



Hillcross Primary School

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

Mission, Vision and Culture

At Hillcross we enable our children to think differently, aim high and achieve.

Through our school culture of high aspiration, embracing challenge, collaboration, shared responsibility and respect for each other, we aim for Hillcross to be the number one school of choice for the local community. Our outstanding practice in all we do alongside our dynamic and ambitious curriculum provides all our children with rich opportunities and experiences for high quality learning and wider personal development.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils 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 Pupils at School with Medical Conditions', December 2015 (amended 2017). This policy outlines Hillcross Primary School's approach to meeting the requirements of this guidance.

1. Overview

- Hillcross Primary school is an inclusive school and we make every effort to ensure that all pupils 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.
- Pupils 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 pupils at this school. Staff receive training on the impact medical conditions can have on pupils.
- Teachers, and other school staff, have no obligation to give medicines to children at school. They will only do so to cooperate with parents in the best interests 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 so doing.



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2. Responsibilities

- The governors delegate their statutory duty to ensure that arrangements are in place in schools to support pupils at school with medical conditions to the Headteacher, who in turn delegates this responsibility to the SENCo with the support of the Senior Leadership Team.
- **The Governing Body** ensures school policies for supporting pupils 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 pupils with medical conditions, including administering of medicines, although they cannot be required to do so.
- The school has an allocated **school nurse** who takes a lead role in ensuring that pupils with a medical condition, who require support in school, and, in agreeing with the school, the type and level of training required, puts this in place. The school nurse also provides support to teachers when writing Health Care Plans.
- **Parents** must provide the school with sufficient and up to date information about their child's medical needs. 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 **pupils** 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.**

3. 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 the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, this should normally take no more than two weeks.
- In making decisions about the support we provide for a child who has a long term or complex medical condition, the SENCo, Deputy Headteacher/Early Years Leader and Office Manager will meet with the child's parents/carers and consider advice from healthcare professionals. In cases where medical needs are less complex, the SENCo, Deputy Headteacher/Early Years Leader and Office Manager will carry out initial meetings and information gathering.
- **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. These 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.
- Staff will only administer prescription medicines or undertake health care procedures following appropriate 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 will include:

- The medical condition, any triggers, signs, symptoms and treatments;



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- 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.

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.
- Arrangements for taking medication must be known and a member of staff must be responsible for ensuring that all medication that could be required is taken on the trip and that they are in date.

P.E. and Sporting Activities

- Most children with medical conditions can participate in the P.E. curriculum and such activity is generally beneficial.
- Some pupils may need to take precautionary measures before or during exercise and/or be allowed immediate access to their medication if necessary.
- Teachers supervising such activities should be aware of relevant medical conditions and emergency procedures.

Whole School Awareness training

- In some cases, it may be necessary to carry out whole school awareness training. Induction arrangements for new staff will also be considered in these circumstances.

Asthma Inhalers

- Children who suffer from asthma may bring their inhalers to school. **Inhalers belonging to pupils are kept in locked phase medical cupboards located centrally between phase classrooms.** All staff are provided with a single key to access all medical cupboards within the school.
- An Asthma Care Plan and an Administering Medicines in School Form must be completed and accompany the medicine in school.
- Regular training is provided to all staff on how to use inhalers and manage asthma in an emergency.

Anaphylaxis

- Anaphylaxis is an acute allergic reaction requiring urgent medical attention.



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- 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 of anaphylaxis usually occur after exposure to the causative agent and may include:
 - itching, swelling of the throat and tongue,
 - difficulty in swallowing,
 - rashes appearing anywhere on the body,
 - abdominal cramps and nausea,
 - increased heart rate,
 - difficulty in breathing,
 - collapse and unconsciousness.
- No pupil would necessarily experience all of these symptoms at the same time.

Adrenaline Auto - Injector (AAI)

Medication and control

- Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection.
- The adrenaline auto-injections (AAI) most commonly prescribed are Epipen, Jext or Emerade. The device looks like a fountain pen, which is pre-loaded with the correct dose of adrenaline.
- The injections are easy to administer; usually into the fleshy part of the thigh either directly or through light clothing.
- Medication for an individual pupil must be kept in a locked medicine cabinet that is readily accessible (For First Aid Policy Only; in accordance with the School's Medicines in Schools policy.)
- If a pupil has an AAI it is particularly important that this is easily accessible throughout the school day.
- 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. It is advised that parents/carers provide the school with 2 AAIs for children that are prescribed an AAI.
- 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.
- It is not possible to overdose using an AAI as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back.
- All pupils who have anaphylaxis will require an Allergy Action Plan (see appendix 3). This should indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School.
- All necessary staff receive regular training on how to use an adrenaline auto-injector and manage anaphylaxis in an emergency.

