



# Bernards Heath Junior School

## Supporting Pupils with Medical Conditions

### **Policy Review (Statutory Policy)**

This policy will be reviewed in full by the Governing Body or nominated committee on an annual basis.

Reviewed: **September 2025**

Due for school review: **September 2026**

*Signature:* .....

(on behalf of governing body)

Date.....

Note: HFL policy not changed since 2021.

Changes: Name changes – removed Mr Darren Armoogum and replaced with Mrs Hayley Gilbert (Interim Headteacher)

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*The policy framework describes the essential criteria for how a school can meet the needs of children and young people with long-term conditions. It is in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (December 2015) for governing bodies of maintained schools and proprietors of academies in England*

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#history>

## **SCHOOL NAME: BERNARDS HEATH JUNIOR SCHOOL SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

The named member of school staff responsible for this medical conditions policy and its implementation is:

**NAME.....MRS HAYLEY GILBERT (INTERIM HEADTEACHER)**

**ROLE            HEADTEACHER**

DfE guidance

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- 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, holidays, and other school activities outside of the normal timetable,
- monitoring of individual healthcare plans.

### **1) This school is an inclusive community that supports and welcomes pupils with medical conditions.**

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
  - This school will listen to the views of pupils and parents/carers/carers.
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- Pupils and parents/carers/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school & local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (and other relevant legislation, see DfE guidance p27). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

**2) This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.**

- Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services.

**3) The medical conditions policy is supported by a clear communication plan for staff, parent/carers/carers and other key stakeholders to ensure its full implementation.**

- Pupils, parent/carers/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

**4) All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.**

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff receive training in what to do in an emergency and this is refreshed at least once a year.
- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP)<sup>1</sup>, which explains what help they need in an emergency. The IHP

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<sup>1</sup> An example template for an IHP has been produced by DfE - see template A.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.
- **Bernards Heath Junior School** has chosen to hold three emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained. (see appendix 3 for further information).
- **Bernards Heath Junior School** has chosen to hold three 'spare' emergency adrenaline auto-injector (AAI) for use on children who are at risk of anaphylaxis but whose own device is not available or not working and for whom parental consent for its use has been obtained. (see appendix 3 for further information)];

#### **5) All staff understand and are trained in the school's general emergency procedures.**

•All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. School nurses will provide annual training for common conditions eg, epilepsy and diabetes.<sup>2</sup>

•If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

#### **6) This school has clear guidance on providing care and support and administering medication at school.**

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.<sup>3</sup>

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<sup>2</sup> For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education.

<sup>3</sup> For school's covered by HCC's insurance where an IHP is in place; parents have consented for the school to administer medication / meet other support needs as part of that plan; trained staff undertake these support needs and record

- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents/carers/carers at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

## **7) This school has clear guidance on the storage of medication and equipment at school.**

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.
- This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

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keeping in relation to administration is robust then liability cover would be in place for common treatments administered by staff. (e.g. in relation to oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.)

The insurance section have a detailed list of treatments which are covered, if you have pupils with significant medical needs contact [insurance@hertfordshire.gov.uk](mailto:insurance@hertfordshire.gov.uk) or by phone on 01992 555480 for further advice and to ensure coverage.

Where schools are not covered by HCC's insurance they should check with their own insurers.

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## **8) This school has clear guidance about record keeping.**

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have an EHC plan, their special educational needs are mentioned in their IHP. Appendix 2 is used to identify and agree the support a child needs and the development of an IHP.
- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents/carers before sharing any medical information with any other party.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

## **9) This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.**

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
  - This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
  - All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
  - This school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such
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activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.

- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

**10) This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.**

- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.

- This school will not penalise pupils for their attendance if their absences relate to their medical condition.

- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.

- Pupils at this school learn what to do in an emergency.

- This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

**11) This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.**

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.

- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.

- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

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- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

**12) Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.**

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

- Key roles and responsibilities are outlined in Appendix 1.

