



**THE LAURELS PRIMARY
DURRINGTON MULTI ACADEMY TRUST**

**Managing medical conditions in school policy
2021-2022**

Durrington Multi Academy Trust has developed clear guidelines and protocols that is understood and accepted by all staff, parents/guardians and students.

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

This policy includes:

- Procedures for managing prescription medicines which need to be taken in the school day
- Roles and responsibilities of staff administering medicines
- A clear statement of parental responsibilities in respect of medicines
- Written permissions from parents for medicines
- Assisting pupils with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures

Pupils with medical needs

The school will follow Government guidelines and develop a Health Care Plan (HCP) for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed in Template D
- Require medication in emergency situations – these will be detailed using Template B & E for asthmatics and templates B & D plus bsaci allergy action plan for anaphylaxis.

Parents/guardians should provide the school with sufficient information about their medical condition and treatment or special care needed at school through the school office. Arrangements can then be made, between the parents/guardians, school and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier, if there is a change in a pupil's medical condition.

All prescribed and non-prescribed medication

On no account should a pupil come to school with medicine if he/she is not feeling well enough to attend. Parents may call into the school and administer medicine to their child. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol and antihistamine, for administration with parental consent (Template A – Appendix 1) or gained at the time of administering Template A – Appendix 2) for symptoms that arise during the school day. All other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled with the prescription and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the School Office and handed to a member of the office staff with the appropriate consent form (Template A or Template B) completed. The school will inform the parent/guardian of the time and dose of any medication administered by providing the student with a medication notification slip to take home.

We will require a form to be completed per medication (even if it's a duplicated item as they may have different expiry dates). All forms will be checked by the office to ensure that the information you have provided matches the box and the dispensing pharmacy label.

Repeat prescription medication will require Template B to be completed each and every time repeated medications are renewed and bought into school.

Confidentiality

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the Individual Health Care Plan. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

Consent to administer medication

Parental/guardian consent to administer medication will be required as follows:

Short term ad-hoc non-prescribed medication - The school will request parent/guardian consent to administer ad-hoc non-prescription by using non-prescribed medication consent form (Template A or Template A – Appendix 1) or by contacting the parent/guardian to gain consent at the time of administration (Template A – Appendix 2 to be completed and signed in retrospect). Parents/Guardians are informed (via the School website and stated on medication consent forms) of the need to inform the school if there are any changes to consent gained when the student joined the school. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.

Prescribed and non-prescribed medication - each request to administer medication must be accompanied by an 'agreement for School to administer medication' form (Template A non-

prescribed medication), Template B (prescribed medication) or if applicable on the HCP (Template D)

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded and the parent/guardian informed. Parents/guardians **are expected to remove any** remaining medicine from school once the prescribed course has been completed or expired.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an HCP (Template D). As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage, administration and disposal for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- Paracetamol (Liquid)
- Antihistamine (Liquid)

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template A
- medication is licensed as suitable for the pupil's age; medication is suitable for the pupil i.e. if a pupil is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by parental/guardian consent (Template A) and confirmation the medication has been administered previously without adverse effect.

The school will NOT administer non-prescription medication:

as a preventative, i.e. in case the pupil develops symptoms during the school day; if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time; any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a doctor's note. In the absence of a doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the 48 hours, the school will advise the parent to contact their doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home or out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional, the school will continue to administer medication at their own discretion.

A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.

Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.

If parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

Short term ad-hoc non-prescribed medication

A small stock of paracetamol (liquid e.g. Calpol) and antihistamine (liquid e.g. Piriton) will be kept by the school for administration if symptoms develop during the school day. ONLY the following will be administered following the necessary procedures:

Standard paracetamol will be administered in liquid form for the relief of pain i.e. headache.

For mild allergic reaction – antihistamine (see Anaphylaxis)

For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available. Written parental consent will be obtained.

Only 1 dose of any of the above medications suitable to age of the pupil will be administered during the school day.

Pain relief protocol for the administration of Calpol

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) then:

The school will contact the parent/guardian and confirm that a dose of pain relief (paracetamol) was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief, these conversations will be recorded (Template A – Appendix B). If a dose of pain relief has not been administered in the past 4 hours the school will with parental consent administer 1 dose.

