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Joshua 1:9: *Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go"*

Document Title	**Supporting Pupils with Medical Conditions Policy**
Author/Owner (Name and Title)	Nicky Bailey
Version Number	V2
Date Approved	March 2023
Approved By	LAAT Board

Policy Category	**1**	**Trust/Academies to use without amendment**
	2	Academy specific appendices
(Please Indicate)	3	Academy personalisation required (in highlighted fields)

Summary of Changes from Previous Version

Version	Date	Author	Note/Summary of Revisions
V2	March 2023	Nicky Bailey	Complete re-write using template from 'The Key'

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school 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

The Trust Board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- For EYFS pupils, at least one person who has a current paediatric first aid (PFA) certificate will be on the premises and available at all times when children are present and will accompany children on outings.
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The person with responsibility for implementing this policy is the Headteacher.

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 boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The Trust board

The Trust board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Trust board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher 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 individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are aware that they are insured to support pupils in this way
- Contact the school nursing service 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 nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff 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 staff 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 staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents 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, and ensure they or another nominated adult are contactable at all times

3.5 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.

3.6 School nurses and other healthcare professionals

It is expected that our nursing services will support the school and signpost for any relevant training to support the pupil's medical need when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

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

4. Equal opportunities

Our school 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 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 and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

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 condition will require an IHP. It will be agreed with a healthcare professional and the parents 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 and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has 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 Academy Commitee and the headteacher 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
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/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
- A PEEP is in place where relevant

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

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

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

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 will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the pupils name/details.
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school 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. 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 to arrange for safe disposal when no longer required or at the point where the pupil is leaving the school.

7.1 Refusal to Take Medication

If a child refuses a dose of medication, the child will not be forced to take the dose. The parent/carer will be contacted that day. The missed dose and parental comments will be recorded in the 'missed dose section' of the appropriate form.

7.2 Spillages

Any spillages (including broken/dropped tablets) will be recorded and parents will be informed. This will be recorded on the appropriate form.

7.3 Record Keeping

Records offer protection to staff and children and provide evidence that agreed procedures have been followed - recording formats are included at the end of this document. Records should be kept for a period of time as governed by the Trust data retention scheme.

7.4 Prior to Accepting Medication

Often a parent will prefer to give medication themselves and therefore, where possible, medication should be given by parents outside school hours or by parents at the school. Where medication is specifically prescribed to be given during school hours, parents can request that this be given by a member of school staff. Children with long term medical conditions may require medication to be given on a regular basis and the school will ensure that staff who volunteer/or as part of their first aid role to give medication receive the relevant training to do this safely.

Short term medication should only be brought into the school if it is detrimental to the child's health not to have the medication during the school day. Most antibiotics/other medication can be given around school hours and the Trust asks parents to ensure that they request antibiotics which

can be given at home. Where antibiotics/other medication have to be given during the school day this will be done by a trained member of staff who has volunteered to give medication.

Parents must complete an authorisation form prior to any medication being brought into the school, whether it is short or long term. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated. A decision will then be made as to whether the school can administer the medication or not and parents informed of the outcome.

7.5 Accepting Medication

Trust schools will not accept medication that has been taken out of the container as originally dispensed, nor make changes to the prescribed dose, unless this is insulin in an insulin pump or driver.

Medicines (other than the above exception) should always be provided in the original container as dispensed by the pharmacist and should include the prescriber's instructions for administration.

The medication should be brought into the school and the header of the appropriate form completed prior to medication being administered by school staff. Upon receipt of medication, a nominated member of staff would check the medication and then again prior to administering the medication. Staff administering medication must check the following information is present on the pharmacy label and complete approval has been given for medication to be administered:

- Name of child.
- Name of medicine.
- Dosage.
- Written instructions provided by prescriber.
- Expiry date.
- Number/amount of medication provided.

NB: The label "To be taken as directed" does not provide sufficient information. Precise information must be supplied and cross checked with the child to the label.

Medication should be kept in in a locked medical fridge/locked medical cabinet.

7.6 Administering Medication

Prior written consent must be given by the parents/carers for any medication to be given to a child. This will be recorded on the appropriate form.

A record will be kept of all the drugs and medicines administered at the school and will be cross checked with the child to the label.

Two staff members should administer the medicines at all times. Staff should complete the appropriate form after every dose of medication is given. This record must be signed, dated and a time recorded. This record must be stored in the 'medicines folder'. The 'Record of medication given to all children' form must also be updated. _There is a shared responsibilty between the school and parent to ensure that any medication provided to the school is in date and regulalry checked by both the parent and school according to the needs of the medication and is line with the prescribed advice and any advice from the school nursing services

The record must be kept even if the child refuses to take the medication. The child should not be forced to take the medication. Parents should be notified immediately if a child refuses medication. Emergency services should be contacted if necessary.

The child should have had at least the first dosage of any new medication at home before it is brought into the school.

The parent/carer will be responsible for collecting the medication termly in order to review expiry dates and quantity of remaining medication. Any medication that is no longer required must be returned to the pharmacy by the parent/carer for destruction.

7.7 Timings

Where the timing of medication allows, it should be administered at home by parents. However, when this is not possible, medication will be given as per the timings on the pharmacy instructions – where possible this will be at breaks or lunchtime in order to minimise the disruption to children's learning.

There will be two members of staff present at all times when any medication is administered. Staff will not be interrupted or approached to perform other duties whilst administering.

7.8 Incorrect Administration of Medication

If medication is given in the wrong dose, or the wrong medication is administered to a child, parents/carers and the Headteacher must be informed immediately, and medical advice sought via the NHS '111' service. Under normal circumstances schools will advise parents to take children immediately to the doctors in these circumstances or, in cases where there has been a very significant error either in the amount or type of medication (eg. controlled medication) administered, an ambulance may be called.

The appropriate incident log MUST be completed on the Trust online reporting tool once an incident is concluded and this will then be reported to the central team.

7.9 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.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure locked cupboard in the school office or medical room and only named staff 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. There will be two members of staff present at all times when any medication is administered. Staff will not be interrupted or approached to perform other duties whilst administering.

7.10 Pupils managing their own needs

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

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff 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 so that an alternative option can be considered, if necessary.

7.11 Unacceptable practice

School staff should use each case individually with reference to the pupil's IHP. If in doubt, staff should seek advice from parents/a medical professional. It is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and 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
- 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 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 to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff 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, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff 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. Staff 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. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff 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 staff will receive training so that 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 staff during their induction.

10. Record keeping

The Academy Committee/Headteacher will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

12. Monitoring arrangements

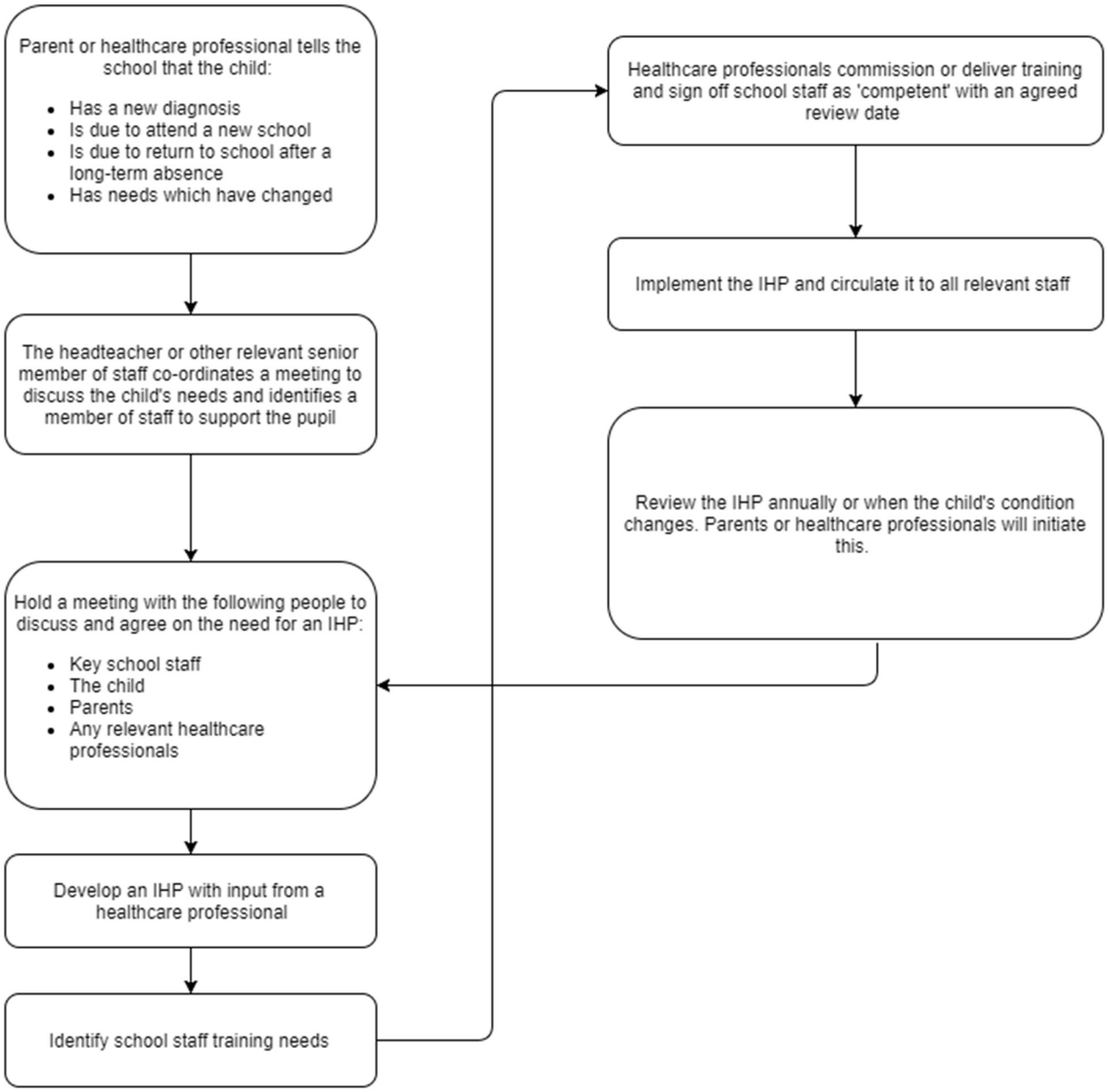
This policy will be reviewed and approved by the Trust board annually.

13. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: 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 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

Appendix 3 : 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 *(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/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 _____

Appendix 4: 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			

Appendix 5: 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			

Appendix 6: record of medicine administered to all children

Name of school/setting	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Appendix 7: 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 received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Appendix 8: 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.

- your telephone number
- your name
- your location as follows [insert school/setting address]
- state what the postcode is – please note that postcodes for satellite navigation systems 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
- 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

Appendix 9: Controlled Drug Record

Name of Child _____ Date of Birth _____

Class _____

Date and Time	Mediction In	Medication Out	Running Balance	Initials of Staff Members	

Appendix 10: Record of medication required during educational visits

Educational Visit:				
Date:				
Year Group/Class:				
Child's Name	Medication	Dose	Time	Medicine Packed

Appendix 11: Spillages of Medicines Recording Form

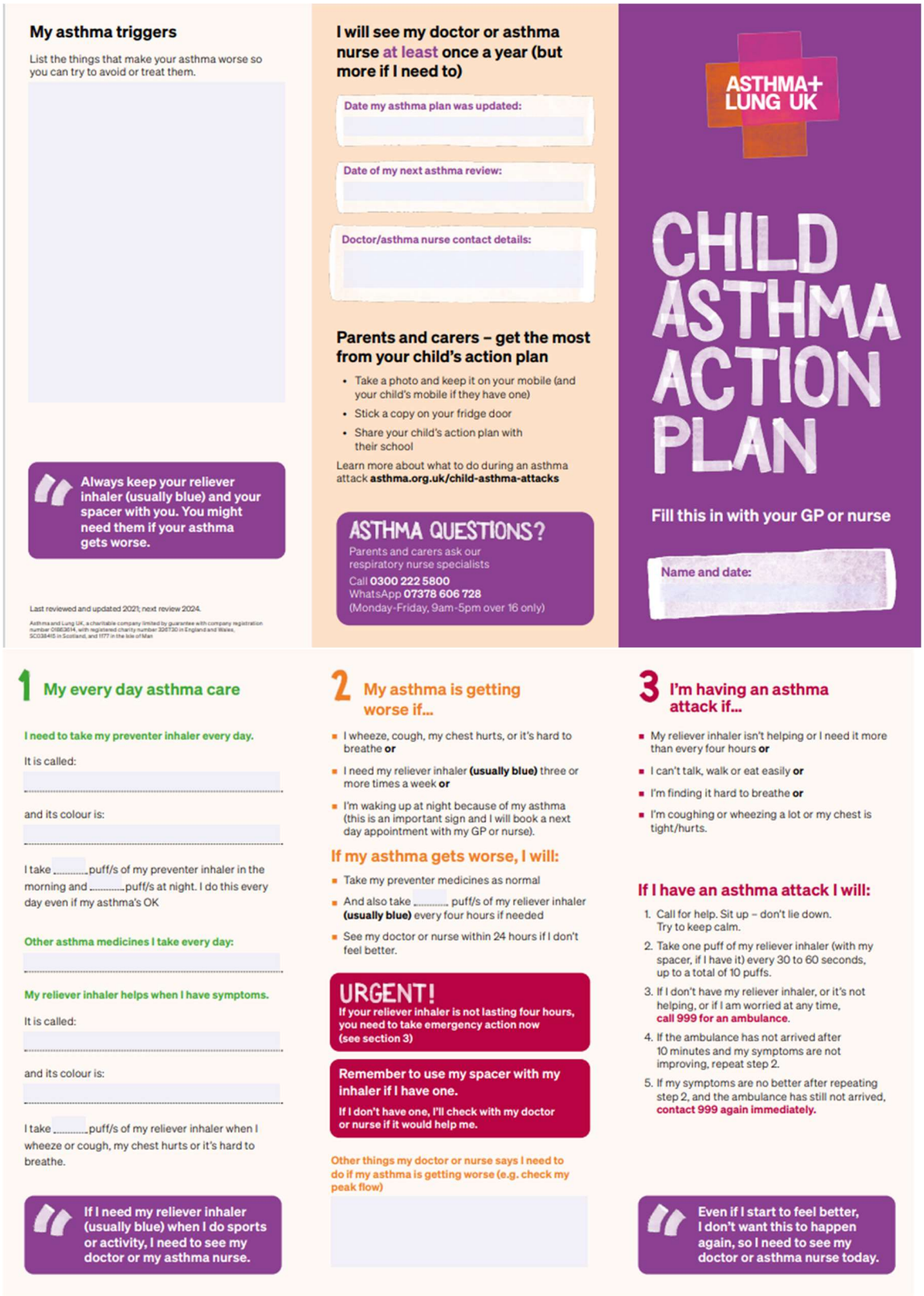
Name of Child	
Class	
Date	
Medication	
Amount Spilled	
Parent/Carer Informed	
Staff Name	
Staff Signature	
Staff Name	
Staff Signature	

Appendix 12: Incorrect Administration of Medicine Record

Name of Child	
Class	
Date	
Medication	
Amount Given	
Parent//Carer informed/Action Taken	
Staff Name	
Staff Signature	
Headteacher Name	
Headteacher Signature	
Further treatment received	

Appendix 13: Child Asthma Action Plan

An editable version of the action plan is available here [childrens-asthma-plan_may22_cc_editable.pdf (shopify.com)]



My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them.

Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.

Last reviewed and updated 2021; next review 2024.

Asthma and Lung UK, a charitable company limited by guarantee with company registration number 01803614, with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man

I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

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

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with their school

Learn more about what to do during an asthma attack **asthma.org.uk/child-asthma-attacks**

ASTHMA QUESTIONS?

Parents and carers ask our respiratory nurse specialists

Call **0300 222 5800**

WhatsApp **07378 606 728**

(Monday-Friday, 9am-5pm over 16 only)

ASTHMA+ LUNG UK

CHILD ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date:

1 My every day asthma care

I need to take my preventer inhaler every day.

It is called:

and its colour is:

I take ..... puff/s of my preventer inhaler in the morning and ..... puff/s at night. I do this every day even if my asthma's OK

Other asthma medicines I take every day:

My reliever inhaler helps when I have symptoms.

It is called:

and its colour is:

I take ..... puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.

If I need my reliever inhaler (usually blue) when I do sports or activity, I need to see my doctor or my asthma nurse.

2 My asthma is getting worse if...

- I wheeze, cough, my chest hurts, or it's hard to breathe **or**
- I need my reliever inhaler **(usually blue)** three or more times a week **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my GP or nurse).

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take ..... puff/s of my reliever inhaler **(usually blue)** every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

URGENT!

If your reliever inhaler is not lasting four hours, you need to take emergency action now (see section 3)

Remember to use my spacer with my inhaler if I have one.

If I don't have one, I'll check with my doctor or nurse if it would help me.

Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts.

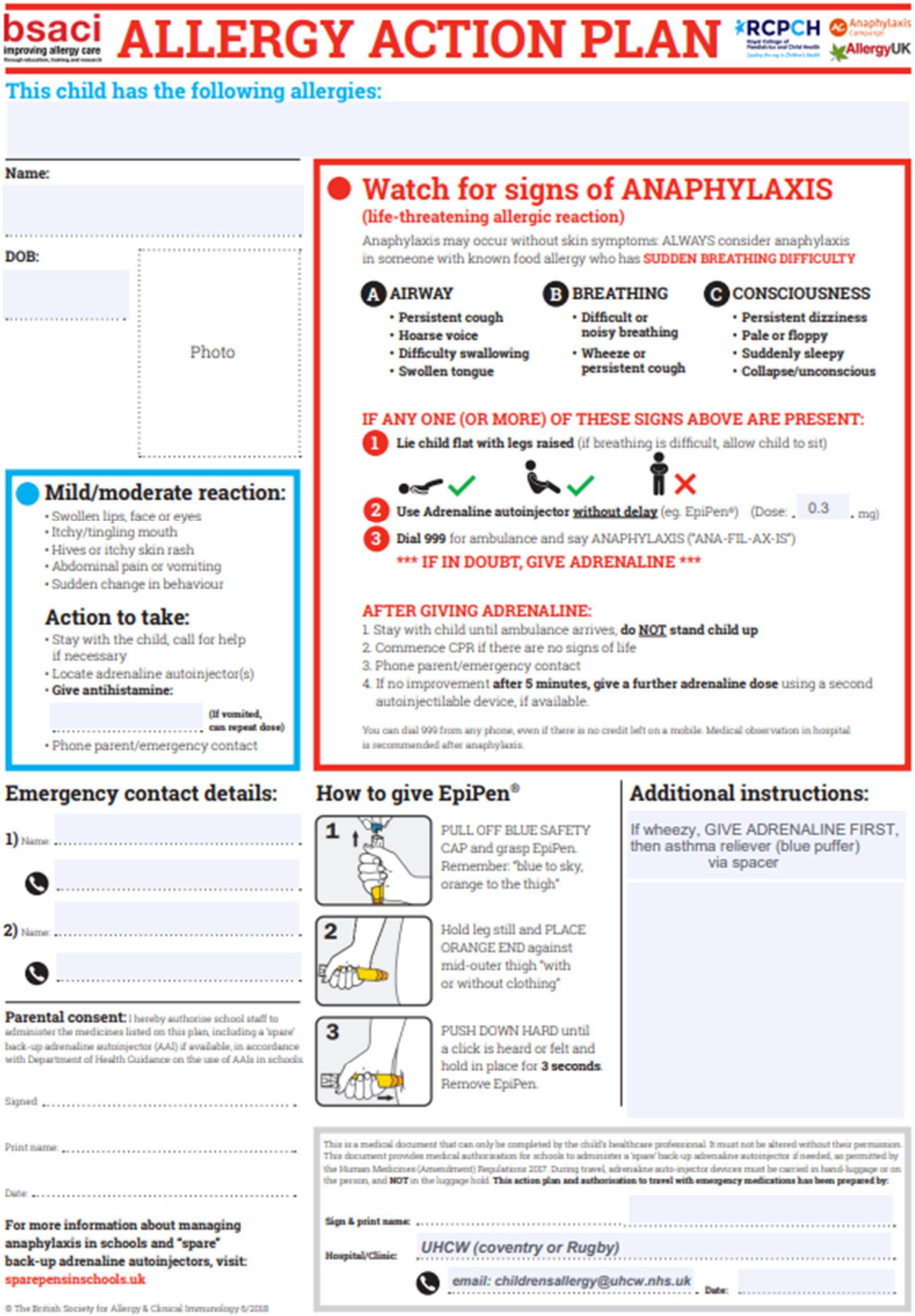
If I have an asthma attack I will:

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

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

Appendix 14: Epipen Action Plan

An editable version of the action plan is available here [BSACI+AllergyActionPlan+2019+EpiPen 0_3mgs.pdf (uhcw.nhs.uk)]



bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH AnaphyLaxis Campaign AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: 0.3 mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

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

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

Mild/moderate reaction:
- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:
- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** ..... (If vomited, can repeat dose)
- Phone parent/emergency contact

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

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

Signed: .....

Print name: .....

Date: .....

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

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How to give 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: *UHCW (coventry or Rugby)*

email: childrensallergy@uhcw.nhs.uk **Date:** .....