**13) The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.**

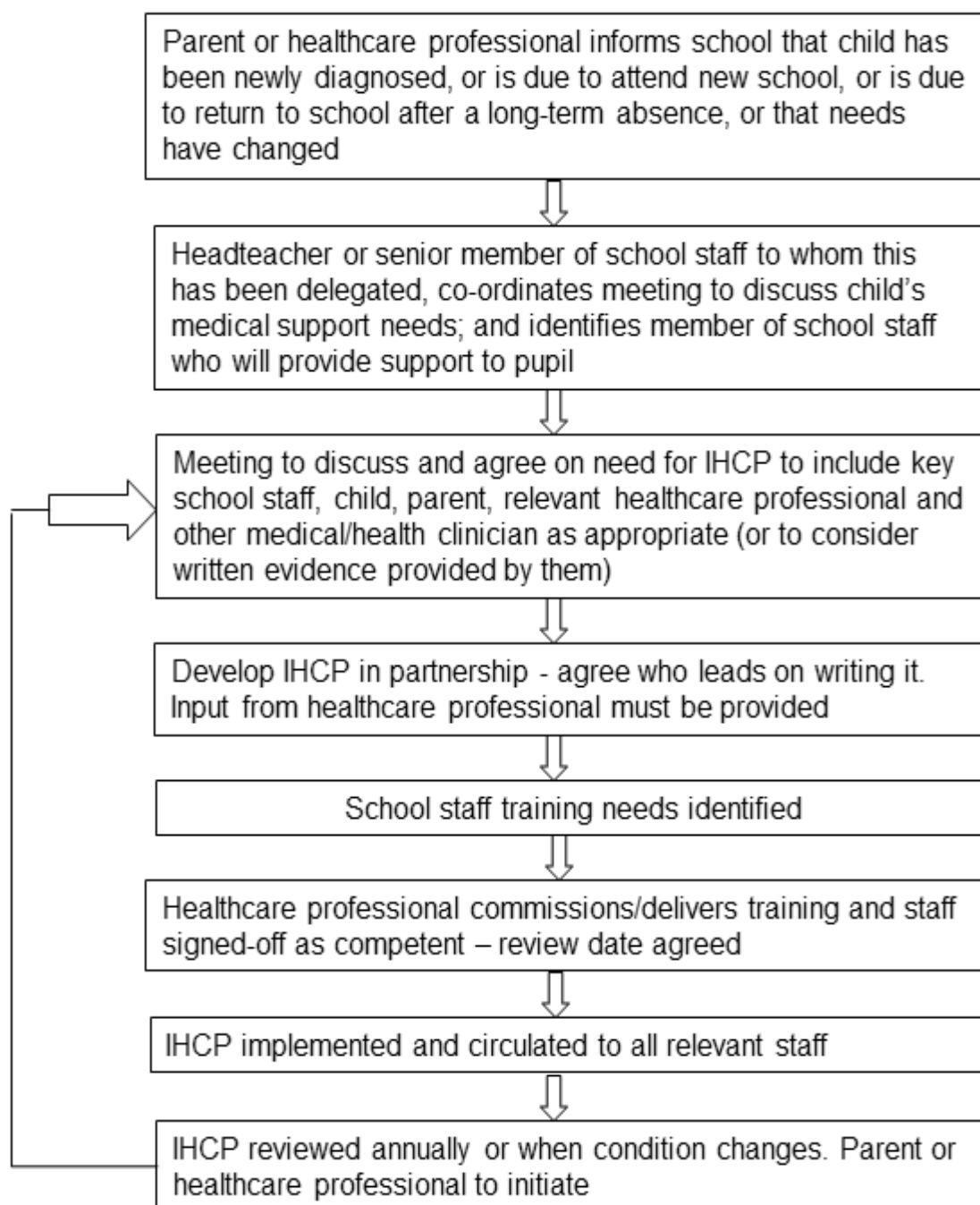
- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.

Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the Headteacher.

## Appendix 1

### Model process for developing individual healthcare plans

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## Appendix 2

### Roles and responsibilities

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**Governing bodies** – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**Headteacher** – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

**School staff** – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**School nurse** – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

**Other healthcare professionals** - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

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**Pupils** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

**Parents/carers** – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

## Appendix 3

### Emergency Salbutamol Inhaler

The school has chosen to hold three emergency salbutamol inhalers for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015).

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

Since the school received guidance from the 'NHS Asthma Friendly Schools Programme in 2024', the child's prescribed inhaler is now stored in the school bag of the child on the named peg. This is so they have access to their inhaler to and from school. This inhaler as well as one of the school emergency inhalers is taken on any school trips.

The school hold a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupil's IHP.

A record of use for the emergency inhaler will be kept and Parents/carers will be informed if their child has used the emergency inhaler.

Appropriate support and training has been provided to staff in line with the school's policy on supporting pupils with medical conditions.