If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief was administered before school then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as advised by Asthma specialists. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

The school will develop an Asthma Care Plan (Template E) for all those pupil's asthma.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. The school inhaler will only be used in an emergency and will always be used with a spacer irrespective of the pupil's age or ability to use the inhaler alone as advised by Asthma specialists. The spacer is single use only and will give to the pupil to take home.

Parental consent to use the emergency inhaler is required and completed on the Asthma Plan (Template E). The emergency inhaler can only be used by a pupil with asthma or who a pupil that has been prescribed an inhaler. The school inhaler and spacer are kept in the Medical Room. A record of when, where, who & reason of emergency inhaler use is recorded and parents informed of this in writing. Parents will be advised to arrange an appointment for their child to be seen by a GP.

The school keeps an asthma register in the medical room containing information of all pupils with asthma or those prescribed a reliever inhaler.

Parental consent to administer the 'school inhaler will be gained when the asthma care plan is completed. The school will hold a register of the pupils diagnosed with asthma and if parental consent has been given, to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Parental consent to administer the 'spare' AAI will be gained when the child's individual health care plan is completed. The school will hold a register of the pupils diagnosed with anaphylaxis and if parental consent has been given, to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Mild Allergic Reaction

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E.

Hay fever

Parent(s)/carer(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils HCP. The school will administer 1 standard dose of antihistamine (appropriate to age of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

In a medical emergency, first aid is given, an ambulance is called and parents/guardians are notified. Should an emergency situation occur to a pupil who has an HCP, the emergency procedures detailed in the plan are followed, and a copy of the HCP is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff.

Parental consent to administer the 'spare AAI' will be gained from the child's Allergy Action Plan or their individual healthcare plan. The school will hold a register of the pupils diagnosed with anaphylaxis and if parental consent has been given, to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Parents are expected to provide 2 in date auto-injectors for administration to their child.

Controlled Drugs

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school (Template C)

Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication according to age and ability. Appropriate arrangements for medication should be agreed and documented in the pupil's HCP and parents should complete the self-administration section of 'Parental consent to administer medication' form (Template A, B or C).

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil or kept in the Medical Room. The school will make an assessment as to the competency of each individual pupil to carry their own medication, and a detailed HCP will give full details relating to this. Parents will be asked to supply a second adrenaline auto injector and/ maybe asked for a second asthma inhaler for each child and they will be kept in the Medical Room. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Record Keeping – administration of medicines

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardians will also be informed if their child has been unwell during the school day and medication has been administered.

Educational Visits

Any medicines required by a student that would need to be taken on an educational visit/trip the student is attending will be part of the overall risk assessment for the visit/trip. Medicines not self-managed by students will be in the safe care of a nominated member of the support staff. This colleague should be one who is willing to carry this responsibility. Complex medical needs for a specific pupil may necessitate a health plan for the visit. Members of staff who lead trips are expected to seek advice from SLT or school office at least 2 weeks in advance of the visit/trip date in relation to any questions they have relating to medication/ pupils' medical needs.

Sporting Activities

Due care and attention is taken in ensuring the medical needs of individual students, including those who may suffer from an asthma attack, are met. Staff are expected, as necessary to have to hand any emergency type medication they could need during lessons (epipens or inhaler are examples). Both of these must be labelled clearly with the student's full name and date of birth and it is the responsibility of the student/parent/carer to do this.

The Governing Body

The governing body will be made aware of this policy and its role in being generally responsible for all school policies.

The Head Teacher

The Head Teacher will ensure that all staff receive appropriate support and training and aware of this policy. Likewise, the Head Teacher will inform the parents of the policy and its implications for them. In all complex cases the appropriate staff member (Head Teacher/Deputy Headteacher) will liaise with the parents and where parent expectation is deemed unreasonable then further advice will be sought. We encourage parents/guardians to get as much information directly from the lead medical professional as possible to enable the school to put in place the best possible plan/care for the child.

Teachers and Other Staff

All staff are regularly updated by the medical room of the possible medical risks attached to certain students. They should be aware of possible emergency action and emergency contacts.



Medication Consent Form

The school will not give your child medication unless you complete and sign this form. Please note medication must be in the original container with patient leaflet enclosed.

