

Supporting Pupils with Medical Conditions Policy



Agreed by Governors	Spring 2023
Date for Review	Spring 2024



SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Including the Administering of Medicines and First Aid Asthma Policy (APPENDIX 1) and Emergency Action Plans for Anaphylaxis (Appendix 2)

This policy has been formulated from statutory guidance DfE September 2014. Section 100 of the Children and Families Act 2014 places a duty on Governing Boards to make arrangements for supporting pupils at their school with medical conditions.

This policy has been updated in line with Supporting Pupils at School with Medical Conditions (Statutory guidance for Governing Boards of maintained schools and proprietors of academies in England) DfE December 2015 and Guidance for safer working practice for those working with children and young people in education settings October 2015.

Roles and Responsibility

Overall responsibility	Jennifer Ruane
First Aiders (First Aid at work qualification)	Cheryl Wilson/Tracy Tomkins
Administration responsibility	Gill Babic
Responsibility for administering medication	Gill Babic and named staff according to IHP

Policy Statement

Westfield Infant School is an inclusive community that welcomes and supports pupils with medical conditions. No pupil will be denied admission or prevented from taking up a place in Westfield Infant School because arrangements for their medical condition have not been made. However, in line with safeguarding duties, the governing board ensures that pupils' health is not put at unnecessary risk from, for example, infectious diseases. The governing board therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Staff and Governors understand that pupils can suffer from long term, short term, chronic and acute illnesses and will provide for all pupils without exception or discrimination. This includes both physical and mental health conditions.

The aim is to ensure that all pupils with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The Headteacher makes sure all relevant staff understand their duty of care to pupils in the event of an emergency. All staff feel confident in knowing what to do in an emergency through first aid training. It is understood that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

Staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Arrangements for whole-school awareness training so that all staff are aware of medical conditions affecting pupils in the school are fully understood.

Staff and governors understand the importance of medication and care being taken as directed by healthcare professionals and parents/carers. All pupils with medical conditions will have an Individual Healthcare Plan (IHP) written as soon as possible after diagnosis and reviewed at least annually or more often if necessary.

All staff understand the medical conditions that affect pupils in their care. Relevant staff (as named in Individual Healthcare Plans) receive training on the impact medical conditions can have on pupils.

It is important that parents/carers feel confident that Westfield Infant School will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support that this school can provide we will establish relationships with relevant local health services to help and fully consider advice from healthcare professionals and listen to and value the views of parents/carers and pupils.

All staff receive appropriate first aid training and have easy access to first aid equipment. The main first aid box is located in the medical room and there is a basic first aid kit in the Sunbeam Base. Portable first aid kits are taken on any off site visits. There is a locked medicine cabinet located in the staffroom, the Sunbeam Base and in the Class 7 cloakroom. There is a mini fridge in the office and in Class 7 for medicines needing to be stored at a controlled temperature. Class teachers are not authorised to keep medicines in their classrooms.

Policy Framework

The policy framework describes the essential criteria for how the school can meet the needs of pupils with long term and short term medical conditions and those suffering from unexpected illness or injury at school. This policy is applied across the curriculum, including PE and Educational Visits.

1) Westfield Infant School is an inclusive community that supports and welcomes pupils with medical conditions.

- Staff and governors provide pupils with medical conditions with the same opportunities and access to activities (both school based and out of school) as other pupils.
- Staff will listen to the views of pupils and parents/carers.
- Pupils and parents/carers feel confident in the care they receive and the level of care that meets their needs.
- We will ensure all pupils joining at normal transition times will have arrangements in place to manage their medical condition by the beginning of that term. Any pupil joining the school mid-term or in other cases, such as a new diagnosis, will have arrangements in place within no longer than two weeks (subject to the provision of training and/or equipment, if required, being available). It is not necessary to have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.
- Staff understand the medical conditions of pupils and that they may be serious, adversely affect a pupil's quality of life and impact on their ability to learn.
- The whole school and local health community understand and support the Medical Conditions Policy.
- All staff understand that all pupils with the same medical condition will not have the same needs.
- Staff and the Governing Board recognise that duties in the Pupils and Families Act 2014 (England only) and the Equality Act (England, Wales and Scotland) relate to pupils with disability or medical conditions are anticipatory. It is understood that some pupils who have medical conditions may also have disabilities and / or special educational needs and this policy may be read in conjunction with the school's SEND policy and the SEND code of practice. Where this is the case pupils may have a Statement or Education, Health and Care (EHC) plan which brings together health and social care needs as well as their special educational provision.