The school's volunteer for ensuring this protocol is followed is **Mrs Harriet Parry**, who will check on a monthly basis that the inhaler and spacers are present and in working order, and the inhaler has

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sufficient number of doses available; that replacement inhalers are obtained when expiry dates approach; replacement spacers are available following use;

The Emergency Inhalers are stored **in the school office cupboard** and are clearly labelled to avoid confusion with a child's inhaler.

### **Emergency Adrenaline Auto-injector (AAI)**

The school has chosen to hold three "spare" AAI device for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

These AAI(s) held by the school are not a replacement for a pupil's own AAI(s).

The protocol for the use of this is detailed below, following the Department of Health and Social Care AAI's in schools (September 2017).

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

The use, storage, care and disposal of spare AAI(s) will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12/13 of the Department of Health and Social Care Guidance on the use of AAIs in schools.

The school hold a register of children prescribed an AAI or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).

Written parental consent is sought for the use of the spare AAI as part of the pupil's IHP.

The spare AAI will only be used in pupils where both parental consent and medical authorisation has been provided.

A record of use of any AAI(s) will be kept and Parents/carers will be informed if their child has been administered an AAI and whether this was the school's spare or the pupil's own device.

Appropriate support and training has been provided to staff in the use of AAI(s) in line with the school's policy on supporting pupils with medical conditions.

All AAI devices including the spare AAI(s) are kept in a suitable location.

School to store each child's AAI in a plastic container in the school office clearly labelled with a photograph and containing an **Allergy Action Plan** and instructions for contacting emergency services. All of the child's AAI devices are to be taken to the bottom field for PE. For school trips all of the child's devices would be taken as well as one of the school spare AAI's.

AAIs are not locked away and remain accessible and available for use and not more than 5 minutes from where they may be needed.

The spare AAI's are clearly labelled to avoid confusion with that prescribed to a named pupil.

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The school's two volunteers for ensuring this protocol is followed are **Harriet Parry and Helen Regan** they are to check on a monthly basis the AAI(s) are present and in date and that replacement AAI(s) are obtained when expiry dates approach.

## Appendix 4

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# Allergy and Anaphylaxis

## Supporting Pupils with Medical Conditions in Hertfordshire Schools.



Designed to support Schools in the implementation of the Department for Education (December 2015)  
Supporting pupils at school with medical conditions.

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## Glossary of Terms

Schools – this guidance uses the word schools to mean all state, free and academy schools in Hertfordshire that have chosen to use this guidance. This term also applies to nurseries and early years settings.

Public Health Nursing staff– individuals employed by Hertfordshire Community NHS Trust working in School Nursing Teams and Health Visiting. Staff include School Nurses, Health Visitors and Community Staff Nurses and Nursery Nurses.

Anaphylaxis - Anaphylaxis is an extreme and severe allergic reaction. The whole body is affected, often within minutes of exposure to the substance which causes the allergic reaction (allergen) but sometimes after several hours.

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# Introduction

## Rationale:

This document has been set up to ensure a countywide approach to managing allergies in Hertfordshire schools.

## **Persons operating under this guidance are as follows:**

- Hertfordshire Community NHS Trust (HCT)
- Doctors
- Teachers
- School/nursery support staff
- Parents/carers
- Children /young people with allergies

## **The following roles and responsibilities have been identified**

Adapted from Anaphylaxis Campaign (2018) FAQ in Schools.

<https://www.anaphylaxis.org.uk/wp-content/uploads/2019/07/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf>

## Schools

- Ensure School Staff have received training in managing severe allergies in schools, including how to use an adrenaline auto injector. This can be accessed through the Anaphylaxis Campaign online training through its AllergyWise training programme – <https://www.allergywise.org.uk/>
  - Review health records submitted by parents annually
  - Identify a core team to work with parents to establish prevention and treatment strategies.
  - Ensure that catering supervisors are aware of an allergic child's requirements.
  - Ensure tables are cleaned thoroughly before and after eating. Remind children to wash their hands.
  - Ensure the cooks and lunch time staff all know children affected by allergy.
  - Include food-allergic children in school activities. Pupils should not be excluded based on their allergy. School activities should be designed and developed to ensure the inclusion of food allergic pupils.
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- Ensure all staff can recognise symptoms; know what to do in an emergency, and work to eliminate the use of allergens in the allergic pupil's meals, educational tools, arts and crafts projects.
- Provide indemnity insurance for teachers and other school staff who volunteer to administer medication to pupils with asthma who need help.
- Ensure that medications are appropriately stored, and easily accessible in a secure location (but not locked away) central to designated staff members. School to store each child's auto-injector in a plastic container in the school office clearly labelled with a photograph and containing an Allergy Action Plan and instructions for contacting emergency services.
- Both auto-injectors must accompany the child on a school trip plus the spare. If the child only has one auto-injector, then the spare auto-injector pen must also be taken on the school trip.
- Review policies after an allergic reaction has occurred.
- Remind after school club providers regarding the importance of anaphylaxis training. Any provider with a child who requires an auto-injector should take their auto-injector when they pick up the register for the club from the school office so the auto-injector is near the child throughout the session. The club provider must return the auto-injector back to the school office at the end of the session along with the register.

