



Our Christian faith emphasises the value and worth of every individual with their own distinctive character, gifts and abilities.

Christ's command to 'Love one another' calls us to respect and help other people. This provides the foundation for our school and all we aim to achieve.

## **Medicines in School Policy**

### **Policy statement**

Aim: This policy is designed to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they play a full and active role in school life, remain healthy and achieve their full academic potential.

Regular school attendance is vital for every child and at Holy Trinity C of E Primary School we do all that we can to maintain high attendance figures. Nevertheless, from time to time every child will become ill and may require some time out of school to recover. In general, where a child requires medication (or treatment) they should be kept at home until the course of treatment is complete.

There are, however, a few exceptions:

- When a child has almost fully recovered and simply needs to complete a course of medication (e.g. antibiotics) for a day or so.
- Where a child suffers from asthma (or any other occasional ailment) and may need to use an inhaler.
- Where equipment such as an inhaler is necessary, we strongly encourage children to take personal responsibility for these items as soon as possible.

### **Legislation and Statutory Responsibilities**

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing 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: Supporting pupils at school with medical conditions.

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

### **Roles and Responsibilities**

#### **The Governing Board**

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



## **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 Health Care Plans (IHCPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHCPs
- Make sure that school staff are appropriately insured and 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

## **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.

## **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 IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP e.g. provide medicines and equipment

## **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 IHCPs. They are also expected to comply with their IHCPs.

## **School nurses and other healthcare professionals**

Our school nursing service will notify the school 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.



## Legal Aspects

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. ***This is purely a voluntary role.*** The 'duty of care' extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication. Staff should be particularly cautious agreeing to administer medicines where:

- The timing is crucial to the health of the child.
- Where there are potentially serious consequences if medication or treatment is missed.
- Or where a degree of technical or medical knowledge is needed.

Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and/or training specific to the child's medical needs. Under no circumstances must any medication, even non-prescription drugs such as *paracetamol*, be administered without written parental approval. With parental approval the school would deem the administration of most medicines as a reasonable adjustment.

## 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.

## Long Term or Complex Medical Needs

Consultation with the parent/guardian will need to take place prior to the administration of long-term medication or complex medical needs. Specialist professionals will be consulted if necessary. A written description of the medical condition and needs will be produced by the school and linked to an Individual Health Care Plan (IHCP), having been provided by the parent, checked by the school and issued to the Office Manager and Class Teacher at the start of the school year.

A summary of the medical conditions will be displayed in the staff room, a copy stored with the child's medication and on the staff drive. These records will be updated annually in September.

## Individual Health Care Plan (IHCP)

IHCP's are in place to ensure that the school can 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 children will require one. The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher will take the final view.

IHCPs are easily accessible to all who need to refer to them, whilst preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has Special Educational Needs & Disabilities (SEND) but does not have an Education, Health and Care Plan (EHCP), their special educational needs will be mentioned in their IHCP.



IHCP's, (and their review), may be initiated, in consultation with the parent, by a member of the school's staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate. The aim should be to capture the steps which the school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has an EHC plan, the IHCP will be linked to or become part of that plan.

Where a child is returning to the school following a period of hospital education or alternative provision (including home tuition), the school will work with that provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively. When deciding what information should be recorded on IHCPs, the school will consider the following:

- 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.
- 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, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required.
- Arrangements for written permission from parents/carers and the Head Teacher 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 child can participate, e.g. risk assessments. Arrangements are required to be clear and unambiguous, and not prevent them from taking part.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHCP.

Health Care Plans are the pivotal means through which responsible holders communicate and record information acknowledging this through signing off the document. This provides a high level of assurance that information has been understood and agreement on actions reached. This also facilitates setting review dates, recording any changes introduced and also lends itself to future auditing.

## **Instruction and Training**

Specific instruction and training is given to staff before they are required to assist with or administer medicines or medical procedures. This includes the identification of tasks that should not be undertaken. Such safeguards are necessary both for the staff involved and to ensure the wellbeing of the child. Even administering common medicines can sometimes be dangerous if children are suffering from non-related illnesses or conditions.