2) This policy is drawn up in consultation with local key stakeholders within both the school and health settings.

Stakeholders include parents/carers, pupils, school nurse, school staff, governors, the LA and relevant local health services.

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

- Pupils, parents/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the Medical Conditions Policy through clear communication channels. The policy is available on the school website and all staff will be reminded of the policy and how it is implemented at induction and on an annual basis.

In the case of a pupil being prescribed antihistamines and/or an adrenaline autoinjector for allergies/anaphylaxis the additional information and emergency action plans will be completed by parent/carers, staff and health care workers – see Appendix 2

4) All staff understand and are trained in what to do in an emergency at school.

- All school staff, including temporary or supply staff are aware of the medical conditions and understand their duty of care to pupils in an emergency. Pupils with a specific medical condition have an information card displayed in the office, staffroom, kitchen and medical room. The information card includes a photograph of the pupil, information about their medical condition and who to contact in an emergency are.
- Relevant staff receive training in what to do in an emergency and this is refreshed at least once a year.
- All staff are made aware of normal procedures for avoiding infection and follow basic hygiene procedures. Staff have access to suitable disposal equipment to safely deal with spillages of blood or other bodily fluids, including the changing of dressings. In most circumstances it would be the named First Aiders who are involved in these procedures.

Individual Healthcare Plans

All pupils with a medical condition have an Individual Healthcare Plan (IHP), which explains what help they will need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parent/Carer permission will be sought and recorded in the IHP for sharing the IHP with emergency care settings. IHPs should be developed in the context of assessing and managing risks to the pupil's education, health and social wellbeing and to minimise disruption.

The Governing Board ensures that plans are reviewed at least annually, or earlier if evidence is presented that the pupil's needs have changed. They should be developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the pupil's education, health and social wellbeing, and minimises disruption.

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all pupils will require one. Staff, healthcare professionals and parents/carers will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.

IHPs should consider;

- The medical condition, its trigger, signs, symptoms and treatment.

- The pupil's resulting needs, including medication (its side-effects and storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues
- Specific support for the pupil's educational, social and emotional needs, for example how absences will be managed, requirements for extra time to complete work, rest periods or additional support including counselling
- The level of support needed, including in emergencies. At this school because of the age of our pupils they will not be self-managing their own medication. In Year 2 pupils are encouraged to be more responsible with their medication
- Who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the pupil's medical needs from a healthcare professional
- Who in school needs to be aware of the pupil's condition and the support required
- Written permission from parents/carers and the Headteacher for medication to be administered
- Separate arrangements or procedures required for school trips or other school activities outside the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Arrangements for travel to and from school and what should be done if an emergency arises (the policy is that the parent/carer, or an appropriate representative, delivers and collects the pupil to and from school)
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals are to be entrusted with information about the pupil's condition. A balance between confidentiality and clear communication channels are adhered
- What to do in an emergency, including who to contact and contingency arrangements.

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

- Relevant staff, including temporary or supply staff, know what action to take in an emergency. Training is provided at the start of each academic year, and as required throughout the year. Policies and procedures are discussed with temporary and supply staff. Training needs will be identified and discussed at least annually. The induction of new staff will include training for supporting pupils with medical needs.
- Any member of staff providing support to a pupil with medical needs will have received suitable training.
- If a pupil needs to attend hospital, a member of staff known to the pupil will accompany and remain with the pupil until a parent/carer or legal guardian arrives. A member of staff must not take a pupil to hospital in their own car.

6) Guidance on providing care and support and administering medication and first aid at school.

