



# **SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

|                   |             |
|-------------------|-------------|
| Policy Approved   | Spring 2024 |
| Next Review Date: | Spring 2025 |

## Contents

|                                                                                                                   |    |
|-------------------------------------------------------------------------------------------------------------------|----|
| 1. Aims .....                                                                                                     | 3  |
| 2. Legislation and statutory responsibilities .....                                                               | 3  |
| 3. Roles and responsibilities .....                                                                               | 3  |
| 4. Equal opportunities.....                                                                                       | 4  |
| 5. Being notified that a child has a medical condition .....                                                      | 5  |
| 6. Individual Healthcare Plans.....                                                                               | 5  |
| 7. Managing medicines.....                                                                                        | 6  |
| 8. Emergency procedures .....                                                                                     | 8  |
| 9. Training .....                                                                                                 | 8  |
| 10. Record keeping .....                                                                                          | 8  |
| 11. Liability and indemnity .....                                                                                 | 9  |
| 12. Complaints.....                                                                                               | 9  |
| 13. Monitoring arrangements .....                                                                                 | 9  |
| 14. Links to other policies .....                                                                                 | 9  |
| Appendix I: Example Model Process for developing Individual Healthcare Plans .....                                | 10 |
| Template A: Example Individual Healthcare Plan.....                                                               | 11 |
| Template B: Example Parental Agreement for School to Administer Medicine .....                                    | 13 |
| Template C: Example Record of Medicine Administered to an Individual Pupil .....                                  | 14 |
| Template D: Example Record of Medicine Administered to all Children for Antibiotics and Prescribed Medicine ..... | 17 |
| Template E: Example of Jext Epi Pen Action Plan.....                                                              | 18 |
| Template F: Example of Emerade Epi Pen Action Plan.....                                                           | 19 |
| Template G: Example of Epi Pen Action Plan .....                                                                  | 20 |
| Template H: Example of Asthma Card .....                                                                          | 22 |

---

# 1. Aims

This policy aims to ensure that:

- Pupils, colleagues, parents and carers understand how our trust will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

## 2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on the board of trustees to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's (DfE) statutory guidance: [Supporting pupils at school with medical conditions](#).

## 3. Roles and responsibilities

### 3.1 The Board of Trustees

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Board of Trustees. The Board of Trustees have conferred the following functions of the implementation of this policy to the colleagues below, however, the Board of Trustees remains legally responsible and accountable for fulfilling our statutory duty.

### 3.2 The Headteacher

The Headteacher of each school will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all IHPs, including in contingency and emergency situations
- Assess training needs and commission necessary training in line with trust procedures
- Make sure cover arrangements are made in the case of staff absence, and that supply teachers are briefed
- Make sure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### 3.3 The Assistant Headteacher for Inclusion

The assistant headteacher responsible for Inclusion/SEN at each school will:

- Brief supply teachers
- Prepare risk assessments for school visits and other school activities outside of the normal timetable
- Be responsible for the monitoring of individual healthcare plans
- Co-ordinate and attend meetings with parents and carers to discuss and agree on the need for IHPs
- Draw up, implement and review individual healthcare plans along with monitoring responsibilities
- Contact the GP in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school.

### **3.5 Colleagues**

Supporting pupils with medical conditions during school hours is not the sole responsibility of any individual person. Any colleague at the school may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those colleagues who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All colleagues will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **3.6 Parents and Carers**

Parents and carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment

### **3.7 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them.

Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### **3.8 Healthcare Professionals**

Healthcare professionals, such as GPs and paediatricians, will liaise with our school and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

For specific conditions such as diabetes, anaphylaxis or epilepsy, specialist training and support can be sought from specialist nursing teams.

## **4. Equal opportunities**

The Golden Thread Alliance is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The Golden Thread Alliance and the individual school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents, carers and any relevant healthcare professionals will be consulted.

## **5. Being notified that a child has a medical condition**

When a school is notified that a pupil has a medical condition, the process outlined below will be followed when a pupil requires an IHP. This process will be followed by all schools in the Trust.

The school will make every effort to ensure that arrangements are put into place within two weeks, or by the beginning of the relevant term for pupils who are new to the school.

See an example in Appendix 1.