The school will ensure that there are sufficient numbers of trained staff to cover for school visits, staff sickness, and compassionate leave or for any other reason for absence from school.

Suitable training is identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school may choose to arrange training themselves and should ensure this remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

### **Procedures**

Mrs Natasha Lewington (Office Manager) has responsibility for receiving / logging / storing / administering / checking parental consent for medicines. In the event she is not available this duty falls to our School Business Manager, Mrs Annette Streames-Smith. In the absence of either personnel, the Head Teacher or Inclusion Manager, Miss Amy Buckley, should be consulted. Both members of staff have received Administering Medicines Training. Mrs Diana Nicol and Miss Susan Hutchins are Paediatric First Aid Trained.

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Parents/carers should notify the school of any medical issues relating to their child including any medication they need to take. We will only administer medicine if it has been prescribed by a doctor and we're able to see the prescription label on the packaging. Non-prescription medicine (i.e. Calpol, Nurofen) can be administered providing it is in its original packaging. To make sure their child receives the right dose at the right time, parents/carers must complete a form from the school office and leave the medicine with the Office staff.

### **A child under 12 should never be given aspirin, unless prescribed by a doctor.**

If a pupil suffers from acute pain i.e. migraine, the parents/carers should authorise and supply appropriate painkillers, with written instructions about when the child should take the medication. The officer manager will supervise the pupil taking prescribed medication and record on the consent form the day and time it was taken. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.

Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, e.g. for the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day. If non-prescription medication is to be administered, then the parent/carer must complete a 'Parental Agreement for School to Administer Medicine Form', and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances, e.g. school residential trips, where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort should be made to contact the parents/carers as soon as possible.



Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

Prescribed medicines will only be accepted if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

Prescribed medicines, other than emergency medication i.e. epipens, inhalers, are stored safely in the school office or in the locked medical fridge in the school office. Children know where their medicines are at all times and are able to access them immediately. They know who holds the key to the storage facility.

All emergency medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are readily available to children, stored in medical boxes in classrooms, and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.

The administration and dosage of all prescribed medications is undertaken by the officer manager, Natasha Lewington, and witnessed by a second adult.

It is good practice to allow pupils who can be trusted to manage their own medication from a relatively early age (parents/carers should state this on health care plan). If doing so, staff should supervise them at all times.

If a pupil refuses to take medication, staff should not force them to do so. The school will inform the parents/carers as a matter of urgency, and if necessary call the emergency services.

### **Emergency Procedures**

As part of general risk management processes, arrangements are in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

Where a child has an individual healthcare plan, this defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils at the school know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives to take them, or accompany the child taken to hospital by ambulance, if the parent does not arrive in time.

### **School Trips**

- The school encourages all pupils to participate in school trips whenever safety permits.
- Staff supervising excursions and overnight trips should always be aware of any (additional) medical needs and relevant emergency procedures
- On occasions, it may be deemed by the school to be appropriate for an additional supervisor or parent to accompany a particular pupil with medical needs.





## **Sporting Activities**

- Most pupils with medical conditions can participate in extra-curricular sport or in the PE lessons, which is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities.
- For many, physical activity can benefit their overall social, mental and physical health and well-being.
- Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication, if necessary.
- Staff supervising sporting activities are aware of any medical needs and relevant emergency procedures.

## **Unacceptable practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents/carers; or 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 individual healthcare plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children 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, or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

## **Medication Errors**

A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when there is more than one pupil with the same name. Some examples of medication errors include:

- administration of a medication to the wrong pupil;
- administration of the wrong medication to a pupil;
- administration of the wrong dosage of medication to a pupil;
- administration of the medication via the wrong route;
- administration of the medication at the wrong time.

Each medication error must be reported to the Head Teacher and an Incident Report Form completed.

## **Accidental failure of the agreed procedures**

Should a member of staff fail to administer any medication as required, they will inform the parent as soon as possible. However, the position should not normally arise as any child requiring vital medication or treatment would not normally be in school.