- Staff understand the importance of medication being taken and care received as detailed in the pupil's IHP and the Health and Safety Policy.
- Several members of relevant staff will be trained to administer the medication and meet the care needs of an individual pupil to cover any absences, staff turnover and other contingencies. The governing board ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical conditions. The governing board has made sure that there is the appropriate level of insurance and liability cover in place. This is organised by the LA.
- No medication is to be administered to a pupil without a parent/carer written consent and the relevant form is completed and signed. A record is kept of any doses used and the amount of controlled drug held. Any side effects of the medication administered at school are noted in school.
- Medication may only be administered if prescribed by a healthcare professional. Medicines bought 'over the counter' may not be administered except upon the explicit written consent

of the parent/carer. In exceptional circumstances parents/carers may be contacted to request permission to administer medication by phone. Two members of staff would be required to witness this permission being given. Parents/Carers are permitted to come into school during school hours to administer a single dose of analgesic and/or antipyretic medicine such as paracetamol or ibuprofen if they feel it is necessary. (Please see additional information in the Health and Safety Policy).

- Medicines will only be administered at school when it would be detrimental to the pupil's health not to do so and where it is not clinically possible to arrange doses to be taken solely outside of school hours.
- When administering medication, for example prescribed pain relief or antibiotics, this school will check the maximum dosage and when the previous dose was given. Parents/Carers will be informed.
- If a member of staff is concerned or uncertain about the amount or type of medication being given to a pupil this should be discussed with the Designated Safeguarding Lead.
- Pupils will not administer their own medication, unless they have received appropriate training and it is the wish of the pupil and their parent/carer. This will be recorded on their IHP. A member of staff must be present to supervise and be prepared to intervene if necessary to ensure the pupil's health and safety are not compromised. Whilst pupils will be encouraged to keep themselves healthy, and self-care is to be promoted, staff recognise that some pupil's needs may be complex and some medical conditions can be fatal if not managed well.
- If a pupil refuses to take their medication or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP. Parents/Carers will be informed.
- A trained member of staff will be available to accompany a pupil with a medical condition on an off-site educational visit and the needs of the pupil, associated risks and how these are to be managed will be included in the risk assessment for the visit.
- Parents/Carers understand that they should let the school know immediately if their child's needs change.

7) Guidance on the storage of medication and equipment at school.

(For temporary illness and medication please see the Health and Safety Policy)

- All staff understand what constitutes an emergency for an individual pupil and make sure that emergency medication / equipment is readily available wherever the pupil is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication / equipment with them if this is appropriate or know where and how to access it e.g inhalers may be carried by a pupil in a 'bum bag' for example. Pupils know to ask any member of staff and that they may have immediate access to their medication when required. Medications are stored safely in the cupboard in the Medical Room and Class 7 locked medicine cabinet, or in the fridge in the office or Class 7 if required to be stored at a controlled temperature.

Controlled drugs are stored securely, but accessibly, in a non-portable container with only named staff having access. Staff can administer a controlled drug to a pupil once they have had specialist training. It is legal for a pupil who is competent to carry their own controlled drug but it is an offence for them to pass it to anyone else to use.

- Medication will only be stored if it is in date and labelled in its original container. The exceptions to this are insulin and adrenalin (auto-injector), which although must still be in date, will generally be supplied in an injector pen or pump. Medication will only be accepted where it is in its original container, complete with dispensing label including the pupil's name and instructions for administering from a qualified healthcare professional.
- Parents/Carers are responsible for ensuring medication kept in school is in date and replacements are made before the expiry date. Staff will also check all medication held in

school on at least a termly basis and all medicines which will expire before the end of the following term will be returned to parents/carers and replacements requested, however parents/carers have the overall responsibility.

- Disposal of needles and other sharps is in line with local policies. Sharps boxes are held securely at school and will accompany a pupil on off-site visits. They are collected and disposed of in line with local authority procedures. When no longer required medicines are returned to parent/carers to arrange for safe disposal.

