



Supporting Pupils with Medical Conditions Policy

Approved: Spring 2026

Review: Spring 2028

DfE guidance

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
- monitoring of individual healthcare plans.

St Catherine's is an inclusive school welcoming and supportive of children with medical conditions. This policy is designed to support the management of medical care in school and to support individual children with medical needs. This policy complies with "Supporting pupils at school with medical needs" DfE April 2014, and for those children who may be considered to be disabled, the Equality Act 2010.

Pupils with medical conditions will be fully supported so that they have full access to education, including school trips and physical education. We will ensure consultation with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Roles and Responsibilities

The is responsible for ensuring that arrangements are in place to support pupils with medical conditions, with this responsibility delegated to the Headteacher on a day-to-day basis. In doing so, they will ensure that such children can access and enjoy the same opportunities at school as any other child. In making arrangements, the Governing Body will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Governing Body should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The Governing Body will ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They will ensure that staff are properly trained to provide the support that pupils need.

In line with their safeguarding duties, the governing body will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Parents or guardians have prime responsibility for their child's health and should provide the school with up-to-date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school.

While teachers have a general professional duty to safeguard the health and safety of their pupils and to act in 'loco parentis', that is, to act as any reasonable parent would, this does not imply a duty or obligation to administer medication. Staff will have access to information on pupils' medical conditions and actions to take in an emergency.

Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

The policy of this school is not to administer medication or medical care unless the pupil has a medication condition, which if not managed, could prove detrimental to their health or limit access to education. The head teacher accepts responsibility, in principle, for administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.

The Governing Body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Staff Training

The school will ensure that there are always members of staff holding the First Aid at Work certificate and a recognised paediatric first aid certificate.

Medicines

Prescribed medicines

Prescribed medicines should only be brought to school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day. Medicines prescribed 'three times a day' should be administered before school, after school and at night.

Where prescribed short course medication e.g. antibiotics are required to be given during the school day, parents should make arrangements for this. Only in

exceptional cases, agreed by the headteacher, staff may administer medication following completion of the school's medical form.

Exceptions to this are pupils on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.

The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber in the original container dispensed by a pharmacist and which include the pupil's name, prescriber's instructions for administration and dosage.

Non-prescribed medicines

Non-prescribed medicines will only be administered with prior written permission from parents in circumstances such as residential trips. Staff will check the medicine has previously been administered without adverse effect and the school's medical form must be completed.

Administering medicines

This school recognises no child under 16 should be given medicines without their parent's written consent.

Following written consent using the school's medical form, any member of staff administering medicines to a pupil should check:

- The child's name
- Name of medication
- The prescribed dose
- Expiry date
- Written instructions provided on a label or container.

If in doubt about any procedure, staff will not administer the medicine before checking with parents or a health professional before taking further action.

a) Medicines will be administered by a member of staff and overseen by a colleague.

b) A written record must be kept following administration of medicines to pupils.

c) If a child refuses to take a medicine, staff will not force them to do so, but will record this on the school's record form and parents/carers will be notified of the refusal.

d) Parents will be notified of the administering of medicine.

Long term medical needs

Where a pupil has a chronic illness, medical or potentially life-threatening condition, the school will initiate a health care plan to meet individual needs and support the pupil. This will be drawn up by health care professionals in consultation with the child's parents or guardians and may contain the following information:

- Definition and details of the condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Treatment and medication
- What action to take/not to take in an emergency
- Who to contact in an emergency
- Staff training where required
- The role the staff can play
- Consent and agreement

Medical professionals should take the lead when plans need reviewing.

Record keeping

a) Parents should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions. Requests for staff to administer medication should be written on the school's medical form.

These should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of medication
- Any side effects
- Expiry date

Completed forms should be kept in the medical room and referred to when administering medication. The record folder must be completed by staff following administration.

b) Requests for updated medical conditions including asthma, are distributed to parents at the end of the school year for existing pupils and at the beginning of each school year for new pupils. These are collated by the member of staff (First aid lead) who has been delegated to fulfil this role by the Headteacher. All staff have access to this information and actions to take in an emergency.

c) Children with food allergies have their photographs and details displayed in the catering manager's office to ensure that food products are safe for children.

d) Updated medical conditions and reviews of policies and practice are monitored and disseminated by the first aid leader.

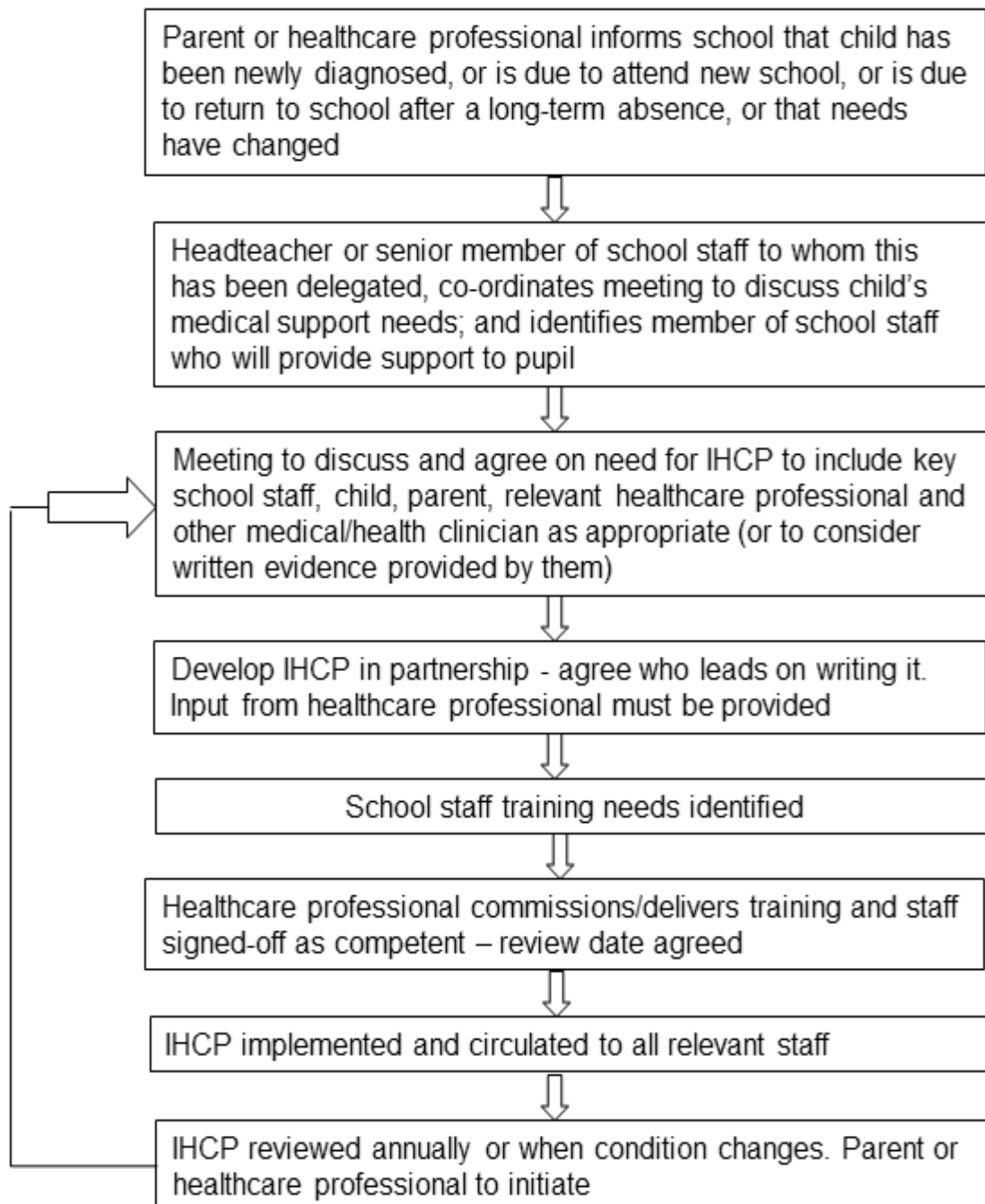
Storing medicines

a) Staff will only store, supervise and administer medicine that has been prescribed for an individual child.

Medicines must be stored safely in the pharmacist's original container and clearly labelled with the child's name, the dosage and instructions for administration.

Appendix 1

Model process for developing individual healthcare plans



Appendix 2

Roles and responsibilities

Governing bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child 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.

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. The school secretary is responsible for ensuring the school emergency inhaler and AAI device is in date and for re-ordering when needed.

School nurse – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at

school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g.

provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Parents/carers are responsible for collecting all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term and to collect and dispose of any out-of-date medication. It is the parents' responsibility to ensure all medication is in date.

Appendix 3: Asthma

Rationale:

This asthma guidance has been developed to provide information for Hertfordshire state funded schools/nurseries on the day to day care and management of pupils with asthma within the school/nursery environment, enabling children/young people with a diagnosis of asthma to participate fully through access to the whole curriculum, and through working in partnership with parents and healthcare professionals.

This guidance is in line with the recommendations of the British Thoracic Society (2019) and Asthma UK (2014) for the management of children / young people with Asthma in the school environment.

The Questionnaire is a tool to be completed by parents to identify children/ young people who have **severe asthma** and who will require a care plan to be set up in school/nursery. It will also inform the school/nursery of the medication being used to control the child/young person's asthma symptoms with instructions for use of the inhaler/s brought into school/nursery through the Asthma Maintenance Plan.

An individual healthcare plan (IHCP) for severe asthma will be set up for children/young people who have been identified through the questionnaire. A health professional will be invited to attend the care plan meeting and / or contribute information for those with **severe asthma**.

This guidance also incorporates the Department of Health (2015) Guidance on the use of Emergency Salbutamol Inhalers in School, which was introduced on 1st October 2014 to allow the use of emergency Salbutamol inhalers with parental permission following a change in legislation (The Human Medicines (Amendment) (No 2) Regulations, 2014).

Persons operating under this guideline are as follows:

- Hertfordshire Community NHS Trust (HCT) staff
- Doctors
- Teachers
- School / Nursery Support Staff
- Parents / Carers
- Children / Young people with asthma

The following roles and responsibilities have been identified

Schools:

- Will hold a register of pupils with asthma and encourage parents / carers to complete the asthma questionnaire.
- Ensure key school staff members are aware of pupils with asthma within the school.
- Will inform the child's parent/ carer if a pupil has an asthma attack or if they have concerns regarding their asthma management.
- Will follow the emergency Salbutamol Inhaler guidance (Department of Health, 2015) if the school has chosen to adopt the guidance.

- Will facilitate, and in partnership with the School Nurse/Health Visitor if available or parents, complete a care plan for pupils with severe asthma.
- Will ensure that where pupils do not carry their own inhalers (primarily primary aged children), staff will ensure inhalers are kept in a safe but readily accessible place known to all staff, this includes the emergency inhalers if held by schools.
- Will ensure all key staff have been provided with the opportunity to partake in annual training concerning asthma
- Will display the **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK** in designated agreed areas within the school
- Will take reasonable steps to reduce potential trigger factors influencing asthma within the school environment- e.g. classroom plants and pets.
- Will remind children with asthma partaking in PE or going off the school site for activities or school trips to take their inhalers with them and ensure the inhalers are taken on school trips.
- Provide indemnity insurance for teachers and other school staff who volunteer to administer medication to pupils with asthma who need help.

Hertfordshire Community NHS Trust (HCT):

- Will work in partnership with parents, pupils, head teachers, school/nursery staff and other key healthcare professionals as required.

The Pupil with Asthma:

- Should be encouraged to take responsibility for their own asthma management
- Should know how and when to take their reliever inhaler (normally blue)
- Primary school aged children – should know how to use their inhaler and spacer with support from an adult
- Should inform a member of staff if he/she becomes unwell at school
- Should care for their inhaler in a safe manner
- Should remember to take their inhalers to PE lesson/off site activities

The Parents/ Carers of Pupils with Asthma:

- Must inform the school if their child has asthma
- Should complete the asthma questionnaire and return it to the school office annually
- Must inform the school of any relevant changes to their child's asthma status or changes to medication
- Should ensure at least one reliever inhaler (normally blue) and spacer – two maybe required in particular circumstances - has been supplied to the school, with the child's full details clearly labelled on the inhaler and spacer
- Must ensure their child's inhaler/s in school are in date and replaced as and when necessary. Parents should ensure the spacer is cleaned regularly
- Must communicate any concern about their child's asthma care in school to the head teacher/class teacher

ASTHMA HISTORY QUESTIONNAIRE

(to be completed by parent / carer)

About your Child's Asthma

Child's Name: Male / Female		Date of Birth	
Address:		Home	
		Mobile	
		Work	
GP Address		GP Name	
		GP Phone	
When was your child diagnosed with Asthma?			
What triggers your child's Asthma (if known)?			
Is your Child's Asthma <i>Please Tick</i>	Mild <i>Uses reliever blue inhaler occasionally</i>	Moderate <i>Uses preventer and occasional blue inhaler</i>	Severe <i>Uses preventer, regular reliever and other medication.</i>
Does your child have disrupted sleep due to his / her Asthma? <i>Please Tick</i>	Rarely	Occasionally	Frequently
How many times (if any) has you child attended the accident and emergency (A& E) department with an acute asthma attack in the past year?	Not Attended	Once or More	State how many times?
Who monitors your child's Asthma (if under the hospital please give name)?			
How often is your child seen by Hospital / GP / Practice Nurse	Only when he / she has an Asthma attack	On a 3-6 monthly (or more frequent basis)	Annual Check Up by GP
What Inhalers / Medications has your child been prescribed?	Reliever (Name)	Preventer (Name)	Any Other
Can the family GP be contacted for information where required?	Yes	No	

Asthma Maintenance Plan

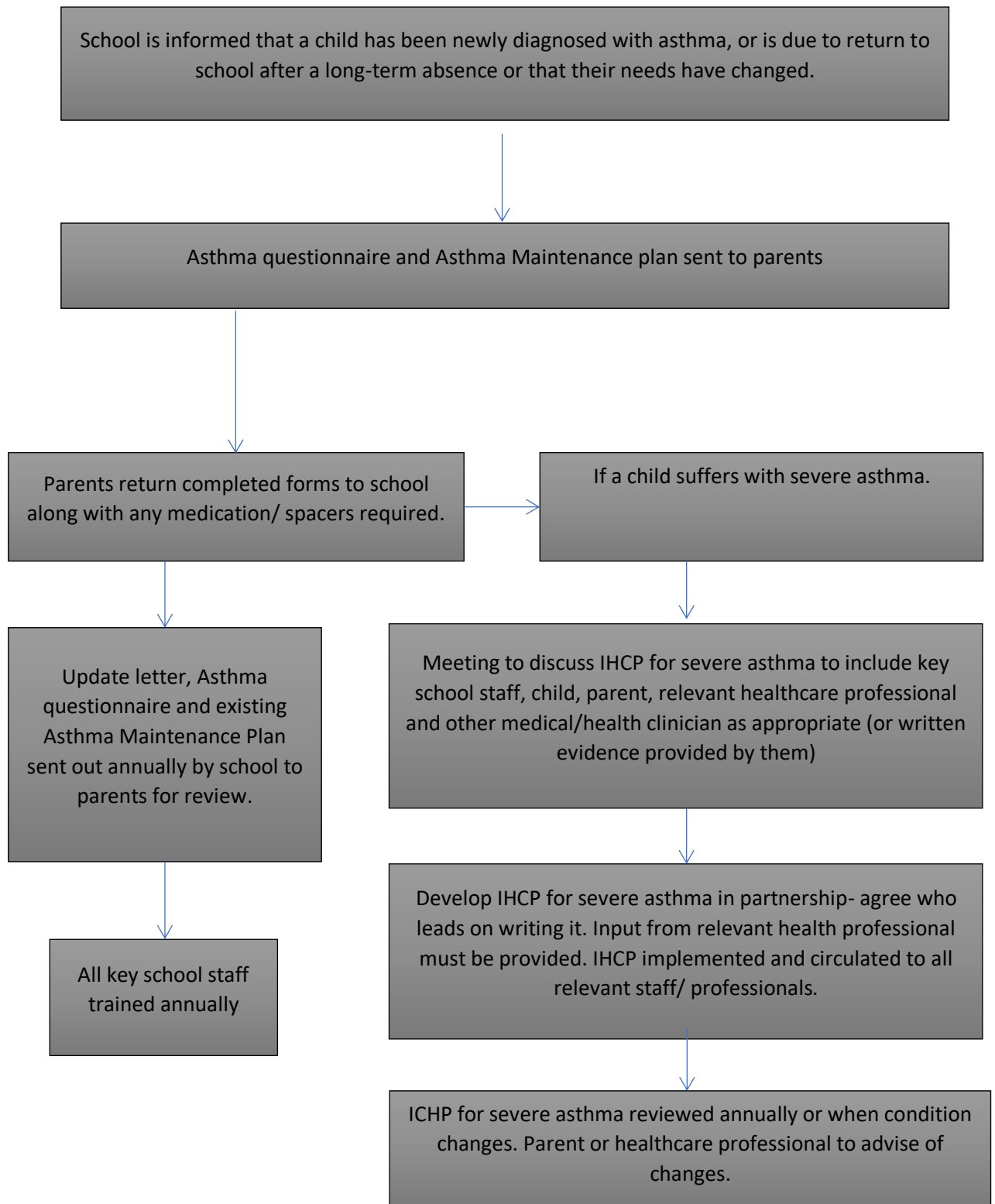
Name:

Class:

Name of reliever inhaler			
Frequency of use			
Does your child need his/her reliever inhaler before PE/sport?	Yes	No	
If yes how many puffs required?			
Does your child need assistance taking his/her inhaler	Yes	No	
Does your child have a clear understanding as to when he / she needs to use their Inhaler	Yes	No	
Does your child know where his /her inhaler is kept in school	Yes	No	
Does your child use a spacer when using their inhaler?	Yes	No	
In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.	Yes	No	
Additional Instructions:			
Parents/Carer signature			
Date			
Review Due			

Asthma Flow chart

Adapted from [Model process for developing individual healthcare plans, \(supporting pupils at school with medical conditions, 2015\)](#)



Appendix 4: Anaphylaxis

This document has been set up to ensure a countywide approach to managing allergies in Hertfordshire schools.

Persons operating under this guidance are as follows:

- Hertfordshire Community NHS Trust (HCT)
- Doctors
- Teachers
- School/nursery support staff
- Parents/carers
- Children /young people with allergies

The following roles and responsibilities have been identified

Adapted from Anaphylaxis Campaign (2014) FAQ in Schools.

<http://www.anaphylaxis.org.uk/userfiles/files/Factsheets/FAQs%20in%20schools%20v8%20July%202014.pdf>

Schools will

- Ensure school staff have received training in managing severe allergies in schools, including how to use an adrenaline auto injector
- Review health records submitted by parents annually
- Identify a core team to work with parents to establish prevention and treatment strategies.
- Ensure that catering supervisors are aware of an allergic child's requirements. Ensure tables are cleaned thoroughly before and after eating. Remind children to wash their hands.
- Ensure the cooks and lunch time staff all know children affected by allergy.
- Include food-allergic children in school activities. Pupils should not be excluded based on their allergy. School activities should be designed and developed to ensure the inclusion of food allergic pupils.
- Ensure all staff can recognise symptoms; know what to do in an emergency, and work to eliminate the use of allergens in the allergic pupil's meals, educational tools, arts and crafts projects.
- Ensure that medications are appropriately stored, and easily accessible in a secure location (but not locked away) central to designated staff members.
- Review policies after an allergic reaction has occurred.

Parents

- Should notify the school of the child's allergies. Ensure there is clear communication.
- Work with the school to develop a plan that accommodates the child's needs throughout the school including in the classroom, in dining areas, in after-school programmes, during school sponsored activities and on the school bus.

- Provide written medical documentation, instructions and medications as directed by a doctor.
- Replace medications after use or upon expiry. Emergency kits in school should be checked termly to ensure they are stored correctly, are still in date, and ready for use.
- Educate the child in allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction, and how to read food labels.
- Provide a stock of safe snacks for special school events (to be stored in school) and periodically check its supply and freshness.
- Review policies and procedures with the school staff, school nurse, the child's doctor and the child (if age appropriate) after a reaction has occurred and annually before each school year.

Pupils should

- Be sure not to exchange food with others
- Avoid eating anything with unknown ingredients
- Be proactive in the care and management of their food allergies and reactions (based on the age level/understanding)
- Notify an adult immediately if they eat something they believe may contain the food to which they are allergic

ADMINISTRATION OF ADRENALINE IN SCHOOLS

As per Supporting Pupils at School with Medical Conditions April 2014 and if a child potentially at risk has been identified, there must be liaison between the following to co-ordinate the management of his/her emergency treatment.

It is recommended that the Headteacher of the school should:-

- Ensure staff have completed online training
- Read the Department for Education Supporting Pupils at School with Medical Conditions September 2014.
- Read the Anaphylaxis and Children with Severe Allergies (June 2015 The Anaphylaxis Campaign).

It is recommended that the parents should:-

- Complete Consent to Emergency Treatment form.
- Inform school, especially when changing school.
- Provide Adrenaline, e.g. 2x auto-injector for use in school.
- Be responsible for the replacement Adrenaline when:
 - (a) it is used;
 - (b) prior to expiry date (to be taken home in holidays for checking);
 - (c) safe disposal when no longer required or expired.
- Provide, a recent photograph of the child for school.
- School held medication should be kept in a safe, cool place and be easily accessible within the school including after hours' pupil activities.
- Arrangements for school trips should be risk assessed and planned with the child's parents.

ANAPHYLAXIS

- A severe, life-threatening allergic reaction within the body.
- Can be rapid – develops in seconds/minutes, although timescale variable, most occur within 1 hour.

Signs and Symptoms

May develop as follows:-

- Anxiety
- Sweating, pale, rapid pulse
- Feeling faint/odd
- Itchy skin, blotchy rash
- Swelling of skin, particularly around face and neck
- Vomiting/diarrhoea
- A feeling of tightness in the throat

Severe Symptoms Requiring Urgent Medical Treatment (not always preceded by the above progression)

- Difficulty in breathing, e.g. with wheeze (distinguishable from an asthma attack by the presence of other signs of allergic reaction, as above)
- Choking/hoarseness
- Collapse
- Loss of consciousness

EMERGENCY ADRENALINE PACK

Every pupil who has been prescribed an Adrenaline auto-injector will have a pack, which is clearly labelled and readily available for emergency use. Adrenaline auto-injectors should not be locked away.

The contents of the Emergency Adrenaline pack should include:-

1. Adrenaline – in the form of an Auto-injector. (Epi-pen, Jext or Emerade).
2. A copy of the consent for the individual child, signed by the parent and the school.
3. Photograph with name of pupil – clearly visible.
4. Individual Health Care Protocol.

MANAGEMENT OF ANAPHYLACTIC REACTION

When a child presents with the signs and symptoms described:-

- Stay with pupil, give reassurance.
- Send for Emergency Adrenaline pack and adult help.
- Send for an ambulance (999 call) – give following details:-

Name, address and access to school and information that a pupil has had an anaphylactic reaction and has been given Adrenaline.

- Check that you have the correct Emergency Adrenaline pack for that pupil.
- Administer auto-injector as per training.
- Keep pupil warm until the ambulance arrives.
- If pupil is breathless, allow to sit up.
- Otherwise, lay the pupil flat with raised legs.
- If collapsed and unconscious, protect airway and place in recovery position.
- Commence Cardio-Pulmonary Resuscitation, if necessary.
- Note time of injection given.
- Safely dispose of used syringe in the pupil's plastic box (not original container).
- Repeat in 5 minutes, if no response.
- Inform parent/guardian of hospital destination when confirmed with paramedics.

Any child who has Adrenaline administered **must** be taken to hospital **by ambulance** accompanied by an adult.

When the ambulance arrives make available to them:-

- The time the injection was given.
- Used syringe in container/plastic box.
- Pupil's personal details form.
- Ensure parent replaces used Adrenaline auto-injector as soon as possible.
- School to notify School Health Nurse as soon as possible.

NOTE

- 1. If in doubt, it is safer to give Adrenaline than withhold if child is developing anaphylaxis.**
- 2. Never administer Adrenaline prescribed for one child to another child.**
- 3. Do not transfer child in staff car – wait for an ambulance.**
- 4. Do not allow child to sit up, stand or move away after administering Adrenaline, until paramedic assessment is complete.**
- 5. School trip – a recently trained member of staff or parent must accompany children who require auto-injectors and establish responsibility for the auto-injectors.**
- 6. If any accidental puncture of the skin from the exposed needle occurs, follow the first aid procedure below.**

FIRST AID PROCEDURE FOLLOWING NEEDLE STICK INJURY

If an accidental puncture of the skin occurs from the used needle, follow the first aid procedure.

ACTION

- a) - Irrigate wound with running water.
 - Encourage controlled bleeding.
 - Cover with appropriate dressing.
 - It is vital that the person concerned attends local Accident & Emergency (A&E) Department.

See the County Health & Safety Manual, Aids (Acquired Immune Deficiency Syndrome) Occupational Health & Safety Guidelines, March 1995 updated.

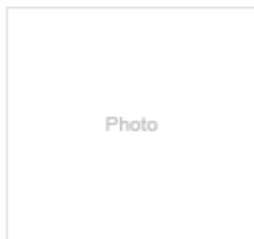
- b) If needle was unused on child but adrenaline was accidentally injected into another person – follow instructions above and attend the local A&E Department.

Instructions for mild allergic reaction

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Emergency contact details:

1)



2)



Child's
Weight: Kg

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

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

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

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. Stay with child, contact parent/carer
4. Commence CPR if there are no signs of life

*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.

This BSACI Action Plan for Allergic Reactions is for children with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These are available at www.bsaci.org

For further information consult NICE Clinical Guidance CG116 Food allergy in children and young people at <http://guidance.nice.org.uk/CG116>

Produced in conjunction with:



www.allergyuk.org



www.anaphylaxis.org.uk

©The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Oct 2013

Additional instructions:

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____



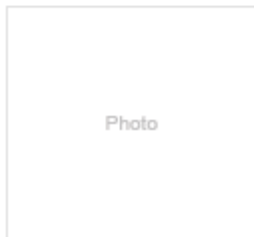
Date: _____

Instructions for EpiPen

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

Emergency contact details:

1)



2)



Child's
Weight: Kg

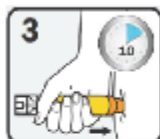
How to give EpiPen®



Form fist around
EpiPen® and
PULL OFF BLUE
SAFETY CAP



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



HOLD FIRMLY in
place for 10 seconds



REMOVE EpiPen®.
Massage injection
site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Produced in conjunction with:



©The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Oct 2013

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

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

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

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give EpiPen® or EpiPen® Junior
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving EpiPen:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further EpiPen® or alternative adrenaline autoinjector device, if available

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

Additional instructions:

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____



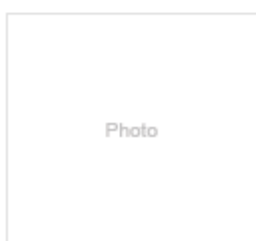
Date: _____

Instructions for using Jext Pen:

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Emergency contact details:

1)



2)



Child's
Weight: Kg

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

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

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

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give Jext®
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give Jext®

After giving Jext:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further Jext® or alternative adrenaline autoinjector device, if available

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

Jext®: Instructions for use



1) Grasp the Jext® injector in your hand with your thumb closest to the yellow cap. Pull off the yellow cap.



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



3) Push the black tip firmly into your outer thigh until you hear a 'click' then keep it pushed in. Hold in place for 10 seconds (a slow count to 10) then remove.



4) Massage the injection area for 10 seconds. (dial 999, ask for an ambulance and say 'anaphylaxis')

Keep your Jext device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to www.jext.co.uk

Produced in conjunction with:



©The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Oct 2013

Additional instructions:

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____



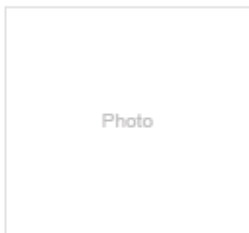
Date: _____

Instructions for using Emerade Pen

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Emergency contact details:

1)



2)



Child's
Weight: Kg

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

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

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

If ANY ONE of these signs are present:

1. **Lie child flat.** If breathing is difficult, allow to sit
2. **Give Emerade®**
3. **Dial 999 for an ambulance*** and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

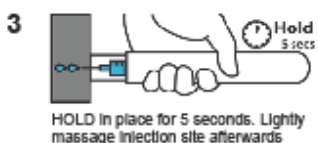
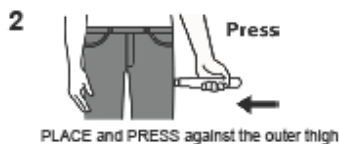
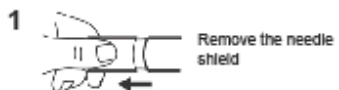
If in doubt, give Emerade®

After giving Emerade:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further Emerade® or alternative adrenaline autoinjector device, if available

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

How to use Emerade®



Emerade can be kept at any ambient temperature, but do not freeze. For more information and to register for a free reminder alert service, go to www.emerade.com

Produced in conjunction with:



©The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Jan 2014

Additional instructions:

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic: _____



Date: _____



Individual Healthcare Plan

Name of school/setting	St Catherine's C of E Hoddesdon
Child's name	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone No: Mobile	
Home	
Work	
Name	
Relationship to child	
Phone no. Mobile	
Home	
Work	

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

Medication in School:

NO MEDICATION IN SCHOOL

- Name
- Dose
- Method of Administration
- Side Effects & Contra - Indications
- Administered by / self administered / with / without supervision

- Name
 - Dose
 - Method of Administration
 - Side Effects & Contra - Indications
- Administered by / self administered / with / without supervision

- Name
 - Dose
 - Method of Administration
 - Side Effects & Contra - Indications
- Administered by / self administered / with / without supervision

Daily Care Requirements:

Arrangements for School Visits / Trips etc.

Be aware

When to Seek Medical Assistance:

Any concerns call 999

Notes:

Plan Developed with

Staff Training needed/undertaken – who, what, when

Form copied to

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