## **6. Individual Healthcare Plans**

The Headteacher at each school has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Assistant Headteacher responsible for Inclusion/SEN at each school.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical conditions will require an IHP. It will be agreed with a healthcare professional and/or the parents and carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents or carers and, where appropriate, a relevant healthcare professional, such as the GP, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved in this process wherever appropriate. If their involvement is not appropriate, the reasons for this will be recorded by the school within the IHP.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Assistant Headteacher with responsibility for developing IHPs will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to

manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons

- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required. Parental permission should be obtained to display medical information on notice boards. If permission is not granted, the school should note the reasons for this within the IHP and reiterate the additional risk to the child should this measure not be permitted.
- Arrangements for written permission from parents, carers and the Headteacher for medication to be administered by a colleague, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent, carer and/or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## 7. Managing medicines

Medicines will only be administered at the school:

- When it would be detrimental to the pupil's health or school attendance not to do so, **and**
- Where we have parents' or carers' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents and carers will always be informed. Please refer to the Paracetamol Suspension Procedure within the First Aid Policy.

Schools will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and including instructions for administration, dosage and storage

Schools will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely for short term medications such as antibiotics. These will be in a locked cupboard or fridge, along with a record of any doses used and who administered. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents and carers to arrange for safe disposal when no longer required.

### **7.1 All Controlled drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

All controlled drugs will be kept in a secure cupboard in the school office and only named staff will have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **7.2 Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Colleagues will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents or carers so that an alternative option can be considered, if necessary.

### **7.3 Unacceptable Practice**

Colleagues should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, or administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents or carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent or carer should have to give up working because the school is failing to support their child's medical needs

- Prevent pupils from participating, or create unnecessary barriers to pupils participating, in any aspect of school life, including school trips, e.g. by requiring parents or carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## **8. Emergency procedures**

Colleagues will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, colleagues will stay with the pupil until a parent or carer arrives, or accompany the pupil to hospital by ambulance.

## **9. Training**

Colleagues who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Colleagues who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher/Assistant Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that colleagues are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help colleagues to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All colleagues will receive training so they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new colleagues during their induction.

## **10. Record keeping**

The individual schools will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents and carers will be informed if their pupil has been unwell at school.

IHPs will be kept in a readily accessible place which all colleagues are aware of. As a minimum, a paper copy of the IHP, along with medication will be with the pupil in class, along with an electronic copy saved on Arbor.



## **11. Liability and indemnity**

The Board of Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the Trust's level of risk.

## **12. Complaints**

Parents and carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the school's Assistant Headteacher in the first instance with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent or carer must make a formal complaint using The Golden Thread Alliance complaints procedure.