8) Guidance about record keeping

- Parents/Carers are asked if their pupil has any medical conditions on the admissions form.
- An IHP is used to record the support an individual pupil needs around their medical condition. The IHP is developed with the parent/carer, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- There a centralised register of IHPs, and the Headteacher has responsibility for this register.
- IHPs are reviewed regularly, at least annually or whenever the pupil's needs change.
- The parents/carers, specialist nurse (where appropriate), and relevant healthcare services hold a copy of the IHP. Other school staff, including LSAs, are aware and have access to the IHPs for pupils in their care.
- Pupil's confidentiality is protected.
- Parents/Carers permission is sought before sharing medical information with any other party.
- Prior to any extended day visit a meeting with the parent/carer, specialist nurse (where appropriate), and relevant healthcare services takes place to discuss and make a plan for any extra care requirements that may be needed. This is recorded on the pupil's IHP which will accompany them on the visit.
- Accurate records of all medication administered, including the dose, time, date and supervising staff are made.
- The Headteacher and governors make sure that all relevant staff providing support to a pupil have received suitable training and ongoing support, to make sure they have the confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse / school nurse / other suitably qualified healthcare professional and / or the parent/carer. The specialist nurse / school nurse / other suitable qualified healthcare professional will confirm their competence, and staff keep an up to date record of all training undertaken and by whom.

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

- Staff and Governors are committed to providing a physical environment accessible to pupils with medical conditions and an accessible environment for out of school activities.
- Medical conditions are considered to ensure pupils' involvement in structured and unstructured activities, including extended school activities.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti-bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHEE and Healthy School Week to raise awareness of medical conditions to help promote a positive environment.
- Staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out of school clubs and team sports.
- Staff are aware that pupils should not be forced to take part in activities if they are unwell. They are also aware of pupils who have been advised to avoid / take special precautions during activity, and the potential triggers for a pupil's condition when exercising and how to minimise these.

- Staff ensure that pupils have the appropriate medication / equipment /food available during physical activity.
- Staff make sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other pupil, and that appropriate adjustments and extra support are provided.
- Staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absence relates to their medical condition. Following absence, reintegration back into school will be properly supported so pupils with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term absences, including those for medical appointments, are effectively managed. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), are effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing (see Attendance Policy and Teaching, Learning and Assessment Policy).
- In the case of a medical emergency the remaining pupils in the vicinity are supervised to a safe location.
- A risk assessment is carried out before any out of school educational visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

10) Staff are aware of the common triggers that can make common medical conditions worse or can bring on an emergency. Staff actively work towards reducing or eliminating these health and safety risks.

- Staff are committed to identifying and reducing triggers both at school and on out of school visits.
- Relevant staff have been given training and written information on medical conditions which includes avoiding / reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions, has a trigger reduction schedule and is actively working towards reducing / eliminating these health and safety risks.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe during the whole school day and on out of school activities. Risk assessments are carried out on all out of school activities, taking into account the needs of pupils with medical conditions.
- All medical emergencies and incidents are reviewed to see how they could be avoided, and changes are made to policy according to these reviews.

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

- Staff work in partnership with all relevant parties including the pupil (where appropriate), parent/carer, governing board, staff, healthcare professionals and the LA to ensure that the policy is planned, implemented and maintained successfully.
- The school's complaints policy and procedures are available should parents/carers be dissatisfied with the support provided to their pupil.

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

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

- Should parents/carers be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

13) This policy states that that the following is not acceptable practice:

- 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/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send pupils 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 individual healthcare plans;
- 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs;
- Prevent pupil from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

This Policy will be reviewed in the spring term 2024.