### **Routine administration**

Professional training is not necessary in cases where the administration of medicines is routine and straightforward (prescribed painkillers, antibiotics, etc.) Where training is identified the details will be included in the care plan. Staff should never volunteer to give non-prescribed medicines (e.g. Calpol, Piriton) to children unless the parent has given prior written permission. When medicine is administered, a record is made on the medical consent form, initially signed and kept with the child's medication.

### **Non-Routine administration**

Some children may require non-routine administrations. This could be injection, administration of rectal diazepam, assistance with catheters or use of equipment for children with tracheotomies etc. Before the school accepts any commitment; professional training and guidance will be provided by appropriate medical professionals. Once again, the training requirements and specific details will be included in the care plan signed off by the Parent and the Head Teacher.

### **Emergency salbutamol inhalers**

In late September 2014 a new guidance document on the use of emergency salbutamol inhalers in schools was issued by the government. Consequently, from 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler will only be used by children for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The school will keep a register of children who have been diagnosed with asthma or prescribed a reliever inhaler.

Written parental consent will be obtained for use of the emergency inhaler included as part of a School Asthmas Card they will be required to complete.

Appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions will be provided to staff administering the inhaler.

### **Emergency Adrenaline Auto-Injector (AAI) Generic Pens for Schools**

From 1st October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools in the UK to buy adrenaline auto-injector devices (known as AAIs) without a prescription to use in an emergency on children who are at risk of a severe allergic reaction (known as anaphylaxis) but whose own device is not available or not working. This could be because their AAI(s) are broken, or out-of-date, for example.

The school can administer the "spare" AAI, obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Written parental consent will be obtained for use of the emergency AAI included as part of an Action Plan they will be required to complete, which will be stored with the pupil's EpiPen.





Any AAI(s) held by the school is considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare

Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA, and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.

The school will ensure that all AAI devices – including those belonging to a younger child, and any spare AAI in the Emergency kit – are kept in a safe and suitably central location: for example, in class medical boxes in classroom cupboards to which all staff have access at all times, but where the AAI is out of the reach and sight of children. They must not be locked away in a cupboard or an office where access is restricted. The school will ensure that AAIs are accessible and available for use at all times, and not located more than 5 minutes away from where they may be needed.

Any spare AAI devices held in the Emergency Kit should be kept separate from any pupil's own prescribed AAI which might be stored nearby; the spare AAI should be clearly labelled to avoid confusion with that prescribed to a named pupil. The Emergency kit is located in the school office in the cupboards where the registers are stored.

The school will conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as we already do so with regards to safe-guarding, etc. Pupils at risk of anaphylaxis should have their AAI with them, and there will be staff in attendance who are trained to administer AAI in an emergency. The school will consider, on a case-by-case basis whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

Where a pupil has no other healthcare needs other than a risk of anaphylaxis, the school will ask parents/carers to complete a BSACI Allergy Action Plan. All children with a diagnosis of an allergy and at risk of anaphylaxis should have this written Allergy Management Plan.

### **Safety checklist**

- Is any specific training required to administer medicines?
- Is any necessary protective clothing or equipment available?
- Has the parent completed the Medication Consent Form? Has a copy been filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the G.P. and parent or guardian clear?
- What action is necessary in the event of an accident or failure of the agreed procedures?
- Will medication be stored in a same place and at a suitable temperature?
- Staff must be aware of guidance on infectious diseases

### **Record Keeping**

The following information must be completed by the parent:

- Name and date of birth of the child
- Name of parents/guardian, contact address and telephone number
- Name, address and telephone number of GP
- Name of medicines
- Details of prescribed dosage
- Date and time of last dosage given
- Consent given by the parents/guardian for staff to administer these medicines.
- Expiry dates of the medicines
- Storage details

The Parent Consent form, providing all the information above, will be copied and retained in a central file as a record for future reference.