Pupil Details

Name of Child	Date of Birth	Class
Medical Condition or Illness		

Medicine

Name of Medication	Expiry Date	Dosage & Method
Self-Administration Y/ N	Time To Be Taken (all medications are given at 12pm)	Duration of Medication
Special Precautions/ Side Effects		
Procedures to take in an emergency		

NB - Medicines must be in the original container as dispensed by the pharmacy.

Parent/ Carer Details

Name of Parent/Carer	Daytime Contact Number	Relationship to Child
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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and the above instructions and confirm I have administered this medication in the past without adverse effects.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

I understand that I must deliver and collect the medicine personally to the office and accept that this is a service which the school is not obliged to undertake.

Parent/ Carer Signature:

Date:

Record of Medication Administered

[illegible]



PARENTAL CONSENT FOR SCHOOL STAFF TO ADMINISTER NON-PRESCRIBED MEDICATION (School Supply)

School staff will provide the following non-prescribed medication to your child only if you give written consent. This is for rare incidents and is not to be seen as a normal occurrence. Parents/Carers will always be contacted prior to any of the following medication being administered.

- Paracetamol
- Antihistamine

Please see over for guidelines / parental consent for administering non-prescribed medication, before completing form.

Pupil Details

Full Name:	
Date of Birth:	Class:
Address:	

Parent/ Carer Contact Details

Full Name:	
Relationship Child:	
Contact Number during school hours	Work/Home:
	Mobile:
<p>Declaration of Consent: I accept that this service is provided by the relevant member of staff and the school on a voluntary basis. I confirm that I have administered the following medication in the past without adverse effects.</p> <ul style="list-style-type: none"> • Paracetamol YES / NO (please cross out which one does NOT apply) • Antihistamine YES / NO (please cross out which one does NOT apply) <p>I agree to inform the school of any changes to this information by completing a new form at the earliest opportunity.</p>	
Signed:	Date:

Medication - Paracetamol			
Medication Name: Calpol or Calpol 6 Plus			
Calpol Liquid Dosage	2-4 Years 7.5ml		4-6 Years 10ml
Calpol 6+ Liquid Dosage	6-8 Years 5ml	8-10 Years 7.5ml	10-12 Years 10ml
Special Precautions / Possible side effects:			
Only one dose, suitable to the age of the student will be administered during the school day. Parents/Carers will be contacted each time to give consent.			

Medication - Antihistamine (for mild allergic reaction)		
Name: Piriton (Chlorphenamine Maleate)		
Piriton Liquid Dosage	Aged 2-6 Years 2.5ml	Age 6 – 12 Years 5ml
Special Precautions / Possible side effects:		
Only one dose, suitable to the age of the student will be administered during the school day. Parents/Carers will be contacted each time to give consent.		

Please note that Parent/Carers are responsible for notifying the school of any changes, including change of dose, opting out Paracetamol or Antihistamine consent

Template A – Appendix 2



The Laurels
PRIMARY SCHOOL
SCHOOL PROVIDED MEDICINES ONLY
(Occasional Calpol or Piriton Use)

RECORD OF CONTACT SEEKING CONSENT TO ADMINISTER NON-PRESCRIBED
MEDICATION

Name of Pupil	Date of Birth & Age	Class
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Date & Time of Call	Contacted By	Adult Contacted (parent responsibility required)
Reason for call	Responsible Adult Response	

Questions asked and responses given: (please circle appropriate answers)

1. Is this the first time that your child has had this medication? YES / NO

If YES: the medication cannot be administered in school. The parent will be given the option to come into school and administer the medication.

2. When was the last time they took the medication?

3. Does the child have any known allergy or health condition that would impact on the safe administration of the medication?

Outcome

- Can Calpol/ Piriton be administered (delete as appropriate)? YES / NO
- Dose to be administered? _____
- Is the pupil being picked up at the end of the school day? YES / NO
- If YES: who is collecting the pupil? (Insert name)

- If it is not the parent collecting, does the adult collecting the pupil have parental permission to sign this form on collection? YES / NO
- If the pupil travels home independently at the end of the school day and this form is sent home for parental signing: A copy of the form must be held in school and the staff member completing this form must chase the returned signed form.

Staff Signature:

Adult Signature (with Parental Responsibility/Permission):

Date:

ON COMPLETION, THIS FORM MUST BE ATTACHED TO FORM "RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD" IN THE MEDICAL FOLDER.