Adopted by the Governing Board and Signed by



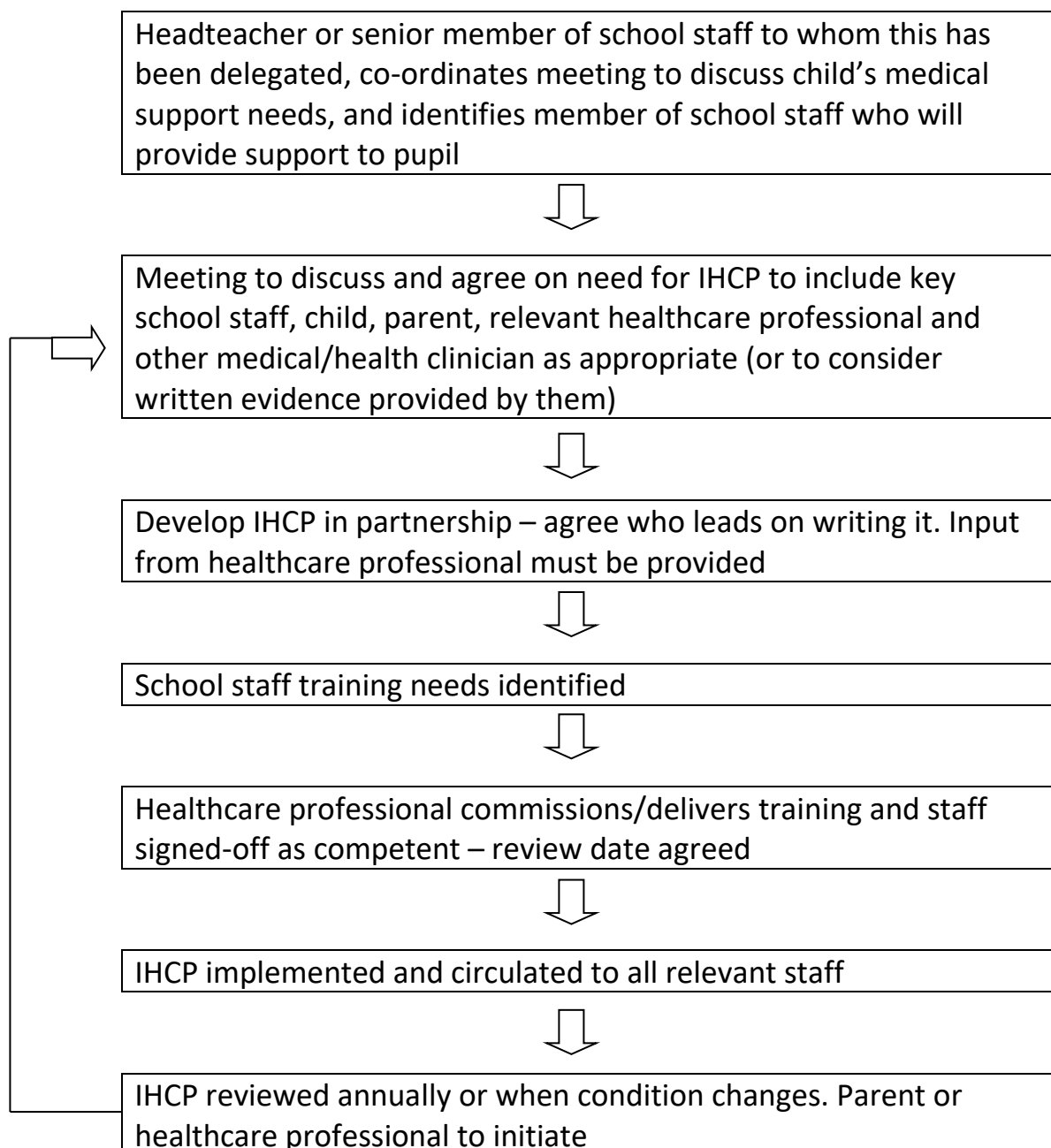
Chair of Governors

Date: 1.2.23

Annex A

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend a new school, or is due to return to school after a long-term absence, or that needs have changed





APPENDIX 1

Asthma Policy

This policy needs to be read in conjunction with the Supporting Pupils with Medical Conditions Policy.

This policy has been written with advice from the Department for Education and Skills and Asthma UK.

Introduction

At Westfield Infant School staff and Governors:

- recognise that asthma is a widespread, serious but controllable condition and all pupils with asthma are welcomed;
- ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities;
- recognise that pupils with asthma need immediate access to reliever inhalers at all times, keeps a record of all pupils with asthma and the medicines they take;
- ensure that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma;
- ensure that all pupils understand asthma;
- ensure that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack;
- understand that pupils with asthma may experience bullying and has procedures in place to prevent this;
- will work in partnership with all interested parties including the school's governing board, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Asthma medicines

- Immediate access to reliever medicines is essential. The reliever medications are stored in the labelled cupboard in the medical room. Class 7 pupils' inhalers are stored in the locked cupboard in the Class 7 toilet/changing area. Parents/Carers are responsible for ensuring that the school is provided with an in-date inhaler labelled with the child's name.
- School staff are not required to administer asthma medicines to pupils, however staff at this school are happy to do this. School staff who agree to administer medicines act in agreement with this policy. Pupils in Year 2 are encouraged to be more independent with administering their inhalers in preparation for transition to their Junior School.