## Safe storage and disposal of medicines

Medicines should be administered from the original container or by a monitored dosage system such as a blister pack. The designated member of staff should not sign the reverse of the medical consent form unless they have personally administered, assisted, or witnessed the administration of the medicines. A second signature is required by a witness.

When medicines are used staff will need to ensure that they fully understand how each medicine or drug should be stored. Storage details can be obtained either from the written instructions of the GP/Pharmacist or from parents/carers.

All medicines should be stored in the original container, be properly labelled, and kept in a secure place, out of reach of children. A medical fridge is available for any medicines that require refrigeration. These should be clearly labelled and kept separated from any foodstuff.

Medicines should only be kept while the child is in attendance.

Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids, such as blood etc.

Any unused or outdated medication will be returned to the parent for safe disposal. At Holy Trinity refrigerated medicines are kept in a locked refrigerator in the school office. All other prescription medicines are also kept locked in the school office and emergency medications such as asthma inhalers and Adrenaline Auto-Injectors are kept in close vicinity of the children in their classrooms in class medical boxes. Older children in the school take responsibility for their own asthma inhalers.

## Children with infectious diseases

Children with infectious diseases will not be allowed in school until deemed safe by their GP and/or the School Nurse or local health authorities.

## School Insurance Arrangements

QBE UK Limited is the school's insurer and they provide liability cover relating to the administration of medication.

The certificate is displayed in the school office.

## 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.

## Related Policies

Health & Safety

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The Governing Body approved this policy on date: **26<sup>th</sup> March 2024**

Signed:

Chair of Governors

Signed:

Head Teacher

Medicines in School Policy  
Ratified 26<sup>th</sup> March 2024

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7. Medication Error Incident Form
8. Letter to Pharmacist to request Emergency Adrenaline Auto-Injector
9. Letter to Parents/Carers Requesting completion of School Asthma Card
10. School Asthma Card
11. Letter to Parents/Carers requesting completion of Auto Injector Action Plan
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13. Jext Auto Injector Action Plan
14. Emerade Auto Injector Action Plan



### Appendix 1 - Individual Healthcare Plan

Name of school/setting	
Child's name	
Year group / Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

### Family Contact Information

Name	
Relationship to child	
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	
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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 2 - Parental agreement for School to administer medicine**

**IMPORTANT - STAFF – Please complete reverse of this page when administering the medication**

**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.  
**Important: School staff are not required to undertake this duty.**

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

**Medicine**

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

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

**Contact Details**

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

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

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_



**Appendix 3 – Record of medicine administered to an individual child**

**Record of medicine administered to an individual child  
(to be completed by member of staff)**

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	
Storage instructions	

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			

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



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

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



**Appendix 4 - Staff training record – administration of medicines**

Name of school	
Name of staff member	
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 5 - Model letter inviting parents/carers to contribute to individual healthcare plan development**

Dear Parent / Caregiver,

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

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

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

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

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

Yours sincerely,



## Appendix 6 - Administration of Medicines in School Procedure

**Appointed member of staff for administering prescribed medicine: Natasha Lewington**

**Appointed Deputy member of staff for administering prescribed medicine: Annette Streames-Smith**

**Responsible SLT Member: Amy Buckley**

1. Any parent/guardian who wishes Holy Trinity C of E Primary School to administer medication to their child/children will be required to complete a parental agreement form which can be collected from the school office.
2. No medication is to be accepted by the school office without an accompanying completed parental agreement form.
3. Should a course of treatment be required, the parent/guardian must complete a form daily, which is handed into the office with the accompanying medication in order for the Office Manager to monitor when the last dose was submitted at home, prior to administering any further doses at school.
4. The Office Manager who takes receipt of the medicines and Parental Agreement Form will photocopy the form, placing one copy with the medicine itself and one copy in the school office.
5. The Office Manager will be responsible for storing the prescription medicines in the appropriate locations, i.e. The Medical Box kept in the Office for any medications that do not require refrigeration, and the locked Medicines Fridge stored by the school office. The key for the Medicines Fridge is kept in the school office.
6. Upon administration of prescription medication, the Office Manager will follow the below procedure.
  - i. The child is collected at the time stated on the Parental Agreement Form and brought to the School Office/Medical Area or the medicine is administered in the classroom.
  - ii. The child will be asked to confirm their name, be shown their medication and asked to confirm that it is their name that appears on the packaging.
  - iii. A second member of staff will be present to ensure that the medicine is administered correctly.
7. Upon administration of prescription medication by the Office Manager, she will record in the Medicines In School folder the following information:

i. Date administered	vi. Any reactions
ii. Name of child	vii. Her signature and name
iii. Time administered	viii. Witness signature of second staff member.
iv. Name of medicine	
v. Dose given	





8. For children who require daily medication due to serious medical circumstances, an Individual Healthcare Plan is stored in the Medicines in School folder. Administration of their medication will be recorded as per point 5 above, as well as on their individual forms.
9. In the case of a medication error, the Head Teacher must be notified and an Incident Form completed.
10. Use of emergency Salbutamol inhalers must only be administered to children for whom written parental consent has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as a reliever medication. Should an emergency inhaler be administered, this must be recorded as per point 5 of this procedure document and responsible SLT member notified.
11. The monitoring of Medicines in School will be undertaken on a termly basis by the responsible SLT member.



## Appendix 7 - Medication Error Incident Form

1. Level of error	
(a) Major error (incident resulting in major harm or death)	
(b) Unresolved error (The outcome at present unknown)	
(c) Minor error (No serious harm suffered)	
(d) Near miss (Error was avoided)	

2. Person completing this form	
Name:	
Job Title:	

3. Details of the medication error or near miss	
Name of Child:	
Date and time error occurred:	
Date and time error discovered:	
Details of the error:	



4. Other staff/persons involved in the incident	
Name:	Job Title:
Name:	Job Title:
Name:	Job Title:
Name:	Job Title:

5. Who was contacted for advice		
GP	Yes/No	Time of contact and advice received:
Consultant	Yes/No	Time of contact and advice received:
Nurse	Yes/No	Time of contact and advice received:
Pharmacist	Yes/No	Time of contact and advice received:
NHS Direct	Yes/No	Time of contact and advice received:
H&S Office	Yes/No	Time of contact and advice received:
Local Authority	Yes/No	Time of contact and advice received:
Parent Relative	Yes/No	Time of contact and advice received:



6. Who has been informed about the incident		
If no, give reasons:		
Child	Yes/No	
Parent/Guardian	Yes/No	
Head Teacher	Yes/No	
Local Authority	Yes/No	
Other (please state)	Yes/No	

7. Type of incident and detail		
	Tick which apply	Detail
Wrong medicine given		
Wrong dose given		
Wrong strength of medicine given		
Medicine given at the wrong time		
Dose omitted		
Medicine out of date		
Recording error		
Other		



<b>8. Cause of incident</b>		
	Tick which apply	Detail
Unclear labelling caused confusion	<input type="checkbox"/>	
Unclear instructions caused confusion	<input type="checkbox"/>	
Wrong user name	<input type="checkbox"/>	
Product out of date	<input type="checkbox"/>	
Interruptions	<input type="checkbox"/>	
Other cause	<input type="checkbox"/>	

<b>9. Immediate action to be taken</b>		
	Tick which apply	Detail
Investigation by Executive Principal	<input type="checkbox"/>	
Investigation by external body (please specify):	<input type="checkbox"/>	

<b>10. Action to prevent recurrence</b>		
	Tick which apply	Detail
New internal procedure introduced	<input type="checkbox"/>	
Internal training provided	<input type="checkbox"/>	
Wider procedure introduced	<input type="checkbox"/>	
Wider training provided	<input type="checkbox"/>	



<b>11. Additional notifications (major incidents only)</b>		
	Tick which apply	Detail
Local authority		
Health & Safety Executive		
Emergency services		
Social care		

Name: .....

Position: .....

Signed:.....

Date:.....