### **The Parents/ Carers of Pupils with Allergies**

- Should notify the school of the child's allergies. Ensure there is clear communication.
  - Work with the school to develop a plan that accommodates the child's needs throughout the school including in the classroom, in dining areas, in after-school programmes, during school sponsored activities and on the school bus.
  - Provide written medical documentation, instructions and medications as directed by a doctor.
  - Replace medications after use or upon expiry. Autoinjectors should be checked regularly to ensure they are stored correctly, are still in date, and ready for use.
  - Educate the child in allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction, and how to read food labels.
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- Provide a stock of safe snacks for special school events (to be stored in school) and periodically check its supply and freshness.
- Review policies and procedures with the school staff, school nurse, the child's doctor and the child (if age appropriate) after a reaction has occurred and annually before each school year.
- Encourage the school to purchase a spare pen, as allowed under the October 2017 legislation.

### **The Pupil with Allergies**

- Be sure not to exchange food with others
  - Avoid eating anything with unknown ingredients
  - Be proactive in the care and management of their food allergies and reactions (based on the age level/understanding)
  - Notify an adult immediately if they eat something they believe may contain the food to which they are allergic
  - Encourage the school to purchase a spare pen, as allowed under the October 2017 legislation.
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## **ADMINISTRATION OF ADRENALINE IN SCHOOLS**

As suggested in Supporting pupils at school with medical conditions Dec 2015, and if a child potentially at risk has been identified, there must be liaison between the following to co-ordinate the management of his/her emergency treatment.

### **It is recommended that the Head teacher of the school should:-**

- Allocate an appropriate training time for all staff involved
- Ensure staff training record is completed
- Read the Department for Education Supporting Pupils at School with Medical Conditions December 2015
- Read the Anaphylaxis and Children with Severe Allergies (June 2015 The Anaphylaxis Campaign)

### **It is recommended that the parents should:-**

- Complete a Consent to Emergency Treatment form
- Inform school of known allergies, especially when changing school
- Provide autoinjector as prescribed by the child's GP
- Be responsible for the replacement autoinjector:
  - (a) When it is used
  - (b) ensure it is always in date
  - (c) safe disposal when no longer required or expired
- Provide a recent photograph of the child for school

### **N.B.**

- Secondary age children should carry their own Adrenaline auto-injector
  - School held medication (age appropriate) should be kept in a safe, cool place and be easily accessible within the school including after hours' pupil activities
  - Where possible a child should be encouraged to carry their own autoinjector
  - Arrangements for school trips should be risk assessed and planned with the child's parents
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## ANAPHYLAXIS

- A severe, life-threatening allergic reaction within the body.
- Can be rapid – develops in seconds/minutes, although timescale variable, most occur within 1 hour.

### Signs and Symptoms

May develop as follows:-

- Anxiety
- Sweating, pale, rapid pulse
- Feeling faint/odd
- Itchy skin, blotchy rash
- Swelling of skin, particularly around face and neck
- Vomiting/diarrhoea
- A feeling of tightness in the throat

### Severe Symptoms Requiring Urgent Medical Treatment (not always preceded by the above progression)

- Difficulty in breathing, e.g. with wheeze (distinguishable from an asthma attack by the presence of other signs of allergic reaction, as above)
- Choking/hoarseness
- Collapse
- Loss of consciousness

## EMERGENCY ANAPHYLAXIS PACK

Every pupil who has been prescribed an Adrenaline auto-injector should have a pack, which is clearly labelled and readily available for emergency use. Adrenaline auto-injectors **should not be locked away** but carried by the child at all times, if appropriate, or in an easily accessible place, known to all staff.

The contents of the Emergency Anaphylaxis pack should include:-

1. Adrenaline – in the form of an Auto-injector. (Epi-pen, Jext or Emerade) IF THE CHILD IS UNABLE TO CARRY THIS AT ALL TIMES
2. Container – e.g. plastic box with lid.
3. A copy of the consent for the individual child, signed by the parent and the school.
4. Photograph with name of pupil – clearly visible.
5. Individual Health Care Protocol.