Record Keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.
- Parents/Carers complete and sign a 'Request for Administration of Medicines – Long Term' form which contains details of the prescribed medicine to be administered during the school hours, the dose and time. A copy of this form is kept with the inhalers.
- Parents/Carers complete the School Asthma card and this is reviewed once a year. The card requests that parents/carers update the information if their child's treatment changes during the year.
- Parents/Carers are notified that they are responsible for informing the school about any changes in administering for routine or emergency medication and to maintain an in date supply of the medication.
- When an inhaler has been administered during school hours a record is kept that includes the time, dose and the adult present.

Exercise and Activity – PE and Games

- All staff know which pupils in their class have asthma and all PE teachers are aware of which pupils have asthma.
- Inhalers are stored in the medical room next to the school hall therefore immediate access is available to reliever inhalers during indoor and outdoor PE lessons.

- Lunchtime and after school sports coaches are aware of pupils with asthma and where inhalers are stored. There is always a member of teaching staff on premises during after school club sessions.

School Environment

- To ensure the school environment is favourable to pupils with asthma the school does not keep furry or feathery animals and has a definitive no-smoking policy.

Outings and trips

- Pupils with asthma are highlighted on the group lists.
- The risk assessment fully assesses the potential hazard, pupils, and how the risk is controlled.
- Inhalers are carried by the group leaders for the pupils.

Asthma Attacks

- The following procedures are followed:
 1. Ensure that the reliever inhaler is taken immediately.
 2. Stay calm and reassure the pupil
 3. Help the pupil to breathe by ensuring tight clothing is loosened
- After the attack
 1. Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities
 2. Maintain the record (as above)
 3. Parents/Carers must be told of the attack
- Emergency procedure

Call the ambulance from the office if:

 - The reliever has no effect after five to ten minutes
 - The child is either distressed or unable to talk
 - The child is getting exhausted
 - You have any doubts at all about the child's condition
 - ***Or immediately if for any reason the child stops breathing.***

This policy should be read with the Health and Safety Policy and Supporting Pupils with Medical Conditions Policy.

This policy will be reviewed in three years unless there is a change to guidance that requires the policy to be reviewed.

Review date Spring Term 2024.

Additional information & Emergency Action Plans for Anaphylaxis

Additional Information

If an adrenaline autoinjector is required to manage anaphylaxis is found to be out of date it can still be used. However, the emphasis is to ensure this does not happen.

If the adrenaline in the adrenaline autoinjector is discoloured please seek advice from emergency services before administration

Please complete the report form if adrenaline is administered for anaphylaxis / suspected anaphylaxis.

Emergency Action Plans - Anaphylaxis

There are now amended Emergency Action Plan forms for completion by the Consultant / GP.

1. These include Letter to parents
2. Report form
3. Type of Adrenaline Autoinjectors
4. EAP with Antihistamine
5. EAP signatures for Antihistamine
6. EAP with Epipen
7. EAP signatures for Epipen
8. EAP with Jext
9. EAP signatures for Jext
10. Additional page for additional volunteer signatures

All of these documents are posted and appear as separate documents on the EIS under 'A' on the EIS A – Z.