**Appendix 8 – Letter to pharmacist to request Emergency Adrenaline Auto-Injector**

[To be completed on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer’s instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase “spare” back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at [www.sparepensinschools.uk](http://www.sparepensinschools.uk)).

Please supply the following devices:

Brand name*		Dose* (state milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

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

Print name: \_\_\_\_\_ **Head Teacher**

\*AAs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
<ul style="list-style-type: none"> <li>• Epipen Junior (0.15mg)</li> <li><b>or</b></li> <li>• Emerade 150 microgram</li> <li><b>or</b></li> <li>• Jext 150 microgram</li> </ul>	<ul style="list-style-type: none"> <li>• Epipen (0.3 milligrams)</li> <li><b>or</b></li> <li>• Emerade 300 microgram</li> <li><b>or</b></li> <li>• Jext 300 microgram</li> </ul>	<ul style="list-style-type: none"> <li>• Epipen (0.3 milligrams)</li> <li><b>or</b></li> <li>• Emerade 300 microgram</li> <li><b>or</b></li> <li>• Emerade 500 microgram</li> <li><b>or</b></li> <li>• Jext 300 microgram</li> </ul>

The guidance is available at:  
<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>  
 Further information can be found at <http://www.sparepensinschools.uk>



## **Appendix 9 – Letter to Parents/Cares Requesting completion of School Asthma Card**

[Date]

Dear Parent/Caregiver of [pupil name],

The School Asthma Card

Thank you for informing us of your child's asthma on his/her registration form. As part of accepted good practice and with advice from Asthma UK we are asking all parents and caregivers of children with asthma to help us by completing a school asthma card for their child/children.

The completed card will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

It will also provide us with your consent to administer and emergency inhaler kept in school if required.

Please make sure the card is regularly checked and updated by your child's doctor or asthma nurse and the school is kept informed about changes to your child's medicines, including how much they take and when.

I look forward to receiving your child's completed school asthma card.

Thank you for your help.

Yours faithfully,

Anna Smith  
Head Teacher



Appendix 10 – 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 mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

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

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

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

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

Parent/carer's signature  Date

Expiry dates of medicines

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

Parent/carer's signature  Date

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

Does your child tell you when he/she needs medicine?  
 Yes  No

Does your child need help taking his/her asthma medicines?  
 Yes  No

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

Pollen  Stress  
 Exercise  Weather  
 Cold/flu  Air pollution

If other please list

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

If yes please describe below

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

Dates card checked

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

To be completed by the GP practice

**What to do if a child is having an asthma attack**

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
  - their symptoms get worse while they're using their inhaler (this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a "bumpy ache")
  - they don't feel better after 10 puffs
  - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Any asthma questions?  
Call our friendly helpline nurses  
**0300 222 5800**  
(9am - 5pm; Mon - Fri)  
[www.asthma.org.uk](http://www.asthma.org.uk)

asthma UK  
Health & care information you can trust

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## Appendix 11 – Letter to Parent/Carers requesting completion of Auto Injector Action Plan

[Date]

Dear [parent],

According to our records, [pupil] suffers from an allergy and has been prescribed an Adrenaline Auto-Injector (AAI) pen (for example Epi-pen, Jext pen, Emerade pen).

We currently hold one Epi-pen/Jext/Emerade\* injector for [pupil] which is kept in his/her\* classroom. The expiry date is [date]. It is good practice to hold two Adrenaline Auto-Injectors per pupil and therefore kindly request you obtain another for us to keep in school for [pupil].

I would also be grateful if you could complete the attached Action Plan for [pupil]'s Epi-pen/Jext/Emerade\* injector held in school. This Action Plan gives us your written consent to administer it to him/her\*, including a 'spare' back up Adrenaline Auto-Injector (if necessary) held in the school in accordance with the Department of Health Guidance on the use of AAI's in schools.

Please return this information to the School Office by .....

Yours sincerely,

Anna Smith  
Head Teacher

Appendix 12 – EpiPen Auto Injector Action Plan

**bsaci** improving allergy care **ALLERGY ACTION PLAN** **RCPCH** **Fraxipen** **AllergyUK**

This child has the following allergies:

\_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_



**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 recalled, can repeat dose)

- Phone parent/emergency contact

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

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

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

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

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

**AFTER GIVING ADRENALINE:**

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

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

**Emergency contact details:**

1) Name: \_\_\_\_\_

\_\_\_\_\_

2) Name: \_\_\_\_\_

\_\_\_\_\_

**Parental consent:** I hereby authorize 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: [sparepenschools.uk](http://sparepenschools.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 British Society for Allergy & Clinical Immunology (BSACI) document. It should not be used without their permission. This document provides general guidance for schools in administering a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines Regulations 2012. During school, administration of an adrenaline autoinjector should be restricted to school staff only on the premises, and NOT in the playground. This action plan and guidance should be kept at all schools where there are children with anaphylaxis. © BSACI 2018

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

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

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

Appendix 13 – Jext Auto Injector Action Plan

# ALLERGY ACTION PLAN

**This child has the following allergies:**

**Name:**

**DOB:**

Photo

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

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

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

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

- 1** Lie child flat with legs raised (if breathing is difficult, allow child to sit)

- 2** Use Adrenaline autoinjector without delay (eg. Jext®) (Dose:  .mg)
- 3** Dial 999 for ambulance and say ANAPHYLAXIS ('ANA-FIL-AX-18')

\*\*\* 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 needed, 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: [sparepenschools.uk](http://sparepenschools.uk)

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**How to give Jext®**

**1**

Form fit around Jext and PULL OFF YELLOW SAFETY CAP

**2**

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

**3**

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

**4**

REMOVE Jext®. Massage injection site for 10 seconds

**Additional instructions:**

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a British Society for Allergy & Clinical Immunology (BSACI) form. It should not be used without their permission. This form is provided for the use of schools only. For details on all other forms, visit: [www.bsaci.org.uk](http://www.bsaci.org.uk). It is provided by the British Society for Allergy & Clinical Immunology (BSACI). During use, it is not to be used for any other purpose. It is not to be used for any other purpose. It is not to be used for any other purpose. It is not to be used for any other purpose.

Sign & print name:

Hospital/Clinic:

Date:

Medicines in School Policy  
Ratified 26<sup>th</sup> March 2024

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Appendix 14 – Emerade Auto Injector Action Plan

bsaci

ALLERGY ACTION PLAN

This child has the following allergies:

**Name:**

**DOB:**

Photo

**Mild/moderate reaction:**

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

**Action to take:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If reacted, can repeat dose)

- Phone parent/emergency contact

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

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

**A AIRWAY**

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

**B BREATHING**

- Difficult or noisy breathing
- Wheeze or persistent cough

**C CONSCIOUSNESS**

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

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

- 1** Lie child flat with legs raised (if breathing is difficult, allow child to sit)

✓
 ✓
 ✗

- 2** Use Adrenaline autoinjector without delay (eg. Emerade®) (Dose:  mg)
- 3** Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

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

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

**Emergency contact details:**

1) Name:

Phone:

2) Name:

Phone:

**Parental consent:** I hereby authorize 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 (advice on the use of AAI in schools).

Signed: .....

Print name: .....

Date: .....

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

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**How to give Emerade®**

- 1** REMOVE NEEDLE SHIELD
- 2** PRESS AGAINST THE OUTER THIGH
- 3** HOLD FOR 5 SECONDS  
Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

**Additional instructions:**

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a Statutory Government document only to be completed by the child's school/college. It should not be altered without their permission. This document provides the best protection for schools in situations where they have a child with anaphylaxis if used, as provided by the Medicines Division (Medicines Regulation) 2017. During school, all children with anaphylaxis should be alerted to their condition and NOT to the trigger food. This document should be distributed to all staff who have a child with anaphylaxis.

Signed & printed name:

Hospital/clinic:

Phone:  Date:

Medicines in School Policy  
Ratified 26<sup>th</sup> March 2024

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