies with the parent who is responsible for the child's medical care and medication. They must supply up to date and sufficient information to the school. The school has regard for the DFE 'Supporting children at School with Medical Conditions', December 2015 (amended 2017) and the non-statutory guidance, working together to improve school attendance, May 2022, from the Department for Education (DfE). A child's medical condition will be recorded on our database and a Health Care Plan devised to support their medical requirements.

This policy outlines Hillcross Primary School's approach to meeting the requirements of this guidance.

Overview

- Hillcross Primary school is an inclusive school and we make every effort to ensure that all children are included in every aspect of school life.
- When a child is obviously unwell, the best place for them to be is at home, with an adult. A sick child will be unable to cope with school work and, if the illness is infectious, will put others at risk.
- Children at our school with medical conditions are fully supported so that they have full access to education, including school trips and physical education.

- We will consider the needs of children with particular medical conditions on a case-by –case basis so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.
- All staff understand the medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on children.
- Teachers, and other school staff, have no obligation to give medicines to children at school. Senior Leaders cannot enforce that staff do so. However, in order to promote good attendance at school we endeavour to work with parents of children with long-term or complex medical needs, or where short-term treatment such as antibiotics are stopping the children returning to school despite them having made a full recovery. This is undertaken on the basis that neither they, the school, nor the local authority will be held responsible for any problems, which may result from their doing so.

Responsibilities

- The governors delegate their statutory duty to ensure that arrangements are in place in schools to support children at school with medical conditions to the Headteacher, who in turn delegates this responsibility to the Inclusion Manager with the support of the Senior Leadership Team.
- **The Governing Body** ensures school policies for supporting children with medical conditions in school are developed and implemented.
- **The Headteacher** and **the Senior Leadership Team** will ensure that all staff are aware of their role in the implementation of this policy and that relevant staff are aware of each individual child's condition. They will ensure that sufficiently trained staff are available to implement the policy and deliver against all Health Care Plans. This will include a commitment to organise cover arrangements in case of staff absence or staff turnover to ensure someone is always available; briefing for supply teachers; risk assessments for school visits and other school activities outside the normal timetable; and monitoring of Health Care Plans.
- Any member of **school staff** may volunteer or be asked to provide support to children with medical conditions, including administering of medicines, although they cannot be required to do so.
- The school has an allocated **school nurse** (or access to the school nursing service) who is available to provide advice to staff and families of children with a medical condition, who require support in school. The school nurse also provides support to staff when writing and implementing Health Care Plans.
- **Parents** must provide the school with sufficient and up to date information about their child's medical needs and any regular medication they are taking, even if this is only administered outside of school hours. We believe they are a key partner and must be involved in the development and review of their child's Health Care Plan. They should carry out any action they have agreed to as part of its implementation, including the review of the Health Care Plan annually, each school year or on an agreed alternative date.
- We also believe that **children** are often best placed to provide information about how their medical condition affects them and we involve them in the process as fully as possible.
- **Medicines cannot be administered unless all necessary paperwork at school has been completed.**

Whole School Awareness

- On Bromcom (MIS), a green box icon with a cross inside it indicates that a child has a medical need. The red flag icon is used to alert staff to significant documentation relating to a child including a relevant Medical Health Care Plan.
- In some cases, it may be necessary to carry out whole school awareness training.
- Induction arrangements for new staff will also include any relevant medical training.
- It is important that staff working directly with the child are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently. Class teachers are responsible for making sure that all staff working with the child, including PPA providers, are aware of relevant medical conditions and emergency procedures.