## MANAGEMENT OF ANAPHYLACTIC REACTION

When a child presents with the signs and symptoms described:-

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- Stay with pupil, give reassurance.
- Get the pupil's auto injector
- Send for Emergency Anaphylaxis pack and adult help.
- Send for an ambulance (999 call or 112) – give following details:-

Name, address and access to school and information that a pupil has had an anaphylactic reaction and autoinjector will be administered.

- Check that you have the correct Emergency Anaphylaxis pack for that pupil
- Administer auto-injector as per training
- Note time auto-injector given
- Keep pupil warm until the ambulance arrives
- If pupil is breathless, allow to sit up
- If feeling faint, lay the pupil flat with raised legs
- If collapsed and unconscious, protect airway and place in recovery position
- Commence Cardio-Pulmonary Resuscitation, if necessary
- Safely dispose of used syringe in the pupil's plastic box (not original container)
- Give second autoinjector, if available, in 5 minutes, if no improvement following the first dose, as prescribed for the individual
- Inform parent/guardian that the child has been treated for a suspected anaphylaxis and of the hospital destination when confirmed with paramedics

Any child who has Adrenaline, via an autoinjector, administered **must** be taken to hospital **by ambulance** accompanied by an adult.

**When the ambulance arrives provide:-**

- The time the injection was given
- Used autoinjector for disposal
- Pupil's personal details form

**NOTE**

1. **Never administer Adrenaline prescribed for one child to another child.**
2. **Do not transfer child in staff car – wait for an ambulance.**
3. **Do not allow child to sit up, stand or move away after administering Adrenaline, until paramedic assessment is complete.**
4. **School trip – a recently trained member of staff or parent must accompany children who require auto-injectors and establish responsibility for the auto-injectors.**
5. **If any accidental puncture of the skin from the exposed needle occurs, follow the first aid procedure below.**

**FIRST AID PROCEDURE FOLLOWING NEEDLE STICK INJURY**

If an accidental puncture of the skin occurs from the used needle, follow the first aid procedure.

---

## **ACTION**

- a)
    - wash wound well with running water
    - Encourage controlled bleeding
    - Cover with appropriate dressing
    - It is vital that the person concerned attends local Accident & Emergency (A&E) Department
  
  - b) If needle was unused on child but adrenaline was accidentally injected into another person – follow instructions above and attend the local A&E Department.
-

# Instructions for EpiPen

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**

- |   |  |   |
|---|--|---|
| <b>A AIRWAY</b>   | <b>B BREATHING</b>   | <b>C CONSCIOUSNESS</b>  |
| <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |

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 AAIs in schools.

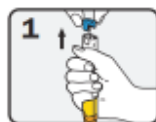
Signed:

Print name:

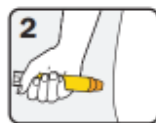
Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

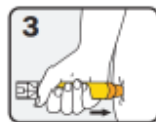
### How to give EpiPen®



**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 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:

# Instructions for using Jext Pen:

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**

- |  |  |   |
|--|--|---|
| <p><b>A AIRWAY</b></p> <ul style="list-style-type: none"> <li>Persistent cough</li> <li>Hoarse voice</li> <li>Difficulty swallowing</li> <li>Swollen tongue</li> </ul> | <p><b>B BREATHING</b></p> <ul style="list-style-type: none"> <li>Difficult or noisy breathing</li> <li>Wheeze or persistent cough</li> </ul> | <p><b>C CONSCIOUSNESS</b></p> <ul style="list-style-type: none"> <li>Persistent dizziness</li> <li>Pale or floppy</li> <li>Suddenly sleepy</li> <li>Collapse/unconscious</li> </ul> |
|--|--|---|

**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:

- Stay with child until ambulance arrives, **do NOT stand child up**
- Commence CPR if there are no signs of life
- Phone parent/emergency contact
- 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](http://sparepensinschools.uk)

### How to give Jext®

**1**

Form flat 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:

# Instructions for using Emerade Pen

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**

- |  |  |   |
|--|--|---|
| <p><b>A AIRWAY</b></p> <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <p><b>B BREATHING</b></p> <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <p><b>C CONSCIOUSNESS</b></p> <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |
|--|--|---|

**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:

- Stay with child until ambulance arrives, **do NOT stand child up**
- Commence CPR if there are no signs of life
- Phone parent/emergency contact
- 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 AAI in schools