Agreement for School to administer Prescribed Medication

The school will not give your child medication unless you complete and sign this form. Please note medication must be in the original container (as dispensed by the pharmacy), with the pharmacist's label showing the child's name, details of medication and dosage.

Pupil Details

Name of Child	Date of Birth	Class
Medical Condition or Illness		

Medicine

Name of Medication	Expiry Date	Dosage & Method
Self-Administration Y/ N	Time To Be Taken (all medications are given at 12pm)	Duration of Medication
Special Precautions/ Side Effects		
Procedures to take in an emergency		

NB - Medicines must be in the original container as dispensed by the pharmacy.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and the above instructions and confirm I have administered this medication in the past without adverse effects. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

I understand that I must deliver and collect the medicine personally to the office and accept that this is a service which the school is not obliged to undertake.

Parent/ Carer Details

Name of Parent/Carer	Signature:	Date:
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Office Use Only

- | | |
|---|--|
| <input type="checkbox"/> Name of medication checked | <input type="checkbox"/> If All or Inhaler add to register |
| <input type="checkbox"/> Exp date checked & add reminder | <input type="checkbox"/> Update IHCP or ACP of any changes |
| <input type="checkbox"/> Pharmacy label matches all details | <input type="checkbox"/> Parent Signature |
| | <input type="checkbox"/> Copy of form for parent |

Staff Name:

Signature:

Date:

Record of Medication Administered

[illegible]



Controlled Medication Consent Form

The school will not give your child medication unless you complete and sign this form. Please note medication must be in the original container (as dispensed by the pharmacy), with the pharmacist's label showing the child's name, details of medication and dosage.

Pupil Details

Name of Child	Date of Birth	Class
Medical Condition or Illness		

Medicine

Name of Medication	Expiry Date	Dosage & Method
Self-Administration Y/ N	Time To Be Taken (all medications are given at 12pm)	Duration of Medication
Special Precautions/ Side Effects		
Procedures to take in an emergency		

NB - Medicines must be in the original container as dispensed by the pharmacy.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and the above instructions and confirm I have administered this medication in the past without adverse effects. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

I understand that I must deliver and collect the medicine personally to the office and accept that this is a service which the school is not obliged to undertake.

Parent/ Carer Details

Name of Parent/Carer	Signature:	Date:
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Office Use Only

- | | |
|---|--|
| <input type="checkbox"/> Name of medication checked | <input type="checkbox"/> If All or Inhaler add to register |
| <input type="checkbox"/> Exp date checked & add reminder | <input type="checkbox"/> Update IHCP or ACP of any changes |
| <input type="checkbox"/> Pharmacy label matches all details | <input type="checkbox"/> Parent Signature |
| | <input type="checkbox"/> Copy of form for parent |

Staff Name:

Signature:

Date:

Record of Medication Administered

[illegible]

INDIVIDUAL HEALTHCARE PLAN

Name of School/Setting	The Laurels Primary School		
Student's Name			
Student's Address			
Date of Birth			
Tutor Group			
Medical Diagnosis/Condition			
Date Healthcare Plan issued		Review Date	
Plan Developed with			
Evidence and full details on Student File			

Family Contact Information

1st Contact	
Name and relationship to student	
Home telephone number	
Mobile number	
Work number	
2nd Contact	
Name and relationship to student	
Home telephone number	
Mobile number	
Work number	

Hospital/GP Contact details

Name of Hospital/ Supervising GP/Consultant/Clinician	
Contact details (address/telephone number)	
Name of GP	
Telephone Number	

Describe medical condition and give details of symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, administered by/ self-administered with/without supervision

--

Daily care requirements: (for example, before sports and other activities/breaktimes). Please be specific to times/subject areas, where possible.

--

Specific support for the pupil's educational, social and emotional needs

--

Arrangement for school visits/trips etc

--

Other Information/ Dietary Requirements

--

Describe what constitutes an emergency for the child and the action to take, if this occurs:

--

Who is responsible in an Emergency: (state if different for off-site activities)

--

Staff training needed/ undertaken –(who, what & when)

--

Form Copied to

--

I agree that the medical information contained in this document may be shares with individuals involved in my child's care and education.

Parent/Carer Name.....Signed:.....Date:.....