Followi

NAME OF C
Date of birth
<i>NB Please cop hospital wi</i>
Trigger for n
Description
Any other n
Witnesses t (Position in:
Please circ
Emerade 1:
Emerade 3:
Emerade 5:
FORM CO
NAME (pri
Job title: ...
DATE: ____

Epipen



Jext



Allergy: Emergency Action Plan with *Antihistamine*

KNOWN ALLERGIES:

Name:

Preferred name:

Date of Birth:



Parent / Carer details:

1)



2)



Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or itchy rash
- Itchy / tingling mouth / itchy throat
- Abdominal pain, vomiting

ACTION:

- Stay with the child
- Call for help if necessary
- Give antihistamine: CETIRIZINE
if vomited, can give a further dose (suckle)
- Contact parent / carer

<2yrs	2.5mg	2.5ml
2-6yrs	5mg	5ml
6+yrs	10mg	10ml or 1 tablet

Watch for signs of ANAPHYLAXIS (Severe allergic reaction):

- Difficult or noisy breathing
- Wheeze / persistent cough / hoarse voice
- Difficulty swallowing / tightness in throat
- Loss of consciousness or collapse
- Pale / floppy / suddenly sleepy
- If in doubt or rapidly deteriorating

If ANY ONE of these signs are present:

- Lie child flat.** If breathing is difficult, allow to sit
- Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**
- Stay with the child**

Additional instructions:

If asthmatic and concerns about breathing give 10 puffs of Salbutamol inhaler

*Medical observation in hospital for at least 6 hours is recommended after anaphylaxis (NICE Guidelines).

Allergy: Emergency Action Plan with Antihistamines

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: Tel No:
.....
Signature: Date ____ / ____ /
20____
Emergency telephone contact
number.....

HEAD OF ADMINISTERING SETTING

NAME:
Signature: Date ____ / ____ / 20____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE

NAME:
Signature: Date ____ / ____ / 20____
NAME:
Signature: Date ____ / ____ / 20____
NAME:
Signature: Date ____ / ____ / 20____
NAME:
Signature: Date ____ / ____ / 20____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME:..... Tel No:.....
Signature: Date ____ / ____ / 20____
Designation:

The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the LEA and schools' responsibility to ensure there is adequately trained staff able to instigate the management plan

PLEASE ENSURE ALL MEDICATIONS ARE IN DATE BY CHECKING THE EXPIRY DATE REGULARLY

Allergy: Emergency Action Plan with **EpiPen®**

KNOWN ALLERGIES:

Name:

Preferred Name:

Date of Birth:



Photo

Parent / Carer

details: 1)



2)



Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or itchy rash
- Itchy / tingling mouth / itchy throat
- Abdominal pain, vomiting

ACTION:

- Stay with the child
- Call for help if necessary
- Give antihistamine: CETIRIZINE
If vomited, can give a further dose (circle)
- Contact parent / carer
- Locate **EpiPen®**

<2yrs	2.5mg	2.5ml
2-6yrs	5mg	5ml
6+yrs	10mg	10ml or 1 tablet

Watch for signs of ANAPHYLAXIS (Severe allergic reaction):

- Difficult or noisy breathing
- Wheeze / persistent cough / hoarse voice
- Difficulty swallowing / tightness in throat
- Loss of consciousness or collapse
- Pale / floppy / suddenly sleepy
- If in doubt or rapidly deteriorating

If ANY ONE of these signs are present:

- Lie child flat.** If breathing is difficult, allow to sit
- Give **EpiPen®** (or **EpiPen® Jr** **EpiPen®**)**
- Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**
- Stay with the child**
- If no improvement after 5-10 minutes, give a further **EpiPen®** dose (if prescribed) (please check overleaf)**

Additional instructions:

If asthmatic and concerns about breathing give 10 puffs of Salbutamol inhaler

*Medical observation in hospital for at least 6 hours is recommended after anaphylaxis (NICE Guidelines).

If (suspected) anaphylaxis please complete Report Form, giving clear account of events and fax it to 0116 2586694

How to give **EpiPen®**

Step 1

Step 1. Lie down with your leg slightly elevated or sit up if breathing is difficult

Step 2

Step 2. Grasp your **EpiPen®** in your dominant hand with the blue safety cap closest to your thumb and remove cap

Step 3

Step 3. Hold the **EpiPen®** about 10cm away from your leg, swing and jab the orange tip into the outer thigh. Hold in place for 10 seconds. Remove **EpiPen®**.

Step 4

Step 4. Massage the injection area for 10 seconds. You must dial 999 immediately, ask for an ambulance and state anaphylaxis.

Keep your **EpiPen®** device at room temperature. For more information on **EpiPen®** and to register for the free expiry alert service, go to www.epipen.co.uk.