## **13. Monitoring arrangements**

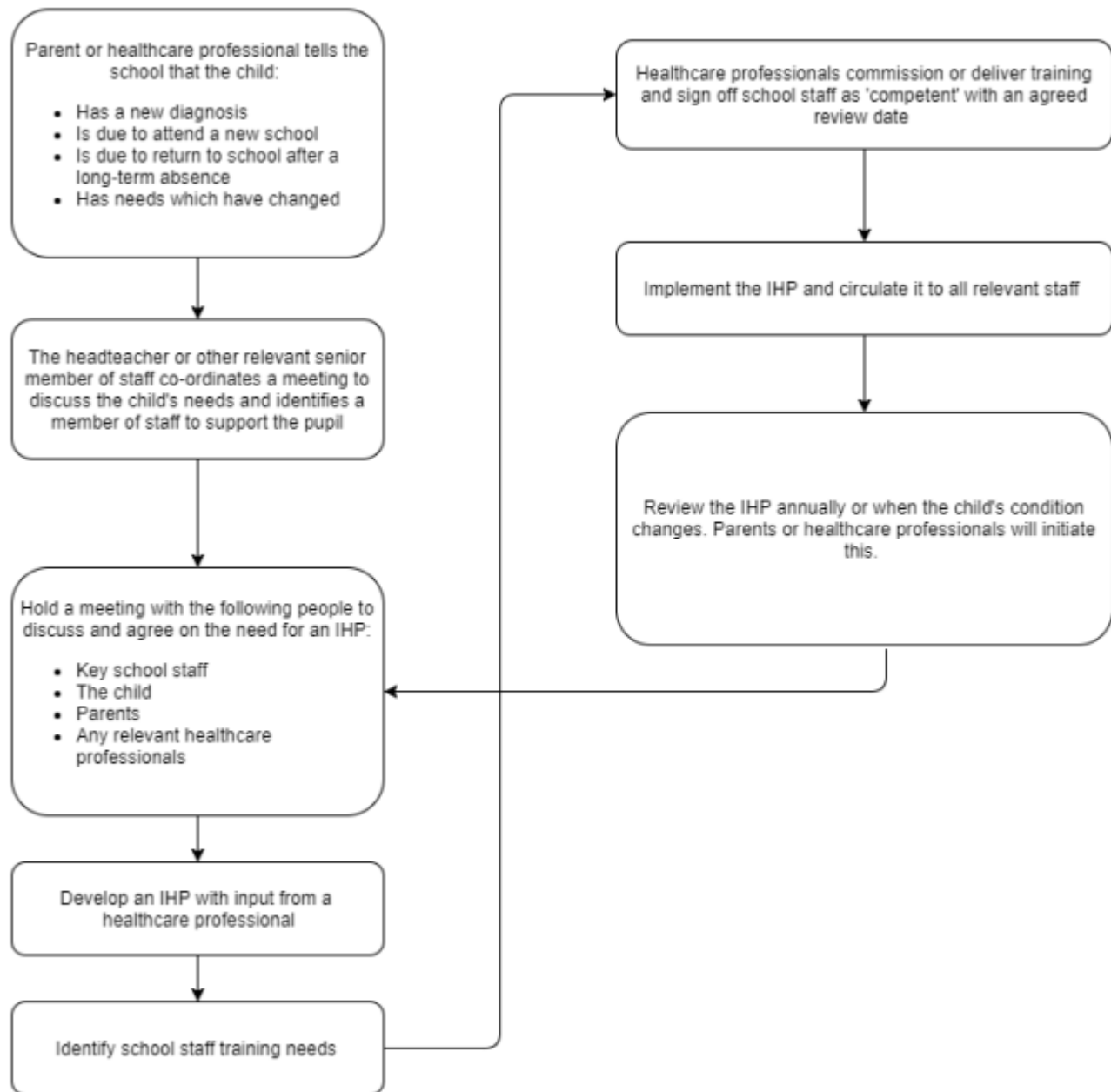
This policy will be reviewed annually.

## **14. Links to other policies**

This policy links to the following policies:

- Complaints
- Equality
- Safeguarding and Child Protection
- Special educational needs and disability
- First Aid and Medicines
- Allergy Awareness Policy

## Appendix 1: Example Model Process for developing Individual Healthcare Plans



## Template A: Example Individual Healthcare Plan

### Individual healthcare plan

Child's Name

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

Name of school

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)

I give photo consent for my child's photo to be displayed in the appropriate places on the school site. \*If consent is not given, the potential risks associated with this have been discussed with me by the school.

|                      |
|----------------------|
|                      |
|                      |
|                      |
|                      |
|                      |
|                      |
|                      |
|                      |
|                      |
| Yes / No<br>Comments |

---

**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 etc

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Signed ..... (Parent) Date:.....

Signed ..... (Staff member completing form) Date:.....

Signed ..... (Inclusion Lead) Date:.....

## **Template B: Example Parental Agreement for School to Administer Medicine**

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by

Name of school

Name of child

Date of birth

Group/class/form

Medical condition or illness

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

### Medicine

Name/type of medicine  
(as described on the container)

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 staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

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

Date \_\_\_\_\_

## Template C: Example Record of Medicine Administered to an Individual Pupil

Name of child:

Name and strength of medicine:

Dose and time medicine to be given \*

|                         |                |                |                |
|-------------------------|----------------|----------------|----------------|
| Date                    | ____/____/____ | ____/____/____ | ____/____/____ |
| Time given              |                |                |                |
| Dose given              |                |                |                |
| Name of member of staff |                |                |                |
| Staff initials          |                |                |                |
| Observations/comments   |                |                |                |

|                         |                |                |                |
|-------------------------|----------------|----------------|----------------|
| Date                    | ____/____/____ | ____/____/____ | ____/____/____ |
| Time given              |                |                |                |
| Dose given              |                |                |                |
| Name of member of staff |                |                |                |
| Staff initials          |                |                |                |
| Observations/comments   |                |                |                |

|                         |                |                |                |
|-------------------------|----------------|----------------|----------------|
| Date                    | ____/____/____ | ____/____/____ | ____/____/____ |
| Time given              |                |                |                |
| Dose given              |                |                |                |
| Name of member of staff |                |                |                |
| Staff initials          |                |                |                |
| Observations/comments   |                |                |                |

|                         |                |                |                |
|-------------------------|----------------|----------------|----------------|
| Date                    | ____/____/____ | ____/____/____ | ____/____/____ |
| Time given              |                |                |                |
| Dose given              |                |                |                |
| Name of member of staff |                |                |                |
| Staff initials          |                |                |                |
| Observations/comments   |                |                |                |
| Date                    | ____/____/____ | ____/____/____ | ____/____/____ |
| Time given              |                |                |                |
| Dose given              |                |                |                |
| Name of member of staff |                |                |                |
| Staff initials          |                |                |                |
| Observations/comments   |                |                |                |

|                         |                |                |                |
|-------------------------|----------------|----------------|----------------|
| Date                    | ____/____/____ | ____/____/____ | ____/____/____ |
| Time given              |                |                |                |
| Dose given              |                |                |                |
| Name of member of staff |                |                |                |
| Staff initials          |                |                |                |
| Observations/comments   |                |                |                |

|                         |                |                |                |
|-------------------------|----------------|----------------|----------------|
| Date                    | ____/____/____ | ____/____/____ | ____/____/____ |
| Time given              |                |                |                |
| Dose given              |                |                |                |
| Name of member of staff |                |                |                |
| Staff initials          |                |                |                |
| Observations/comments   |                |                |                |



**Template D: Example Record of Medicine Administered to all Children for Antibiotics and Prescribed Medicine**

Name of school

|  |
|--|
|  |
|--|

Date

Child's name

Time

Name of medicine

Dose given

Any reactions

Signature  
of staff

Print name

[illegible]

## Template E: Example of Jext Epi Pen Action Plan

# The Golden Thread 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 omitted, 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 AIR WAY

- Persistent cough
- Hoarse voice
- **Difficulty** swallowing
- Swollen tongue

### B BREATHING

- **Difficulty** or noisy breathing
- Wheeze or persistent cough

### C CONSCIOUSNESS

- Persistent dizziness
- Pale or **flappy**
- 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](http://sparepensinschools.uk)

### How to give Jext



1. Form fist and hold Jext® and PULL OFF YELLOW SAFETY CAP



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



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



4. 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 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: .....

## Template F: Example of Emerade Epi Pen Action Plan

# The Golden Thread 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

- 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 (e.g. Emerade) (Dose: ..... mg)
- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

### AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjectable device, if available.

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

### 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:

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: .....

**Template G: Example of Epi Pen Action Plan**

# The Golden Thread 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

- 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** (e.g. 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's in schools.

Signed: .....

Print name: .....

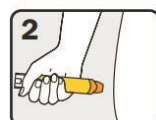
Date: .....

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

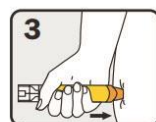
## How to give EpiPen



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: .....



## Template H: Example of Asthma Card

### School Asthma Card

To be filled in by the parent/carer

Child's name

Child's photo



Date of birth

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

#### Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

| Medicine             | Parent/carer's signature |
|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/>     |

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature  Date

#### Expiry dates of medicines

| Medicine             | Expiry               | Date checked         | Parent/carer's signature |
|----------------------|----------------------|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     |

Parent/carer's signature  Date



What signs can indicate that your child is having an asthma attack?

Does your child tell you when they need medicine?

Yes ☐ No ☐

Does your child need help taking their asthma medicines?

Yes ☐ No ☐

What are your child's triggers (things that make their asthma worse)?

Pollen ☐ Stress ☐  
Exercise ☐ Weather ☐  
Cold/flu ☐ Air pollution ☐

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes ☐ No ☐

If yes please describe

| Medicine             | How much and when taken |
|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/>    |

#### Dates card checked

| Date                 | Name                 | Job title            | Signature / Stamp    |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

To be completed by the GP practice

#### Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**