If a pupil has an anaphylactic reaction:

- Ensure that an ambulance has been called and parents are contacted;
- Stay calm and reassure the child;
- First aider or staff trained will administer the AAI to the child and record time given
- Follow the guidance on the child's Allergy Action Plan

Rescue medication – Epilepsy

Medication and control

- 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.
- Staff trained in administering Rescue Medication can administer this medication, as this is administered in the mouth, between the inside cheek and gum.



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- All pupils who have Epilepsy will require a Health Care Plan. The Health Care Plan will indicate when this medicine should be administered and the dosage.

4. Administering Short Term Medicines

- An Administering Medication in School (Appendix 4) should be completed by school staff and the parent.
- 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.
- The administration of medicines is primarily the responsibility of the child's parent. Wherever possible, parents should ensure that medicine is given to children before and after school. 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.
- The Headteacher accepts responsibility, in principle, for school staff who are willing to administer prescribed medication during the day where this administration is neither intimate nor invasive. The Headteacher does not accept responsibility for the administration of non-prescription medication, unless the member of staff is acting in loco-parentis (e.g. residential visits).
- Under no circumstances will prescribed medication be administered without the prior written agreement of the parents or guardian. Parents are responsible for completing the appropriate Administering Medication in Schools form (see appendix 4) and for keeping the school updated with any change in their child's medical requirements. No medication will be administered without prior receipt of these forms. This will include providing details of the frequency and dosage of the medication and any side effects of the medication to be administered at school should be noted.
- The school will ensure the medication is administered under supervision and record the dose given to individual children, stating what, how and how much was administered, when and by whom.
- No child will be given medicine containing aspirin unless prescribed by a doctor. Medication will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
- 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. The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- All prescription medicines will be stored safely. Children will know where their medicines are and be able to access them immediately. Prescribed medicines and devices, such as asthma inhalers, blood glucose testing meters and adrenalin pens should always be readily available to children in their locked phase medical cupboard. Each member of staff holds a key for these cupboards, so children's medicines are kept safe and easily accessible.
- 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.

5. Emergency Procedures

- As part of general risk management processes, all schools have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. This is reflected in school visit plan forms.
- Where a child has a Health Care Plan, this should 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 pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.



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- 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.
- Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.
- 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.

6. 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:
 - prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - 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 pupils 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).

7. 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.
- This section of the policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting.
- It should be considered in line with our Safeguarding Policy and Health and Safety Policies. This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2012 and the Disability Discrimination Act 2005: 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



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- 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/ Child's keyworker at Hillcross work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a Health Care Plan.

The Health Care Plan will set out:

- What care is required
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented)
- Additional equipment required
- Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions
- Child's level of ability i.e. what tasks they are able to do by themselves
- acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care
- Be regularly monitored and reviewed in accordance with the child's development

Parents/Carers may be asked to supply the following:

- Spare nappies
- Wipes, creams, nappy sacks etc.
- Spare Clothes
- Spare underwear

Best Practice

- When intimate care is given, the member of staff explains fully each task that is carried out, and the reason for it.
- Staff encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child when they achieve.

Safeguarding

- Staff are trained on the signs and symptom of child abuse in line with Merton Safeguarding Children's Board guidelines and are aware of 'Keeping Children Safe in Education, 2020'. They will follow the guidance given.
- If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc. they will inform the Designated Safeguarding Lead (DSL) immediately. The Safeguarding Policy will then be implemented.
- Should a child become unhappy about being cared for by a particular member of staff, the DSL will look into the situation and record any findings. These will be discussed with the child's parents/carers in order to resolve the problem. If necessary, the DSL will seek advice from other agencies.
- If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

Dealing with body fluids

- Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely by *medical bins (located in the medical room)*. When dealing with body fluids, staff wear protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterward.
- Soiled children's clothing will be bagged to go home – staff will not rinse it.
- Children will be kept away from the affected area until the incident has been completely dealt with.
- All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.