This document has been adapted, with permission from the Australasian Society of Clinical Immunology and Allergy (ASCA).

Allergy: Emergency Action Plan with EpiPen®

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: Tel No:

.....

Signature: Date ____ / ____ /

20____

Emergency telephone contact
number.....

HEAD OF ADMINISTERING SETTING

NAME:

Signature: Date ____ / ____ / 20____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE

NAME:

Signature: Date ____ / ____ / 20____

NAME:

Signature: Date ____ / ____ / 20____

NAME:

Signature: Date ____ / ____ / 20____

NAME:

Signature: Date ____ / ____ / 20____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME:..... Tel No:.....

Signature: Date ____ / ____ / 20____

Designation:

I have prescribed a second EpiPen® to be given (circle) Yes No

The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the LEA and schools' responsibility to ensure there is adequately trained staff able to instigate the management plan.

PLEASE ENSURE ALL MEDICATIONS ARE IN DATE BY CHECKING THE EXPIRY DATE REGULARLY

Allergy: Emergency Action Plan with *Jext*®

KNOWN ALLERGIES:

Name: _____

Preferred Name: _____

Date of Birth: _____

Photo

Parent / Carer

details: 1) _____

2) _____

Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or itchy rash
- Itchy / tingling mouth / itchy throat
- Abdominal pain, vomiting

ACTION:

- Stay with the child
- Call for help if necessary
- Give antihistamine: CETIRIZINE
If vomited, can give a further dose (circle)
- Contact parent / carer
- Locate *Jext*®

<2yrs	2.5mg	2.5ml
2-6yrs	5mg	5ml
6+yrs	10mg	10ml or 1 tablet

Watch for signs of ANAPHYLAXIS (Severe allergic reaction):

- Difficult or noisy breathing
- Wheeze / persistent cough / hoarse voice
- Difficulty swallowing / tightness in throat
- Loss of consciousness or collapse
- Pale / floppy / suddenly sleepy
- If in doubt or rapidly deteriorating

If ANY ONE of these signs are present:

- Lie child flat. If breathing is difficult, allow to sit
- Give *Jext*® (otroie) 150 micrograms 300 micrograms
- Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- Stay with the child
- If no improvement after 5-10 minutes, give a further *Jext*® dose (if prescribed)
(please check overleaf)

Additional instructions:

If asthmatic and concerns about breathing give 10 puffs of Salbutamol inhaler

*Medical observation in hospital for at least 6 hours is recommended after anaphylaxis (NICE Guidelines).

How to give *Jext*®



Step 1. Grasp the *Jext*® in your dominant hand as above. Pull off the yellow cap with the other hand.



Step 2. Place the black injectable tip against outer thigh, holding the injector at a right angle to thigh.



Step 3. Push the black tip firmly into thigh until you hear a 'click', then keep it pushed in. Hold firmly in place for 10 seconds then remove.



Step 4. Massage the injection area for 10 seconds. Seek immediate medical help by dialling 999 for an ambulance.

For more information on *Jext*® and to register for the free expiry alert service, go to www.jext.co.uk.

This document has been adapted, with permission from the Australasian Society of Clinical Immunology and Allergy (ASCA).

If (suspected) anaphylaxis please complete Report Form, giving clear account of events and fax it to 0116 2586694

Allergy: Emergency Action Plan with Jext®

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: Tel No:

Signature: Date ____ / ____ / 20____

Emergency telephone contact number.....

HEAD OF ADMINISTERING SETTING

NAME:

Signature: Date ____ / ____ / 20____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE

NAME:

Signature: Date ____ / ____ / 20____

NAME:

Signature: Date ____ / ____ / 20____

NAME:

Signature: Date ____ / ____ / 20____

NAME:

Signature: Date ____ / ____ / 20____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME:..... Tel No:.....

Signature: Date ____ / ____ / 20____

Designation:

I have prescribed a second Jext® to be given (circle) Yes No

The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the LEA and schools' responsibility to ensure there is adequately trained staff able to instigate the management plan.

PLEASE ENSURE ALL MEDICATIONS ARE IN DATE BY CHECKING THE EXPIRY DATE REGULARLY

