



Rothwell Primary School

Medical Needs Policy

Working together to



our potential.

Written: September 2022 by Lauren Robinson	
Ratified by the governing body:	November 2022
To be reviewed:	November 2023

Supporting Pupils with Medical Conditions at Rothwell Primary School

Introduction

Rothwell Primary School recognises that duties in the Children and Families Act 2014 and the Equality Act 2010 relate to children with disability or medical conditions. Whilst the duties on governing bodies have not substantially changed as a result of the Children and Families Act 2014, the extent and scope of the responsibilities of schools to make arrangements to support pupils at school with medical conditions has been clarified. All schools are required to have a policy in place; it should be reviewed regularly and accessible to parents and staff. This policy is written to support those children with individual medical needs and how their needs can be met at Rothwell Primary School.

Rothwell Primary recognises the importance of having a clear, written policy on the effective management of medications in school in order to support our pupils with their own individual medical needs.

The school sets out to have clear policy and procedures of the storage, administration and disposal of medication so that no person is placed at risk of harm.

School Policy and Procedures Statement

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with medical conditions the same opportunities as others at school.

We will help to ensure they:

- Are safe from harm
- Do well at all levels of learning and have the skills for life
- Choose healthy lifestyles
- Have fun growing up
- Are active citizens who feel they have voice & influence

We understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. We also understand

the importance of medication being given as directed by healthcare professionals and parents.

All relevant staff understand the medical conditions that affect pupils at our school. We also make sure all our staff understand their duty of care to children in the event of them requiring medical intervention.

Roles and Responsibilities

Rothwell Primary school accepts responsibility for staff who administer and supervise the taking of prescribed medication during the school day.

The Governing body of Rothwell Primary school has a legal duty to make arrangements to ensure that pupils with medical needs have equal opportunities and are able to attend school with as little disruption as possible. We ensure that relevant school staff are first aid trained and have relevant understanding and training to administer medication and emergency adrenaline auto-injectors and emergency inhalers. Rothwell Primary also have arrangements in place to help pupils with medical conditions at school ensuring that relevant school professionals consult with health and social care professionals to ensure effective management is in place and support for pupils with medical conditions.

The named members of staff responsible for the Medical Needs policy and its implementation is Lindsey Bown (Inclusion Manager) and Lauren Robinson (Learning Mentor).

Head teacher

The Head teacher Leila Rothenburg is responsible for:

- Ensuring the schools medical policy is implemented and all policies and procedures are available to parents and carers.
- The Head teacher must ensure that all school staff receive sufficient and suitable information, training and instruction to undertake these procedures in a safe and effective manner including relevant staff/volunteers that cover in absence of other staff members.
- Ensuring Individual Health Care Plans (IHCP's) are drawn up for pupils with medical needs in conjunction with relevant health and social care

professionals. It is important to note where there is concern that a child's needs may not be met by a school or the parent and carers expectations appear unreasonable, the Head teacher should seek further advice from the school nurse, pupil's GP, LCC and other medical professionals.

- Ensuring medicines are stored and kept safely.
- Where the Head teacher wishes to share sensitive/ further medical information in school with key staff, it is important to note that this must be in the best interests of the pupil and must always take precedence to maintain the safety and well-being of the child.

Parents and Legal Guardians

It is important to note that parents and legal guardians are responsible to ensure that their child is well enough to attend school. It is also important that parents and legal guardians inform school of any medical conditions that their child has in conjunction with GP's/ paediatricians, health visitors and other clinicians. It is important that parents and carers inform school of any correspondence in relation to their child's medical conditions so the key person who is responsible for medical needs at Rothwell Primary School can liaise with other health professionals where required, to ensure effective support is in place.

If your child becomes unwell at school, Rothwell Primary will make contact on the emergency contact numbers provided and your child should be collected as soon as possible. It is important that any updated contact numbers are passed on to the school office and regularly updated in any healthcare plans.

Teachers and other school staff

All teachers and staff who have a pupil with medical needs in their class are informed of their medical needs and their role with regards to the care required. Each class has a designated first aider to help respond to any medical needs/ first aid needs.

Staff including lunchtime staff are aware of medical information and where to seek further assistance for example, knowledge of where a child's inhaler is, EpiPen, or emergency rescue medication. All staff are also made aware of individual care plans

put in place and to ensure that medication administer forms are completed. Please find attached appendix A.

School Transport Escorts

It is important to note that it is not necessary for transport escorts to be trained in administering medication. It is important that parents/carers of pupils accessing the school bus from school, communicate any medical needs/ need of medication to the school transport office and in consultation with the Head teacher, Leila Rothenburg and parents and legal guardians. School will communicate with transport escorts where appropriate regarding sufficient information regarding any medical needs and support.

The Health Service

The local health authority has a statutory duty to obtain services to meet local needs. These services are provided by the local National Health Service (NHS) Trust.

The main contact with schools is likely to be via the School Health Service, school nurse or doctor, who may be able to help school draw up Individual health care plans for pupils with medical needs. Parents / legal guardians may be able to extra information to enhance the care plan. The school nurse or doctor will be able to advice on training or provide training for staff who volunteer to administer medication and take responsibility for other aspects of support for the pupil. Training may also be reviewed and refreshed and updated.

General Practitioner

Most pupils will be registered with a GP. Schools may liaise with the GP if the GP has gained consent from the parent and legal guardian to do so. In some cases parents and legal guardians are happy for the GP to liaise directly with school or through the schools health service. In some cases a parent and legal guardian or pupil may not wish the GP to provide school with any information in respect of their CYP's condition.

Administering Medication

Prior to administering any medication in school, it is important to note that an 'administration medication form' is completed with the dose received in school, expiry date and dose to administer. It is important that this is signed by a responsible school staff administering medication and signed by the parent and legal guardian to ensure that consent is gained to administer.

Staff responsible for the administration of medication should be provided with sufficient training to enable them to carry out their duties safely. This should also be approved by the Head teacher. Staff will have training in conjunction with other health and social professionals.

The requirement for any member of staff at Rothwell Primary School giving medicine is to check:

- The name
- that there are written instructions provided by the PLG or doctor
- the prescribed dose and the expiry date of the medicine.
- If staff are in doubt, they should not give the medication until these things have been checked and the full details known.

If there are concerns about these details, or they are not provided, then medication will not be given until the full details are known and there is a signed agreement.

Each time a pupil is given any medication a record is made and noted on the administration form. Information to be documented on the form are: the date, time, what was administered and where appropriate and if required details of any problems, which the person administering the medication should sign.

Controlled drugs are to be administered by two members of staff both of which must complete the administration of medication record and sign.

We will allow medications to be brought to school when it is essential for example where it would be detrimental to a child or young person's health if the medicine was not administered during the school day.

Wherever possible, parents / carers are advised to request that any prescription is such that the child / young person does not need to take any medication whilst at school for example a dose-frequency of three times per day rather than four times per day dose.

We will only accept medication in its original container and with the prescriber's instructions for administration if the medication is prescribed.

We will allow non prescription medication to be provided if it is essential and needs to be taken during the school day. We will follow the same procedures for all medication administration.

Emergency Salbutamol Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 schools have been allowed to obtain salbutamol inhalers, without a prescription, for use in emergencies. An emergency salbutamol inhaler can only be used by pupils where parental consent has been gained. This is for pupils who have been diagnosed with Asthma or have been prescribed with an inhaler as a reliever. These inhalers can be used if a pupil has any empty/broken inhaler.

Rothwell Primary School has emergency Salbutamol inhalers in school which are stored in the first aid room. Identified staff are responsible to ensure that inhalers and spacers are checked for example checking expiry dates and that the inhalers are functional.

Miss Robinson has the responsibility to ensure that there is written consent for pupils to use an emergency inhaler. Use of an emergency inhaler will be documented giving the time the inhaler was administered and how much medication was provided. If an emergency inhaler is used in school following consent from a parent, detail of when / where the incident took place will also be passed on.

Miss Robinson also has a record of children who are diagnosed with Asthma/ who require inhaler as a reliever. This is also on the medical register. Children who have Asthma also have an IHCP in place.

Children who have an inhaler in school, are stored in a designated and safe area within the classroom but easy to access when required.

Important information: Recognising an Asthma Attack.

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

Call an ambulance immediately with further symptoms and continue to commence Asthma procedure without delay.

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

In an event of Asthma attack what to do

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Adrenaline Auto Injectors (AAI)

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

All children with an EpiPen have an allergy action plan in place. (Please see appendix B.)

All children with an AAI also have a spare one in school, that is located in a safe place but of quick, easy access. A pupil's AAI is kept in school at all times. School follow the Allergy Action plan and will seek any further consultation with medical professionals/ parents and legal guardians.

There is a written record of children who have an AAI and allergy action plan.

Parents are informed of the event where an AAI has been administered and, when required in an emergency, an ambulance contacted.

Relevant staff are trained in administering AAI.

At Rothwell Primary school we have chosen to be a nut free school.

Storage and Disposal of Medicines

All backup controlled drugs must be kept in an approved (meets with the requirements of the Misuse of Drugs Regulations) lockable receptacle. This must be locked at all times except when being accessed for the storage of medication or administration to the named pupil.

All school's back-up controlled medications including emergency Salbutamol inhalers are stored in the first aid room inside a locked cabinet. The key for this is securely stored within a password protected cabinet within the main school office. Only people responsible to administer medication can access this.

- It is important to note that large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for the pupil and this should be record on the medication administering form.
- Medicines should be stored strictly in accordance with product instructions.
- It is important that the pupil is aware of who is responsible to administer their medication and where this should be stored.
- All emergency medicines prescribed to an individual child, such as asthma inhalers and adrenaline pens, should be readily available to pupils in case of emergency and should not be locked away. These should be stored in an accessible, but safe place within their classroom.
- Few medicines need to be refrigerated. These can be kept in a refrigerator with food but they must be in an air tight container and clearly labelled. School have their own refrigerator within the staff room that is specific for medication that needs to be refrigerated. There is restricted access to this. Head teacher is aware of medications that are in the refrigerator and ensuring that access is denied if the staff room is not occupied.

Medicine should be stored in original containers which are labelled with:

- the name of the person for whom the medicine is prescribed;
- the name and constituents (if known) of the medicine;
- the prescribed dose;
- the time the prescribed dose is to be taken;
- who to contact in an emergency;
- the expiry date of the medicine;

- the name of the person or organisation responsible for prescribing the medicine;
- any likely side effects for the person taking the medicine (e.g. harmful or toxic if swallowed, harmful by inhalation, harmful if in contact with the skin or eyes).

It is important that the Head teacher is responsible for an alternative administrator. Administrators should be provided with suitable personal protection and hygiene purposes such as disposable gloves, face mask, etc.

Disposal of Medicines

School must ensure that parents and legal guardians collect all empty containers, out of date medicines and surplus medicines. Medicines should be collected at the end of each term.

If parent and legal guardians do not collect all medicines after further repeated reminders, they should be taken to a local pharmacy for safe disposal.

On the very rare occasion that the school has to dispose of any of the below items, advice should be sought from the Leeds City Council's Environmental Health Waste Disposal Service before disposal of any items. Pharmaceuticals that are cytostatic or cytotoxic (are defined as any medicinal product that has one or more of the following hazardous properties: Toxic (H6), Carcinogenic (H7), Mutagenic (H11) or Toxic for Reproduction (H10)) are classed as "hazardous Wastes" under Hazardous Waste Regulations 2005 as such disposal must be in accordance with the requisite Regulations.

Disposal of Sharps

Sharps boxes should always be used for the disposal of needles. Sharps boxes are to be obtained by parent and legal guardian on prescription from the pupils GP or Paediatrician. Collection and disposal of the boxes should be arranged with Leeds City Council's Environmental Waste Disposal Unit.

Short term needs: Prescribed medicines

Medicines should only be taken to school when it is deemed essential. For example this would be where it would be detrimental to a pupil's health if the medicine was not administered during the day at school.

Parents and legal guardians should request that the prescription is such that the pupil does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose.

Medicines that do need to be administered must be provided in an original container (as dispensed by the pharmacist) and include the prescriber's instructions for administration as also stated within the 'administering of medicines section' of the policy. Prescribers should be encouraged to provide two prescriptions for a CYP's medication, where appropriate and practicable: one for home and one for use in the school, avoiding the need for the repacking or re-labelling of medicines by parents and legal guardians. Any medication brought into school must be clearly marked with the name of the pupil and dose required. Medications are kept secure unless this is an inhaler/ emergency medication where this is required as quick as possible.

Any additional requirements regarding medical needs/ short medication should be discussed with the Head teacher/ inclusion team.

Rothwell Primary school will not administer medications that have been removed from their original containers and packaging.

Long Term Medical Needs

Parents and legal guardians must inform school of any information about medical conditions that are long term prior to the pupil attending school and any medicines that the pupil is taking.

It is important to note that pupils who have a long term medical condition and are competent to manage their own medication, will be able to do so, under the supervision of school and in liaison with parents and carers once consent is received. It is at the head teacher's discretion as to what medication may be carried by a pupil at school.

A child may carry out their own medicine such as taking their inhaler with supervision of staff at school.

Non Prescription Medicines

Rothwell primary school will not administer any non -prescribed medicines unless arranged by the Head teacher with written consent from the parent and legal guardian. Non prescribed medicines include painkillers, cough sweets and skin creams.

In rare circumstances where a child is required to have non prescribed medicine in school as agreed by the Head teacher, the medicine needs to come in its packaging alongside written and signed consent and the required dose.

Recording systems such as administration forms and IHCP will state and have documented recording in the rare case that this is administered. This will include the time and dose provided.

At Rothwell Primary, we encourage you to take your child to the GP if he/she suffers from acute frequent pain. Schools will liaise with health care professionals where appropriate.

Parents and guardians can wish to come to school to administer non prescribed medicine such as pain relief to the child where appropriate.

It is important to note that no pupil under the age of 16 should be given aspirin or medicines containing ibuprofen unless prescribed by a doctor. The use of aspirin by CYP under 12 has been banned in the United Kingdom since 1986, and the Committee on Safety of Medicines warned that it should also be avoided in CYP up to 15 if they were feverish.

Clinical Decisions

School staff at Rothwell Primary will not make any clinical decisions with regards to the medical needs of a pupil unless in extreme circumstances where of emergency.

If required, the school will arrange a multi-agency meeting with appropriate healthcare professionals where clear instructions can be obtained and a pupil risk assessment can be evaluated.

Self-Management of Medicines

If a pupil is able to take control of their medication and illness it is important to note that school will seek advice from relevant health and social care professionals. It is important that staff supervise this, if the child is deemed to have capacity to do so. We recognise the importance of schools liaising with parents and other health care professionals regarding self- management.

At Rothwell Primary School we will ensure that there is supervision and support at all times regarding the self-management of medicines.

Our school allows the following medication / medical equipment to be carried by our children and young people where it is deemed they are competent, and it is safe to do so with supervision at all times by a first aid trained member of staff:

- Asthma inhalers,
- Paracetamol,
- Allergy medication,
- Diabetes devices / insulin
- Other medication may be requested and will be considered on a case by case basis. Other medication such as Auto Injection devices will be administered by a trained member of staff.

Refusal to take medicine

If a pupil refuses to take their medication, staff cannot force the pupil to do this. If by not taking their medication that there is greater risk parents and legal guardians will be contacted immediately and medical advice sought where appropriate. It is important to note that this is recorded and a communicated through verbal and written communication.

Individual health care plans and risk assessments

All pupils with medical needs will have an individual health care plan (IHCP). The Head teacher and Inclusion team will ensure that this is written and drawn up for the pupil, ensuring appropriate and sufficient information is given in conjunction with any other health and social care professionals.

Please see appendix C of a template of individual health care plans. It should give details of:

- The pupils condition
- daily care requirements
- emergency action to take and when to take it
- who is responsible in an emergency (including reserves) and any follow up care that may be needed.

Input into the IHCP should be gathered from everyone that is likely to have contact with the pupil for example class teacher, phase leader, key worker, school staff who have agreed to administer medication, school health service, escorts/schools transport service.

Key staff and the Inclusion team have confidential records of IHCP, these are stored in a safe and secure place. IHCP are carefully shown/ communicated to particular individuals including lunchtime staff with emergency / care procedures known. Plans will also establish if there is any specific training that has been completed or is required for responsible people volunteering to administer medicine.

It is important the IHCP consider holistic aspects of the pupils needs both physically and emotionally. It is important the IHCP in an event of an emergency/ incident is taken with them to hospital/ parent or carer goes with the pupil and this is documented within their records.

It is important to note that some IHCP's may also require a risk assessment (IPRA) alongside the plan especially if the IHCP does not account for all the probable risks of harm to the pupil or those administering the care to the pupil.

It is a legal requirement to have an IPRA in place under the Management of Health and Safety at Work Regulations 1999.

All IHCP and IPRA's are to be reviewed regularly and to be updated annually.

School Trips and Sporting Activities

All pupils with medical needs should be encouraged to participate in school trips as long as the pupil would not be placed at significant risk and this would be safe.

On school trips and for sporting activities there are always staff present that have up to first aid training in place.

School have their own first aid bags and storage to take any medicine alongside with relevant administering forms. Medications required are labelled.

Where appropriate there may be need further additional risk assessments to be put in place alongside with the IHCP stating emergency procedures in place.

The location of trips/ sporting activities will be notified of pupils with medical needs. If there is any doubt regarding a school trip/ sporting activities this is to be discussed with the parent and guardian and if necessary medical advice sought.

Most pupils with medical needs will participate in sporting activities either as part of the curriculum or as an extra-curriculum activity. Some measures prior/ during the exercise may need to be put in place.

Staff supervising pupils involved in P.E. and sporting activities are aware of the relevant medical conditions and emergency procedures for pupils with a medical condition who is participating in the activity or observing. It is important that staff supervising is carefully considered dependent on medical needs/ support required. This would also be documented in the pupils ICHP.

Emergency Procedures

In an event of an emergency. School will call for an ambulance and parent/legal guardian immediately. Further follow up with parent/legal guardian or consultation with other health and social care professionals will be made where appropriate and individual health care plans and risk assessments may be put in place/ reviewed.

The Head teacher Leila Rothenburg is aware and consulted of emergency procedures/ incidents.

If a child or young person needs to be taken to hospital, our staff will stay with them until the parent / carer (or designated adult) arrives, or accompany a child / young person taken to hospital by ambulance and stay with them until the parent / carer (or designated adult) arrives.

Being notified that a child has a medical condition .

When our school is notified that a child / young person has a medical condition, the process outlined below will be followed to decide whether the child / young person requires an IHCP.

Rothwell Primary School school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for children / young persons who are new to our school.

When notification of a child with a medical condition is received, our school will:

- Gather all the required information by providing parents / carers with the appropriate form and having follow-up conversations where necessary.
- Where possible, make appropriate arrangements for staff to administer any medication or medical procedures and to receive whatever training is necessary.
- Where required, instigate an IHCP.

Unacceptable practice

At Rothwell Primary School, staff will use their discretion and judge each case individually with reference to the child / young person's IHCP, but it is generally not acceptable to:

- Prevent children / young persons from easily accessing their inhalers, medication or administering their medication when and where necessary.
- Assume that every child / young person with the same condition requires the same treatment.
- Ignore the views of the child / young person or their parents / carers.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children / young persons 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 IHCPs.

- If the child / young person becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children / young persons for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent children / young persons 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 / young person, including with toileting issues. No parent / carer should have to give up working because the school is failing to support their child / young person's medical needs.
- Prevent children / young persons from participating, or create unnecessary barriers to children / young persons participating, in any aspect of school life, including school trips.
- Administer, or ask children / young persons to administer, medicine in school toilets.

The medical conditions policy is reviewed evaluated and updated annually.

Appendices:

A: Medicine Administration form

B: Individual Health Care Plan

C: Allergy Action Plan

D: Asthma Plan

**Appendices A:
Record of medicine administered to an individual child**



Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

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

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

Appendices B: Individual healthcare plan



Rothwell Primary Individual Health Care Plan

Name of school/setting

Rothwell Primary School

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

Daily care requirements

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

Arrangements required for school visits/trips etc

Other information that is required to help support your child with their medical need

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 if required.

Form copied to

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

Plan developed with

Staff training needed/undertaken – who, what, when if required.

Form copied to

Appendices C: 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**

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

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

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

AFTER GIVING ADRENALINE:

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

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

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/swelling 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, use repeat dose)
- Phone parent/emergency contact

Emergency contact details:

1) Home: _____

2) Home: _____

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

Signed: _____

Print name: _____

Date: _____

How to give EpiPen®

- 1**  FULL 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 medicinal document has only to be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical advice but does not include an adrenaline 'spare' back-up adrenaline autoinjector if needed, as provided by the Home Medicines Organisation (HMO) 'Spare' back-up adrenaline autoinjector device must be carried in hand luggage on all flights, and NOT in checked baggage. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: _____

Hospital/ Clinic: _____

Date: _____

My asthma triggers:

List the things that make your asthma worse and what you can do to help

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

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents - get the most from your child's action plan

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

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

Questions? Ask Asthma UK's nurses:

Call on
☎ 0300 222 5800 (9am-5pm; Mon-Fri)

Or message on WhatsApp
📱 07378 606 728 (9am-5pm; Mon-Fri)

Always keep your reliever inhaler (usually blue) and your spacer with you.

You might need them if your asthma gets worse.



My Asthma Plan

Your asthma plan tells you what medicines to take to stay well

And what to do when your asthma gets worse





My Asthma Plan

1 My usual asthma medicines

- My preventer inhaler is called _____
_____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:

- My reliever inhaler is called _____
_____ and its colour is _____

I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.



2 My asthma is getting worse if...

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

If my asthma gets worse, I will:

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



URGENT! "If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take emergency action now (see section 3)"



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

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

Other things to do if my asthma is getting worse

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

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

If I have an asthma attack, I will:



Call for help



Sit up — don't lie down. Try to be calm.



Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.



If I don't have my blue inhaler, or it's not helping, I need to call **999** straightaway.



While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

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