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- All children who have a medical condition requiring regular injections or needles will have a Sharps or equivalent kept in /wear the area their bloods get checked e.g. Diabetics.

Special Educational Needs

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 pupils 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/Pupils/Governors: March 2017

Reviewed: Jan 20 (Update June 2020)

Date of next review: Jan 21



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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)
 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. Administering Medication in School (This should be completed for any prescribed medication long term or short term e.g. Antibiotics, antihistamines)
- 5 Short Term Health Care Plan (This should be completed for short term medical considerations such as Broken bones/fractures)

Appendix 1 – Long Term Health Care Plan

Long Term Health Care Plan for child with additional needs

Date written:

Date/s Reviewed:

Next Review Date:

Description of Medical Condition:		
Pupil Name:	Date of Birth:	Pupil Photo Here
Class:	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:		



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Description of Medical Condition:
Pupil Name:

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.	
Signatures of Parent/Carer:	
Print Name:	
Date:	

Signature of Class Teacher:	
Print Name:	
Date:	

Signature of School Nurse:	
Print Name:	
Date:	

Appendix 2 - Asthma Healthcare Plan



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.

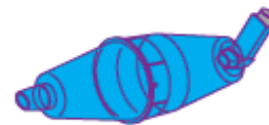
Does doing sport make it hard to breathe?



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)



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.

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:

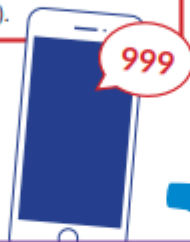
Date of my next asthma review:

Doctor/asthma nurse contact details:

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).



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



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bsaci
improving allergy care
through education, training and research

ALLERGY ACTION PLAN

RCPCH
Royal College of Paediatrics and Child Health
Leading the way. Child by child.

Anaphylaxis Campaign
AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

● 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 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

● 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

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

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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

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:



Hillcross Primary School

bsaci
improving allergy care
through education, training and research

ALLERGY ACTION PLAN

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in children's 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 |
| <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <ul style="list-style-type: none"> • 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 autoinjectable 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 AAI in schools

Signed: _____

Print name: _____

Date: _____

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

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How to give EpiPen®



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



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



3 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 authorization 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 authorization to travel with emergency medications has been prepared by: _____

Sign & print name: _____

Hospital/Clinic: _____



Date: _____



Hillcross Primary School

bsaci
improving allergy care
through education, training and research

ALLERGY ACTION PLAN

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in 21st Century Health

Anaphylaxis
UK
AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

● 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 autoinjectable 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.

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

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

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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:



Hillcross Primary School

Appendix 3c - Allergy Action Plan – Emerade



ALLERGY ACTION PLAN



This child has the following allergies:

Name:

DOB:

Photo

● 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 autoinjectable 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.

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

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

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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: _____



Hillcross Primary School

Appendix 4 - Administering Medication in School

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

Administering Medication in School

Note: Medications must be in their original container with the dispensing pharmacy label clearly attached with your child's name and dosage instructions.

Name Of Child:	
Class:	
Date:	
Medical Condition:	
Name Of Medication:	
Total dosage when given to school:	
Strength of Medication:	
Expiry Date:	
Dosage amount (e.g. 5ml):	
When to be given:	
Any other instructions:	

Parent/carer name:	
Parent/carers signature:	
Emergency Contact no:	
Name of GP/other medical professional:	
Telephone number of GP/other medical professional:	
Staff member name:	
Staff member signature:	

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

Appendix 5 – Short Term Health Care Plan



Hillcross Primary School
Short Term Health Care Plan

Pupil Name:		
Class:		
Medical Condition:		
Date of Incident:		
Circumstances of Accident/Incident (include where and when incident/accident occurred):		
Additional safety considerations (include adaptations for specific areas of the school e.g. Library):		
Risk	Actions to Lesson Risk	Risk Level Low/Medium/High
Arriving/Leaving school	●	
Classroom	●	
Moving Around School	●	
Lunch – Dinner Hall/Eating	●	
Playground	●	
Assembly/Carpet Time	●	
PE	●	

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

Completed by:	
Date:	
Follow up date:	