Hillcross Primary School

Record keeping and documentation of medical needs and medicines in school

Long Term/Complex Medical Conditions

- When the school is first notified that a pupil has a medical condition, we follow the recommended process for developing a Health Care Plan (see appendix 1).
- For a child starting at school for the first time, arrangements will be in place in time for their first day following liaison with previous settings, the relevant medical professionals and parents.
- In making decisions about the support, we provide for a child who has a long term, complex medical condition or any medical need, the Inclusion Manager/an appropriate Senior Leader and/or an Admin Officer will meet with the child's parents/carers and consider advice from healthcare professionals.
- We can only administer prescription medicines or undertake health care procedures following appropriate instruction and/or training from a healthcare professional.
- After discussion with parents, some children who are competent may take responsibility for managing their own medicines and procedures. In these circumstances, children should be able to access their medicines for self-medication quickly and easily and will require a level of supervision.
- **Health Care Plans for Child with Additional Needs** will be written to provide clarity about what needs to be done, when and by whom. The level of detail will depend upon the complexity of the child's condition and the degree of support needed. The plan may be initiated by a member of school staff; the school nurse or another healthcare professional involved in providing care to a child and are drawn up in consultation with the school, the child and their parents. Where the child has a special educational need, the Health Care Plan should be linked to the child's Education, Health & Care Plan where they have one.**Health Care Plans will include**:
    - The medical condition and/or allergy, any triggers, signs, symptoms and treatments;
    - The pupil'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 pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of learning/sensory breaks or additional support in catching up with lessons, Emotional Literacy Support (ELSA);
    - The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child'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 child'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 pupil during school hours;
    - Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. Health Care Plan;
    - Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Health Care Plan.

Health Care Plans will be reviewed annually or as the child's needs change.

Short Term Health Care Plans

are completed for short term medical considerations such as broken bones/fractures. These must be completed by the admin or inclusion team with the parent/guardian before the child returns to school. This will then be shared with all adults who work with the child to ensure they are appropriately cared for in school.

- Where pain relief medicine has been recommended by medical practitioners following short term illnesses, injury or when a child is returning to school following surgery/ medical procedures, then the same procedures and requirements should be in place (with medication being prescribed and clearly labelled).
- On occasions where pain relief has not been prescribed but is recommended, the Inclusion Manager and/or DSL will liaise with parents and where appropriate the parent will then be asked to come into school to administer the pain relief in order for the child to be able to return and remain in school for a full day without experiencing pain. Parents/Carers will complete the medicine in school form and will be asked to clearly write the type of medication, brand name, dosage, time given and will sign to confirm that have given this. Where appropriate this will be completed with a member of the admin team present.

Administering Short Term Medicines

- The administration of medicines is primarily the responsibility of the child's parents. Wherever possible, parents should ensure that medicine is given to children outside of school hours e.g. antibiotics that need to be taken 3 times a day can be given before school, at collection and before they go to bed.
- Prescription medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No non-prescription medicine can be administered on school premises unless this forms part of a child's Health Care Plan that has been agreed by medical professionals.
- No medication will be administered without prior written agreement of the parents or guardian and receipt of the Administering Medication in School Form. This includes providing details of the frequency and dosage of the medication. Any side effects of the medication to be administered at school should be noted. The form can be found on the school website in the Virtual Office tab, please click here: Administering Medication in School
- We will 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.
- In most circumstances the Admin Team will store and administer short term medicines. They will ensure the medication is administered as prescribed and record the dose given to individual children, stating what, how and how much was administered, when and by whom. If there is any concern or query re dosages, parents will be contacted.
- Parents are responsible for keeping the school updated with any change in their child's medical requirements.
- If a child refuses to take a medicine or carry out a necessary procedure, staff will not force a child to do so. Parents will be informed immediately.
- When no longer required, medicines will be returned to the parent for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Storage of Medication

- Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.
- All medication will be put into a plastic zip wallet which is also clearly labelled so that it can be found quickly and easily. A record sheet to record when medication is administered is also kept inside the bag.
- Medication **belonging to children is kept in Team medical boxes which are stored securely in each classroom.** These are taken with the Team when they are using other areas of the school so that medication is always close at hand.