Parental Consent:

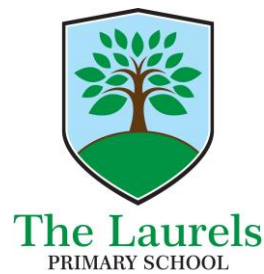
I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenalin autoinjector (AAI) if available, in accordance with Department of Health & Guidance on the use of AAI's in schools.

Signed

Print Name.....

Date.....

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



Asthma Care Plan

To comply with the schools Asthma Policy, we ask that all parents of children with asthma complete a School Asthma Care Plan for their child at the beginning of each school year. A copy of the Care Plan can be found overleaf.

The School Asthma Care Plan will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The asthma plan will help school staff to better understand your child's individual condition.

Our records state your child suffers with asthma, I would be grateful if you could complete and return the attached care plan to the school office as a matter of urgency.

If your child no longer requires an Asthma Care Plan please complete the parental update section on the form overleaf and return to the school office.

We look forward to receiving your completed form shortly and thank you for your co-operation.

Your Responsibilities:

- to inform us of any changes in your child's asthma and/or asthma medication
- to ensure your child has their 'reliving' inhaler with them in school and that it is clearly labelled with their name and displays the prescription label **(we can no longer hold inhalers/medication in school without the prescription label supplied)**
- ensure your child's inhalers have not expired
- your child's inhalers is in school if they are going on an educational visit
- your child should not be exposed to cigarette smoke

ASTHMA CARE PLAN

Student's Name	Date of Birth	Year Group									
Date Asthma Diagnosed											
Usual Treatment Reliever (Please note we are unable to accept inhalers/medication in school without the original prescription label attached. The label is usually found on the packaging so please supply box or label)	Name of Inhaler:	Usual Dose:									
	Colour of Inhaler:	Is it required pre-exercise: YES/NO (If yes, how many puffs)									
Please tick the appropriate statements <input type="radio"/> Inhaler provided to school <input type="radio"/> My child requires a spacer and I have provided this to the school office <input type="radio"/> My Child does not require a spacer <input type="radio"/> I need to obtain an inhaler/spacer for school use and will supply this/these as soon as possible <input type="radio"/> My child carries their own inhaler											
Describe how the asthma affects your child including their typical symptoms and asthma 'triggers':											
<h2 style="text-align: center;">IN THE EVENT OF AN EMERGENCY</h2> <ul style="list-style-type: none"> Take one puff of their reliever inhaler (Blue) used with a spacer every 30-60 seconds up to a total of 10 puffs If their symptoms are not relieved with 10 puffs of the reliever inhaler then this should be viewed as a serious attack Call Ambulance 999 GP Contact Details:..... Inform Parent/ Carer <table border="1" style="width: 100%;"> <tr> <td>1st Contact Name & Relationship</td> <td>Home</td> <td>Mobile</td> <td>Work</td> </tr> <tr> <td>2nd Contact Name & Relationship</td> <td>Home</td> <td>Mobile</td> <td>Work</td> </tr> </table> <p>In the event of my child displaying symptoms of asthma and if their inhaler is not available or is unusable, I consent for my child to use the school's emergency reliever inhaler (blue) with a spacer.</p>				1 st Contact Name & Relationship	Home	Mobile	Work	2 nd Contact Name & Relationship	Home	Mobile	Work
1 st Contact Name & Relationship	Home	Mobile	Work								
2 nd Contact Name & Relationship	Home	Mobile	Work								

Parent/Carer Name.....Signed:.....Date:.....

Parental Update (only to be completed if your child no longer has asthma)	
My child.....no longer has asthma and therefore no longer requires an inhaler in school or on school visits	
Signed	Date
I am the person with parental responsibility	

bsaci ALLERGY ACTION PLAN

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** 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:



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:

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 contraindications 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:

Text Pen to be completed by parent with consultant/GP

bsaci **ALLERGY ACTION PLAN** **RCPCH** **Anaphylaxis** **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 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 Jext®



Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



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



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



REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

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

sign & print name:

Hospital/Clinic:



Date:

EpiPen to be completed by parent with consultant/GP

bsaci
improving allergy care
through research, training and education

ALLERGY ACTION PLAN

RCPCH
Royal College of Paediatrics and Child Health

Anaphylaxis
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 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:

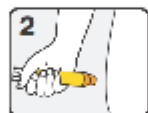
For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give EpiPen®



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:

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: