



**Hayes School**  
**(Part of the Impact Multi Academy Trust)**

**Policy Document**

Policy Name	Supporting Students with Medical Conditions
Date of Last Review:	Spring 2022
Date of Next Review:	Spring 2023
SLT Responsible:	Assistant Principal



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## Statement of Intent

At Hayes School we aim to ensure that students with medical conditions receive appropriate care and support whilst at school. This policy has been developed in line with the Department for Education's guidance released in April 2014 – "Supporting students at school with medical conditions". Ofsted places a clear emphasis on meeting the needs of students with SEN and Disabilities and this includes children with medical conditions.

## This policy should be read in conjunction with the following policies or procedures:

- First Aid Policy
- Mental Health and Emotional Wellbeing Policy
- Child Protection and Safeguarding Policy
- Personal and Intimate Care Policy

## 1. Key Roles and Responsibilities

### 1.1 The Local Authority (LA) is responsible for:

- 1.1.1. Promoting cooperation between relevant partners and stakeholders regarding supporting students with medical conditions.
- 1.1.2. Providing support, advice and guidance to schools and their staff.

### 1.2 The Governing Body is responsible for:

- 1.2.1 The overall implementation of the Supporting Students with Medical Conditions Policy and procedures of Hayes School.
- 1.2.2 Ensuring that the Supporting Students with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- 1.2.3 Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- 1.2.4 Ensuring that all students with medical conditions are able to participate fully in all aspects of school life.
- 1.2.5 Ensuring that relevant training is delivered to staff members who take on responsibility to support children with medical conditions.
- 1.2.6 Guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.
- 1.2.7 Ensuring that written records are kept of any and all medicines administered to [individual students](#) and [across the school population](#).
- 1.2.8 Ensuring the level of insurance in place reflects the level of risk.

### 1.3 The Assistant Principal (Safeguarding) is responsible for:

- 1.3.1 The day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and procedures of Hayes School
- 1.3.2 Ensuring the policy is developed effectively with partner agencies.
- 1.3.3 Making staff aware of this policy.
- 1.3.4 Liaising with healthcare professionals regarding the training required for staff.
- 1.3.5 Making staff who need to know aware of a child's medical condition.
- 1.3.6 Developing Individual Healthcare Plans (IHCPs).
- 1.3.7 Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency

situations.

- 1.3.8 If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- 1.3.9 Ensuring the correct level of insurance is in place for teachers who support students in line with this policy.
- 1.3.10 Contacting the school nursing service in the case of any child who has a medical condition.

#### 1.4 **Staff members are responsible for:**

- 1.4.1 Taking appropriate steps to support children with medical conditions.
- 1.4.2 Where necessary, making reasonable adjustments to include students with medical conditions into lessons.
- 1.4.3 Administering medication, if they have agreed to undertake that responsibility.
- 1.4.4 Undertaking training to achieve the necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility.
- 1.4.5 Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

#### 1.5 **Parents and carers are responsible for:**

- 1.5.1 Keeping the school informed about any changes to their child/children's health.
- 1.5.2 Completing a [parental agreement for school to administer medicine](#) form before bringing medication into school. Medicines, both prescription and non-prescription, must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent/carer.
- 1.5.3 Providing the school with the medication their child requires and **keeping it up to date.**
- 1.5.4 Collecting any leftover medicine at the end of the course (as appropriate).
- 1.5.5 Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- 1.5.6 Where necessary, developing an [Individual Healthcare Plan](#) (IHCP) for their child in collaboration with an Assistant Principal, other staff members and healthcare professionals.

## 2. Definitions

- 2.1 "Medication" is defined as any prescribed or over the counter medicine.
- 2.2 "Prescription medication" is defined as any drug or device prescribed by a doctor.
- 2.3 A "staff member" is defined as any member of staff employed at Hayes School including teachers.

## 3. Training of Staff

- 3.1 Teachers and support staff who undertake responsibilities under this policy will receive the following training externally:
  - First Aid training updated every 3 years
  - Basic First aid for support staff (last occurred in June 2020)
  - EpiPen training
  - Diabetic training for first aid team
- 3.2 No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering
- 3.3 No staff member may administer drugs by injection unless they have received training in this responsibility

- 3.4 The Business Manager will keep a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy.
- 3.5 It is emphasised that Hayes School has only qualified first aiders and NOT trained medical staff.

#### 4. The Role of the Child

- 4.1 Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- 4.2 Where possible, students will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- 4.3 If students refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- 4.4 Where appropriate, students will be encouraged to take their own medication under the supervision of a member of staff.

#### 5. Nut Aware School

- 5.1 We have a number of students in school who have severe and complex nut allergies who can be seriously affected by someone else who is eating – or may have recently eaten – nuts. Even if you eat a product containing nuts, this can have a serious effect on a student later on in the classroom. We therefore ask students, parents/carers and staff to support us in being Nut Aware by ensuring:
  - **No nuts or nut based products to be brought into school by students and staff**
  - **No consumption of nuts or nut-based products in school**  
(e.g. almonds, walnuts, pecans, cashews, pistachios, peanuts, peanut butter etc.)
- 5.2 **Disclaimer:** Although we strive to be a nut-free school, it is impossible to provide an absolute guarantee that no nuts will be brought onto the premises

#### 6. Supporting Students with Asthma

- 6.1 Parents/carers are required to ensure that the school is aware of their child's needs through the completion of an IHCP and School Asthma Card updated annually (Appendix 5).
- 6.2 The school should be supplied with one named inhaler and spacers in the original packaging detailing the prescription to be stored in Student Reception. We recognise that some students will take responsibility for their own inhalers; where students carry their own inhalers it is essential parents provide the school with a spare.
- 6.3 In the event a student's inhaler and spare inhaler are unavailable/not working we will use the school's emergency inhaler (subject to parent/carer permission on the 'Use of Emergency Salbutamol Inhaler Consent Form') and inform the parent/carer as soon as possible.
- 6.4 We seek to ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to students with asthma. PE teachers will be sensitive to students who are struggling with PE and be aware that this may be due to uncontrolled asthma. In Summer 2021 all PE staff have received basic first aid training and had also undertaken further training in Spring 2021 on recognising and supporting a student experiencing an asthma attack. Students are encouraged to have their inhalers with them during PE and take them when needed, before, during or after the PE lesson. PE take a First Aid kit out with them (which includes an asthma pump) on all fixtures (alongside First Aid Kit stored on Minibus). There are First Aid Kits (with asthma pump) in

- the PE office (if needed in the sports hall), the Fitness Suite (if needed on the field) and in Student Reception (if needed on the Astro).
- 6.5 Where a student is prescribed with an asthma inhaler the school should be supplied with a spare inhaler along with a spacer which will be stored at Student Reception.
- 6.6 Where a student is diagnosed with asthma, a school asthma card must be provided that has been signed and dated by the student's doctor or nurse.

## **7. Individual Healthcare Plans (IHCPs)**

- 7.1 Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the student, parents/carers, Assistant Principal, Special Educational Needs Coordinator (SENCO) and medical professionals, including the School Nurse.
- 7.2 IHCPs will be easily accessible whilst preserving confidentiality.
- 7.3 IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- 7.4 Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- 7.5 Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

## **8. Medicines**

- 8.1 Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours.
- 8.2 If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a [parental agreement for a school to administer medicine](#) form.
- 8.3 No child will be given any prescription or non-prescription medicines without written parental consent for that particular medicine except in exceptional circumstances.
- 8.4 Where a student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.
- 8.5 No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- 8.6 Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen, pump or vial) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- 8.7 A maximum of four weeks supply of the medication may be provided to the school at one time.
- 8.8 Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Behaviour Management Policy.
- 8.9 Medications will be stored in the student reception.
- 8.10 Any medications left over at the end of the course will be returned to the child's parents or if they have not been collected will be disposed of by Student Reception.
- 8.11 Written records will be kept of any medication administered to children.
- 8.12 Students will never be prevented from accessing their medication. Hayes School cannot be held responsible for side effects that occur when medication is taken correctly.
- 8.13 Where a student is prescribed with an auto injector (EpiPen, Emerade or Jext) the school should be supplied with a spare which will be stored in Student Reception.

- 8.14 In the event a student who has been prescribed with an auto-injector (EpiPen, Emerade or Jext) goes into anaphylactic shock and their auto-injector is unavailable/not working we will use the school's emergency EpiPen (subject to parent/carers consent on the 'Use of Emergency EpiPen Consent Form')
- 8.15 Where a student is diagnosed with an allergy an Allergy Action Plan **must** be provided that has been signed and dated by the health professional who is providing treatment for the student.

## **9. Emergencies**

- 9.1 Medical emergencies will be dealt with under the school's emergency procedures.
- 9.2 Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
- What constitutes an emergency.
  - What to do in an emergency.
- 9.3 Students will be informed in general terms of what to do in an emergency such as telling a teacher.
- 9.4 If a student needs to be taken to hospital, a parent/carers will be contacted and asked to arrange for themselves or another adult to come to the school or to meet at the hospital as required. A member of staff will remain with the child until their parents/carers arrive. Permission to be sent home should be authorised by a member of the Pastoral team.

## **10. Avoiding Unacceptable Practice**

- 10.1 Hayes School understands that the following behaviour is unacceptable:
- Assuming that students with the same condition require the same treatment.
  - Ignoring the views of the student and/or their parents.
  - Ignoring medical evidence or opinion.
  - Sending students home frequently or preventing them from taking part in activities at school
  - Sending the student to the student reception alone if they become unwell.
  - Penalising students with medical conditions for their attendance record where the absences relate to their condition.
  - Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
  - Creating barriers to children participating in school life, including school trips.
  - Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

## **11. Insurance**

- 11.1 Teachers who undertake responsibilities within this policy are covered by the school's insurance.
- 11.2 The Department for Education's Risk Protection Agreement covers staff providing support to students with medical conditions.
- 11.3 Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the Business Manager.

Appendix 1 - Individual healthcare plan implementation procedure

1

- Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.

2

- Achievement Coordinator /Pastoral team co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the student.

3

- Meeting held to discuss and agree on the need for IHCP to include key school staff, child, parent and relevant healthcare professionals.

4

- Develop IHCP in partnership with healthcare professionals and agree on who leads.

5

- School staff training needs identified.

6

- Training delivered to staff - review date agreed.

7

- IHCP implemented and circulated to relevant staff.

8

- IHCP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate. (Back to 3.)



**Hayes School Healthcare Plan 2022-2023**  
**PLEASE ONLY COMPLETE IF YOUR CHILD HAS A HEALTH CONDITION**

**STUDENT DETAILS**

**Name of Student:** ..... **Tutor Group:** .....

**Student's Address:** .....

..... **Date of Birth:** .....

**MEDICAL DETAILS**

**Medical Diagnosis or Condition:**

.....

**Individual Healthcare Plan attached (planned with an external healthcare professional)**

**Yes/No (please delete as appropriate)**      **Review Date:** .....

**Name of external healthcare professional:** .....

**Allergy Action Plan completed by healthcare professional and attached (please download document from school website under Parents Emotional Health & Wellbeing)**

**Yes/No (please delete as appropriate)**

**Describe medical needs and give details of student's symptoms (that staff should be aware of):**

.....

**Daily care requirements (e.g. breaktime/lunchtime/afternoon/sports):**

.....

**Describe what constitutes an emergency for the student (signs and symptoms), and the action to be taken if this occurs:**

.....

**Additional information:** .....

**Medication to be held in Student Reception: Yes/No (please delete as appropriate)**

**List of medication, if yes:** .....

**Do you consider your child to have a disability?: Yes/No (please delete as appropriate)**

**CONSENT FOR USE OF THE MEDICATION LISTED ABOVE**

**1. I/We give consent to Hayes School to administer my/our child this medicine in accordance with the school policy. (Please note that any changes to medication will require written confirmation and consent to administer.)**

**Print name of Parent/Carer: ..... Signature: .....**

**CONSENT FOR USE OF EMERGENCY SALBUTAMOL INHALER**

**1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler. YES/NO (please delete as appropriate)**

**2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day. YES/NO (please delete as appropriate)**

**3. In the event of my child displaying symptoms of asthma, if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. YES/NO (please delete as appropriate)**

**Print name of Parent/Carer: ..... Signature: .....**

**CONSENT FOR USE OF EMERGENCY EPIPEN (or equivalent Adrenaline Auto-injector)**

**1. I can confirm that my child has been diagnosed with an allergy and has been prescribed an Adrenaline Auto-injector device. YES/NO (please delete as appropriate)**

**2. My child has a working, in-date Adrenaline Auto-injector device, clearly labelled with their name, which they will bring with them to school every day. YES/NO (please delete as appropriate)**

**3. In the event of my child displaying symptoms of an allergic reaction, and if their Adrenaline Auto-injector device is not available or is unusable, I consent for my child to have use of the emergency Adrenaline Auto-injector device held by the school for such emergencies. YES/NO (please delete as appropriate)**

**Print name of Parent/Carer: ..... Signature: .....**

**Plan prepared by Parent/Carer (print name): ..... Date: .....**

**I agree that the medical information contained in this form may be shared with individuals involved with the healthcare and education of my child.**

**Parent/Carer Signature: .....**

**OFFICE USE ONLY: Logged on SIMs: Print Name: .....**

**Signature: ..... Date: .....**

## Appendix 3 - Parental agreement for a school to administer medicine

### Hayes School Medicine Form

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

Name of child	
Date of birth	
Tutor group	
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 needs to know about?	
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	Student Reception

The above information is to the best of my knowledge and accurate at the time of writing and I give consent for my child to administer medicine, which I have delivered to Student Reception to be stored. 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 \_\_\_\_\_

## **Appendix 4 - 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 – **0208 462 2767**

Your name.

Your location as follows: **Hayes School, West Common Road, Hayes, Bromley, BR2 7DB**

The exact location of the patient within the school.

The name of the child and a brief description of their symptoms.

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 5- School Asthma Card

### School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – work

Telephone – mobile

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 should be clearly labelled with your child's name and kept in agreement with the school's policy.

#### Reliever treatment when needed

For wheeze, cough, shortness of breath or sudden tightness in the chest, give 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"/>

#### Expiry dates of medicines checked

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

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

Parent/carer's signature

Date

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicine?

☐ Yes ☐ No

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

Does your child need to take any medicines before exercise or play? ☐ Yes ☐ No

If yes, please describe below

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

Does your child need to take any other asthma medicines while in the school's care? ☐ Yes ☐ No

If yes, please describe below

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

#### Dates card checked by doctor or nurse

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

#### What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

**Asthma UK Adviceline** Ask an asthma nurse specialist  
0800 121 62 55 [asthma.org.uk/adviceline](http://asthma.org.uk/adviceline)  
9am–5pm, Monday–Friday

**Asthma UK** Summit House, 70 Wilson Street, London EC2A 2DB  
T 020 7786 4900 F 020 7256 6075

[asthma.org.uk](http://asthma.org.uk)

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**CONSENT FORM**

**USE OF EMERGENCY SALBUTAMOL INHALER**

**Child showing symptoms of asthma/having asthma attack**

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Child's Name: ..... Form: .....

Signed by: ..... Print Name: .....  
(Parent/Carer)

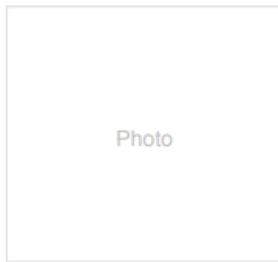
Date: .....

# Allergy Action Plan

## THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

### Emergency contact details:

1)



2)



Child's Weight: Kg

**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 AAls in schools.

Signed:

\_\_\_\_\_

(PRINT NAME)

Date:

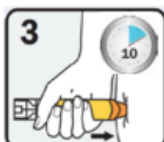
### How to give EpiPen®



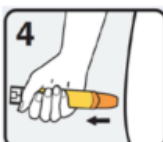
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

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### Mild-moderate allergic reaction:

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

### ACTION:

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

## 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**

- AIRWAY:** Persistent cough, hoarse voice  
difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

### If ANY ONE (or more) of these signs are present:

1. Lie child flat:  
(if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. EpiPen) **without delay**
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 2<sup>nd</sup> adrenaline dose** using a second autoinjector 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.

### 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.

This plan has been prepared by:

SIGN & PRINT NAME: \_\_\_\_\_

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

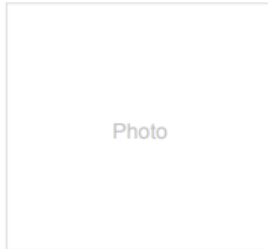


Date:

## THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

### Emergency contact details:

1)



2)



Child's  
Weight: Kg

**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:

### How to give Emerade®



**1**

Remove needle shield



**2**

Place and press Emerade against the outer side of the thigh. You will hear a click when the injection has started



**3**

Hold Emerade against the thigh for 5 seconds. Lightly massage the injection site afterwards. CALL 999 AND STATE "ANAPHYLAXIS"

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### Mild-moderate allergic reaction:

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

### ACTION:

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

## 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**

### AIRWAY:

Persistent cough, hoarse voice  
difficulty swallowing, swollen tongue

### BREATHING:

Difficult or noisy breathing,  
wheeze or persistent cough

### CONSCIOUSNESS:

Persistent dizziness / pale or floppy  
suddenly sleepy, collapse, unconscious

### If ANY ONE (or more) of these signs are present:

1. **Lie child flat:** (if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector** (eg. Emerade) **without delay**
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 2<sup>nd</sup> adrenaline dose** using a second autoinjector 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.

### 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.

This plan has been prepared by:

SIGN & PRINT NAME: \_\_\_\_\_

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



Date:



# Allergy Action Plan

**THIS CHILD HAS THE FOLLOWING ALLERGIES:**

Name:

DOB:



Photo

**Emergency contact details:**

1)



2)



Child's Weight: Kg

**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:

**How to give Jext®**



1  
Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



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



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



4  
REMOVE Jext®. Massage injection site for 10 seconds

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**Mild-moderate allergic reaction:**

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

**ACTION:**

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

**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**

**AIRWAY:**

Persistent cough, hoarse voice  
difficulty swallowing, swollen tongue

**BREATHING:**

Difficult or noisy breathing,  
wheeze or persistent cough

**CONSCIOUSNESS:**

Persistent dizziness / pale or floppy  
suddenly sleepy, collapse, unconscious

**If ANY ONE (or more) of these signs are present:**

1. Lie child flat:  
(if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. Jext) **without delay**
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 2<sup>nd</sup> adrenaline dose** using a second autoinjector 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.

**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.

This plan has been prepared by:

SIGN & PRINT NAME: \_\_\_\_\_

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



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



**CONSENT FORM**

**USE OF EMERGENCY EPIPENS**

**Child showing symptoms of an allergic reaction/anaphylaxis**

1. I can confirm that my child has been diagnosed with an allergy and has been prescribed an Adrenaline Auto-injector device.
2. My child has a working, in-date Adrenaline Auto-injector device, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of an allergic reaction, and if their Adrenaline Auto-injector device is not available or is unusable, I consent for my child to have use of the emergency Adrenaline Auto-injector device held by the school for such emergencies.

Child's Name: ..... Form: .....

Signed by: ..... Print Name: .....  
(Parent/Carer)

Date: .....