Storage of Medication during the school day

- **Team Medical boxes-** Each team will keep a medical/ First aid box which will travel around the school with the Team, including outside at lunchtime and break times. Specific medicine for individual children will be kept in their team box. All medicine will be placed in a clear plastic zip wallet, clearly labelled with the individual child's name. All medicine will have a Medical Care Plan (Appendix 1) and a 'Administering Medication on School Plan' (Appendix 5), which states the dosage and frequency and provides a record sheet for staff to record when the medicine is given.

- **PPA sessions -**Children with medication in school must take their plastic zipped wallets of Medicine with them to each of their three PPA sessions

Team medical boxes, Lunchtime First Aid bags and first aid kits for Residentials will all contain First Aid supplies for general use. See First Aid Policy for details.

School Trips

- Children with medical needs will be encouraged to participate in school trips, where safety permits.
- Staff supervising trips, need to be aware of any medical needs and relevant emergency procedures. These must be recorded for each individual child on the risk assessment so that arrangements for taking medication are known and a member of staff is made responsible for ensuring that required medication is in date, taken on the trip and administered accordingly.
- **First Aid bags for trips**, will be kept in the main office. We have **4 First Aid trip bag**s that are fully stocked and ready to use. Staff will sign out a trip bag from the main office on the morning of the trip. The following recommendations have been issued by the Department for education in **First aid in schools, early years and further education (**Updated 14 February 2022)
- **We do not** accept responsibility for administering non-prescription medication, unless the member of staff is acting in loco-parentis (e.g. residential visits).

PE and Sporting Activities

- Most children with medical conditions can participate in the PE curriculum and such activity is generally beneficial.
- Some children may need to take precautionary measures before or during exercise and/or be allowed immediate access to their medication if necessary.
- Class teachers are responsible for ensuring relevant medical conditions and emergency procedures are shared with PPA providers and any other staff who lead sports/physical activity sessions.
- **For Offsite Sports Events- The Sports Trip Lead will take a Green** First Aid bags for all off site sports events. These will be kept in the main office, fully stocked and ready to use. Staff will sign out a trip bag from the main office on the morning of the trip and return this at the end of the day. Children with medication in school must take their plastic zipped wallets of Medicine with them on the sport event.

Common Medical conditions and procedures

Asthma Inhalers

- Asthma is a common lung condition that causes occasional breathing difficulties.
- Children who suffer from asthma must have an inhaler in school. **Inhalers belonging to children are kept in Team medical boxes which are stored securely in each classroom.** These are taken with the Team when they are using other areas of the school so that medication is always close at hand.
- An Asthma Care Plan must be completed and be kept with the medicine in school (see appendix 2).
- Regular training is provided to all staff on how to use inhalers and manage asthma in an emergency (see appendix 2a - a copy of this is kept in all Team Medical Boxes).
- The school has an emergency Asthma Inhaler in school which has been provided by St George's Hospital School Nursing Team. This is located in the First Aid cupboard in the SLT area and should only be used as instructed by medical professionals or where consent has been given by parents of children with an Asthma Plan in the event of a malfunction, the location of the child or an additional dose being required.

Acute Anaphylaxis (AAI)

- Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. bees, wasps, hornets). In its most severe form the condition can be life-threatening.
- Symptoms may be very specific to the individual and will be detailed on their relevant medical plan.
- Children who suffer from anaphylaxis must have an AAI in school. It is advised that parents/carers provide the school with 2 AAIs for children that are prescribed an AAI, however, children can be in school with only 1 AAI.

The adrenaline auto-injections (AAI) most commonly prescribed are Epipen, Jext or Emerade. AAIs **belonging to children are kept in Team medical boxes which are stored securely in each classroom.** These are taken with the Team when they are using other areas of the school so that medication is always close at hand.