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

### How to give Emerade®

-  REMOVE NEEDLE SHIELD
-  PRESS AGAINST THE OUTER THIGH
-  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:

Signature: \_\_\_\_\_

Sign & print name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Date: \_\_\_\_\_

## Instructions for pupils not needing any auto injector:

**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**

- |  |  |   |
|--|--|---|
| <p><b>A AIRWAY</b></p> <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <p><b>B BREATHING</b></p> <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <p><b>C CONSCIOUSNESS</b></p> <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |
|--|--|---|

**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](http://sparepensinschools.uk)

### Emergency contact details:

1) Name:



2) Name:



### Additional instructions:

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

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

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

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at [guidance.nice.org.uk/CG116](http://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:

# Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


## Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


## Clinic/Hospital Contact

Name

Phone no.


## G.P.

Name

Phone no.


**Who is responsible for providing support in school**

--

**Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues**

---

### **Daily Care Requirements:**

It is thought probable that "X" may suffer from an Anaphylactic allergic reaction if he/she eats or is in contact with \_\_\_\_\_

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

The arrangements set out below are intended to assist "X", his/her parents and the school/nursery in achieving the least possible disruption to his/her education, but also to make appropriate provisions for his/her medical requirements.

### **Specific support for the pupil's Educational, Social and Emotional needs:**

Whenever the planned curriculum involves cookery or experimentation with food items, prior discussion will be held between the school and the parents in order to agree measures and suitable alternatives. Similar discussions will take place prior to school parties, social events etc. In some cases this might require parental supervision.

### **Arrangements for School Visits / Trips etc.**

If there are any proposals which mean that "X" may leave the school /nursery site, prior discussions will be held between the school/nursery and parents in order to provide for the AUTO INJECTORS(s) to be taken on the outing. A trained adult should accompany the child. Provision for the safe handling of his/her medication should also be clarified.

### **Other Information:**

#### **STAFF INDEMNITY:**

This **school** fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, staff having been provided with adequate training and are following these guidelines.

For the purpose of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. In practice the indemnity means that the school and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action is usually between the parent and the employer.

Plan should be developed with Parents/carers, Headteacher or Senior Member of staff, Health Professional and student especially from year 5 and above, as appropriate.

The Head Teacher will arrange for the teaching and non-teaching staff in the school/nursery to be briefed about 'X's condition and about other arrangements contained in this document.

It will be the responsibility of the head teacher / deputy to:

- Arrange for relevant school staff to be briefed on 'X' condition.
- To ensure key school staff have completed the recommended online training

Further advice and support is available from the School Nursing/Health Visiting team as required

The careplan should be reviewed at the beginning of each academic school year

Form copied to

**AGREED AND SIGNED:**

**Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Head Teacher / Deputy** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

# Parental Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

## Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

## Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

# Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**Record of Medicine Administered to an Individual Child (Continued)**

Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


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# Staff Training Record – Administration of Medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


**I confirm that [name of member of staff] has completed the training detailed above and is competent to carry out any necessary treatment.**

head teacher's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date

---

# Contacting Emergency Services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

- Telephone number
  - Your Name
  - Your Location as follows [insert school/setting address]
  - State what the postcode is – please note that postcodes for satellite navigation may differ from the postal code
  - Provide the exact location of the patient within the school setting
  - Provide the name of the child and a brief description of their symptoms. Please ensure that you inform them that the child has Asthma.
  - Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
  - Put a completed copy of this form by the phone
-

# Model Letter Inviting Parents to Contribute to Individual Healthcare Protocol Development

Dear Parent

## **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's Protocol for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare protocol template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Name of School representative....

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## References and Useful Links

The Anaphylaxis Campaign 2018 fact sheets:

<https://www.anaphylaxis.org.uk/wp-content/uploads/2019/07/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf>

Adrenaline auto-injector advice for patients:

<https://www.gov.uk/drug-safety-update/adrenaline-auto-injector-advice-for-patients>

British Allergy Society Clinical Immunology (BSACI) care plans:

<https://www.bsaci.org/about/download-paediatric-allergy-action-plans>

Department for Education (2017) Supporting pupils at school with medical conditions:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Anaphylaxis signs and Symptoms:

<http://www.anaphylaxis.org.uk/what-is-anaphylaxis/signs-and-symptoms>

Training videos:

EpiPen: <http://www.epipen.co.uk/patient/what-is-epipen/using-your-epipen/#>

Jext Pen: <http://www.jext.co.uk/jext-video-demonstrations.aspx>

Emerade Pen: <http://www.emerade.com/>

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