- The relevant Allergy Action Plan must be completed and be kept with the medicine in school (see appendix 3).
- Regular training is provided to all staff on how to use AAIs and manage Anaphylaxis in an emergency (see relevant Allergy Action Plan in appendix 3).
- The school has an emergency AAI in school which has been provided by St George's Hospital School Nursing Team. This is located in the First Aid cupboard in the SLT area and should only be used as instructed by medical professionals or where consent has been given by parents of children with an Allergy Action Plan in the event of a malfunction, the location of the child or an additional dose being required.

Mild/Moderate Allergies

- Children who suffer from mild/moderate allergic reactions must have the relevant Allergy Action Plan completed and be kept with any relevant medicine in school (see appendix 4).
- Medication to treat mild/moderate allergic reactions includes antihistamines or an adrenaline inhaler.

Diabetes

- Type 1 Diabetes causes the level of glucose(sugar) in the blood to become too high. It happens when the body cannot produce enough of a hormone called insulin, which controls blood glucose. Children with type 1 Diabetes will need to take insulin every day to keep the blood glucose levels under control.
- Symptoms will be very specific as to whether this is a Hypo (Low blood sugar levels) or a Hyper (High blood sugar levels). Symptoms will differ for each individual. All information on Symptoms and procedures in dealing with both a HYpo and Hyper will be included in the Medical Health Care plan.
- All relevant equipment, including medication, will be stored in school and will be specific to each individual child. These will be taken
- All children who require Insulin injections and equipment in school, which involves regular injections or needles, will have a Sharps or equivalent kept in /wear the area their bloods get checked e.g. Diabetics.
- Regular training is provided to all staff on how to manage Diabetes in an emergency (see Diabetic Plan Quick Classroom Guide - appendix 7)
- In the case of an Emergency a Glucose injection, will be administered by a paramedic only, will be stored in the main admin office.

Rescue medication – Epilepsy

- Rescue Medication to treat Epileptic seizures is a controlled drug and is kept in a locked medicine box in the SLT area. Buccal Midazolam is the rescue medication most commonly prescribed.
- Only staff trained in administering Rescue Medication can administer this medication, as this is administered in the mouth, between the inside cheek and gum. Regular training is provided to relevant staff on how to manage Epilepsy.
- All children who have Epilepsy will require a Health Care Plan. The Health Care Plan will indicate when this medicine should be administered and the dosage.

Emergency Procedures

- As part of general risk management processes, we ensure arrangements are in place for dealing with any emergencies that occur whilst the children are in our care, including on school trips within and outside the UK.
- Where a child has a long-term medical condition, the Health Care Plan will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- Other children in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- Children and adults should be aware of the 'emergency card system', this can be used if you require another adult, usually a member of SLT or a first aider. This card can be given to a child to go and alert the nearest staff member. These cards are in each room of the school and are usually placed behind the light switch.

- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.
- All members of staff are aware that they should notify local emergency services that they need to attend to the Ashridge Way entrance (navigation systems will direct them to the Monkleigh entrance).
- For children with severe medical needs, where the Health Care Plan states emergency procedures, up to date information must be kept readily available for emergency services.

Unacceptable Practice

- Although school staff should use their discretion and judge each case on its merits with reference to the child's Health Care Plan, it is not generally acceptable practice to:
  - assume that every child with the same condition requires the same treatment;
  - ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
  - send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Health Care Plans;
  - if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
  - penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
  - prevent children 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 school to administer medication or provide medical support to their child, including with toileting issues (unless it is in the best interest of the child). No parent should have to give up working because the school is failing to support their child's medical needs; or
  - prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child (unless it is in the best interest of the child).

Guidelines for Intimate Care

- All children at Hillcross have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of school life.
- Intimate Care Tasks cover any tasks that involve the dressing and undressing, washing (including intimate parts), helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area.
- Staff at Hillcross will work in partnership with parents/carers to provide care appropriate to the needs of the individual child and where necessary will produce an Intimate Care Plan. More information can be found within out Intimate Care Policy.

Dealing with body fluid spills

The PHE guidance contains the following advice:

- Spills of body fluids – blood, urine, faeces, nasal and eye discharges, saliva and vomit – must be cleaned up immediately.
  - Discard nasal, eye discharge and/or saliva in to a lidded bin (one per class provided)
  - Discard Blood, faeces and/or vomit in a plastic bag (Nappy sack) along with the disposable gloves. The bag must be securely sealed and disposed of in a waste bin.
- When dealing with body fluids, staff wear protective clothing (disposable plastic gloves and aprons) and wash themselves thoroughly afterward. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.
- Soiled children's clothing will be bagged to go home – staff will not rinse it. They will be advised that contaminated clothing is laundered at the hottest wash the fabric will tolerate.

- Clean and disinfect any surfaces on which body fluids have been spilled. Use a product which combines a detergent and a disinfectant.
- Do not use mops to clean up blood and body fluid spillages. Use paper towels instead.
- Contaminated fabrics such as towels and cushions must be laundered at the hottest wash the material will tolerate.

Inclusion

In line with the Equality Act 2010 Hillcross Primary School will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day-to-day activities.
- No child with a named condition that affects personal development will be discriminated against
- No child who is delayed in achieving continence will be refused admission
- No child will be sent home or have to wait for their parents/carer due to incontinence
- Adjustments will be made for any child who has delayed incontinence
- Some children with medical conditions may be disabled or may have special educational needs. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

First Aid Policy

For more information, please see our First Aid Policy.

Equality Impact Assessment

Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation. We are committed to treating all members of the school community fairly and challenging negative attitudes about disability and accessibility and to developing a culture of awareness, tolerance and inclusion. This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any member of the school community and it helps to promote equality and accessibility at our school. The curriculum is planned to be inclusive and meet the needs and interests of a full range of learners. Activities and resources will be differentiated and adult support used to ensure that children access the curriculum and make the best possible progress.

Safeguarding Commitment

The school is committed to safeguarding and promoting the welfare of children, in line with the most recent version of Keeping Children Safe in Education, and expects all staff and volunteers to share this commitment. We take seriously our duty of care to our children and staff which includes safeguarding them from the risk of being drawn into terrorism - this includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit. We work closely with social care, the police, health services and other services to promote the welfare of children and protect them from harm. Radicalisation is recognised as a specific safeguarding issue and is addressed in line with the Government Prevent Strategy and The Counter-Terrorism and Security Act 2015.

Privacy Policy

Hillcross School is committed to ensuring protection of all personal information that we hold. We recognise our obligations under the GDPR and Data Protection act 2018. Our practice is documented in our Data Protection Policy.

Monitoring and Evaluation

Written and Approved by Staff/Parents/children/Governors: March 2017

Reviewed: Jan 20. Jan 21. Jan 22. April 23, April 25, April 2026

Date of next review: April 2027

Appendices:

1. Long Term Health Care Plan (this should be used for all children with medical needs such as Epilepsy & Diabetes)
2. Asthma Care Plan– (This should be used for any children who have Asthma and require an inhaler)
   2.a Guidance on how to administer an Asthma pump.
3. Allergy Action Plan - Adrenaline Auto – Injectors (one for each of the AAI) (This should be used for all children who have severe allergies which require the use of an AAI)
4. Mild/Moderate Allergies Action Plan
5. Administering Medication in School
6. Short Term Health Care Plan
7. Diabetic Quick classroom guide

Hillcross Primary School

Appendix 1 – Long Term Health Care Plan

Long Term Health Care Plan

Date written:

Date/s Reviewed:

Next Review Date:

Description of Medical Condition:				Pupil Photo Here
Pupil Name:		**Date of Birth:**		
Team:		**Year:**		
Address:				
Name and Contact details of Parent/Carer				
Mother's Name and Contact Number:		**Father's Name and Contact Number:**		
Description of Medical need/ symptoms:		Current Medication in school (please include any specific administration instructions and where medication is held):		
Key Actions:				
Emergency Response Symptoms and Actions:				
Risk awareness & potential risks e.g. not eating, sports day:				

Medical Professionals involved with the child			
Agency	Name	Telephone	Email
GP:			
Specialist Team:			

I have discussed this Healthcare plan with a representative from the school and am satisfied that it reflects my child's health care needs. I am fully responsible for alerting school of any changes or updates to my child's condition as and when they occur.

Appendix 2 - Asthma Healthcare Plan– Provided by the Hospital / GP when a child is diagnosed

My Asthma Plan

Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.

Name: _____

1 My daily asthma medicines

- My preventer inhaler is called _____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:

_____

_____

_____

- My reliever inhaler is called _____ and its colour is _____. I take _____ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

2 When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than _____

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

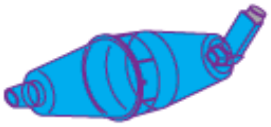
And also take _____ puff/s of my blue reliever inhaler every four hours.

If I'm not getting any better doing this I should see my doctor or asthma nurse today.

→

Does doing sport make it hard to breathe?

If YES
I take:
_____
puff/s of my reliever inhaler (usually blue) beforehand.



Remember to use my inhaler with a spacer (if I have one)

Health & care information you can trust

My Asthma Plan

3 When I have an asthma attack

I'm having an asthma attack if:

- My blue reliever inhaler isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than _____

When I have an asthma attack, I should:

Sit up — don't lie down. Try to be calm.

Take one puff of my reliever inhaler **every 30 to 60 seconds** up to a total of 10 puffs.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

If I still don't feel better and I've taken ten puffs, I need to call **999** straight away. If I am waiting longer than 15 minutes for an ambulance I should take another _____ puff/s of my blue reliever inhaler every 30 to 60 seconds (up to 10 puffs).

My asthma triggers:

Write down things that make your asthma worse

I need to see my asthma nurse every six months

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

Parents – get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- **Take a photo** and keep it on your mobile (and your child's mobile if they have one)
- **Stick a copy** on your fridge door
- **Share** your child's action plan with school, grandparents and babysitter (a printout or a photo).

You and your parents can get your questions answered:

Call our friendly expert nurses

0300 222 5800

(9am – 5pm; Mon – Fri)

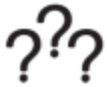
Get information, tips and ideas

www.asthma.org.uk

Appendix 2a **-** Guidance on how to administer an Asthma pump.

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

How to use an inhaler (Easy Read)

	Wash your hands
	Take the cap off your inhaler and check it isn't blocked
	Shake the inhaler
	If you are using a spacer, put the inhaler in the end
	Put the inhaler or the spacer in your mouth and close your lips around it
	Press the inhaler and breathe in deeply
	If you need another one, wait a few minutes
	Keep the inhaler and spacer somewhere safe
	If you have any questions, ask your pharmacist

Appendix 3 - Allergy Action Plan – Epi – Pen

bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health | 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. EpiPen®) (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: .....

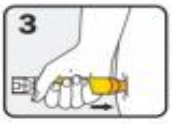
Date: .....

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

How to give EpiPen®

PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"

Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

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:** .....

Appendix 3 - Allergy Action Plan – Next

bsaci improving allergy care

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. Jext®) (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 Jext®

1 Form fist around Jext® and PULL OFF YELLOW SAFETY CAP

2 PLACE BLACK END against outer thigh (with or without clothing)

3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds

4 REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

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:** .....

Appendix 3 - Allergy Action Plan – Emerade

bsaci ALLERGY ACTION PLAN

improving allergy care

RCPCH Royal College of Paediatrics and Child Health

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. **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®

1 REMOVE NEEDLE SHIELD

2 PRESS AGAINST THE OUTER THIGH

3 HOLD FOR 5 SECONDS

Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

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:** .....

Appendix 4 - Mild/Moderate Allergy Action Plan

bsaci ALLERGY ACTION PLAN

improving allergy care

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 • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• 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. **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:** .....

Appendix 5 - Administering Medication in School

Hillcross Primary School

Administering Medication in School Plan

Please complete this form fully if you wish us to administer medication to your child

Date Written:

Date/s Reviewed:

Next Review Date:

Name of Child:	
Team / Year Group:	
Description of Medical Condition:	
Current Medication in School (please include any specific administration instructions and where the medication is held) ***Note: Medications must be in their original container with the dispensing pharmacy label clearly attached with your child's name and dosage instructions.***	
Expiry Date	
Any other instructions:	

I have discussed this Healthcare plan with a representative from the school and am satisfied that it reflects my child's health care needs.	
Parent/carer name and emergency contact details:	
Name of GP/other medical professional and contact telephone number:	
Parent signature:	
Date:	
Staff member name:	
Staff member signature:	
Nurse name:	
Nurse signature:	

Medication should be in- date and reviewed annually (whichever comes first)

Date & Time	Dosage Given	Total Remaining (re Asthma pumps)	Administered By	Signature

Appendix 6 – Short Term Health Care Plan

<u>Short Term Health Care Plan</u>

Hillcross Primary School

Pupil Name:	
Class:	
Medical Condition:	
Date of Incident:	
Details of Incident:	
Additional safety consideration:	

Risk	**Actions to Lesson Risk**	**Risk Level** Low/Medium/High
Arriving at school		
Lesson Time		
Moving Around School		
Lunch		
Carpet Time/Assembly		
Outdoor Play		
PE		
Adult Directed Activities		
Home Time		

Any other relevant information including dates and times of any follow up appointments:

Completed by:	
Date:	
Follow up date:	

Completed by:

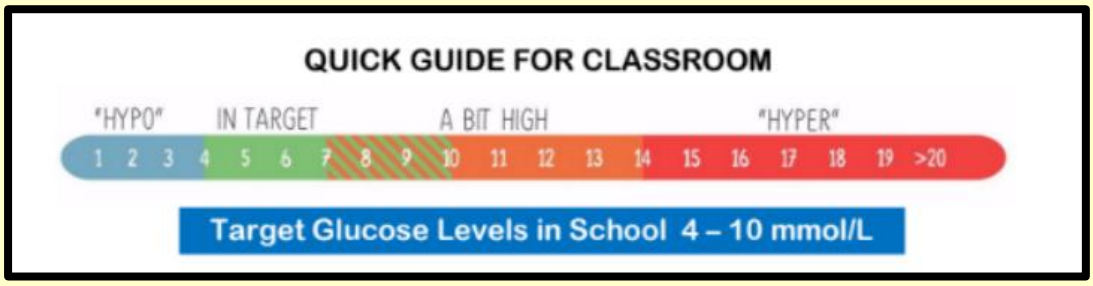
Date: **Follow up date**:

Appendix 7 - Diabetic Quick classroom guide

Diabetic Plan
Quick Classroom Guide

Hillcross Primary School

Childs Name		**Team**	
Paediatric Diabetic Team Contact details		**Parent Contact Details**	
Team Location		**Parent Name & Number 1**	
Contact Details		**Parent Name & Number 2**	



Suggested Daily Routine **(to be edited as appropriate. Additional details on full care plan will need to be referred to)**

When	Time *(Add time)*	Additional Notes
Arrive at school		☐ **Check Glucose**
Morning Check		☐ **Check Glucose** ☐ **Correction given (If 2 hrs after food)** ☐ **Snack is levels between 3-7**
Lunch		☐ **Check Glucose 15 mins before lunch** ☐ **Count Carbs and input into machine**
2 hrs after lunch check		☐ **Check Glucose** ☐ **Correction given (If 2 hrs after food)**
End of day check		☐ **Check Glucose**
Prior to Sports/ PE check		☐ **Check Glucose, follow actions on the care plan.** ☐ **Check Glucose after Session,**

Individual Notes (known signs and symptoms or things to be aware of)