



Winterbourne Junior Girls' School

Medical Conditions Policy

(Statutory)

This policy is to be read in conjunction with the following policies:

- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Teaching and Learning
- Anti-bullying
- Accessibility plan

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Committee: Full Governing Body

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Introduction

The Children's and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

Teachers and other school staff have a duty of care towards children under their supervision - measured as that of a 'reasonable parent' - and may need to take swift action in an emergency. This duty extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

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](#).

Statement of intent

Winterbourne Junior Girls' School is an inclusive community that aims to support and welcome pupils with medical conditions.

- A. Winterbourne Junior Girls' School understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.
- B. Winterbourne Junior Girls' School aims to provide children with medical conditions the same opportunities as others at school.
- C. Pupils with medical conditions are encouraged to take control of their condition.
- D. Winterbourne Junior Girls' School aims to include all pupils with medical conditions in all school activities.
- E. Parents/carers of pupils with medical conditions are aware of the care their children receive in Winterbourne Junior Girls' School.
- F. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- G. All staff have access to information about what to do in an emergency.
- H. Winterbourne Junior Girls' School understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- I. All staff have an understanding of the common medical conditions that may affect children at Winterbourne Junior Girls' School. Staff receive annual updates. The Headteacher is responsible for ensuring staff receive annual updates. The School Nursing Service can provide the updates if the school requests.
- J. The medical conditions policy is understood and followed by the whole school.

Entitlement/Equal Opportunities

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

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.

The school accepts that all employees have rights in relation to supporting pupils with medical needs as follows:-

- choose whether or not they are prepared to be involved
- receive appropriate training
- work to clear guidelines
- have concerns about legal liability
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs
- Insurance arrangements, which cover staff providing support to pupils with medical conditions

Procedures to be followed whenever the school is notified that a pupil has a medical condition

Form sent out by school asking parents to identify any medical conditions including: <ul style="list-style-type: none">• Transition discussions• At start of school year• New enrolment (during the school year)• New diagnosis informed by parents	school
School collates response and identifies those needing individual health plans and sends to school nurse.	school
School Nurse writes to parents either to review Individual Health Plan (IHP) or start new plan if needed.	School/nurse
Parents complete IHP with relevant member of school staff, if required – send to school nurse.	Parents/school
School nurse reviews the IHP, contacts parents if necessary and discusses with school designated person. Stored in school according to policy	School and nurse
The finalised plan is given to the parents/carers, school and school nurse.	

Individual healthcare plans

The role of individual healthcare plans, and who is responsible for their development, in supporting pupils with medical conditions

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Office Manager and First Aid Lead.

Winterbourne Junior Girls' School uses an Individual Health Plan for children with complex health needs to record important details about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Health Plan if required.

Individual Health Plans are used to create a centralised register of pupils with complex health needs. An identified member of school staff has responsibility for the register at Winterbourne Junior Girls' School. There is a clear and accessible system for identifying pupils with health plans/medical as names are 'flagged' on the SIMs system. A robust procedure is in place to ensure that the child's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the schools record system.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Parents/carers are regularly reminded to update their child's Individual Health Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Each Individual Health Plan will have a review date. Parents/carers will have a designated route/person to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

N.B. Pupils with medical conditions requiring an Individual Health Plan are: those who have diabetes, epilepsy with rescue medication, anaphylaxis, severe asthma that has required a hospital admission within the last 12 months. There may be other children with unusual chronic conditions who need a care plan, please liaise with the school nurse about them.

How staff will be supported in carrying out their role to support pupils with medical conditions and how this will be reviewed

- Relevant staff at Winterbourne Junior Girls' School are aware of the most common serious medical conditions at Winterbourne Junior Girls' School.
- Staff at Winterbourne Junior Girls' School understand their duty of care to pupils both during, and at either side of the school day in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.
- Staff receive updates at least once a year (as planned by school nursing service) and know how to act in an emergency. Additional training is prioritised for key staff members who work with children who have specific medical conditions supported by an Individual Health Plan.
- The action required for staff to take in an emergency for the common serious conditions at Winterbourne Junior Girls' School is displayed in prominent locations for all staff including classrooms, kitchens, school staff room, and electronically.
- Winterbourne Junior Girls' School uses Individual Health Plans to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help.
- Winterbourne Junior Girls' School has procedures in place so that a copy of the pupil's Individual Health Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. Winterbourne Junior Girls' School will try to ensure that the staff member will be one the pupil knows.

Roles and Responsibilities

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.

Governors

Have a responsibility to:

- ⊕ ensure the health and safety of their staff and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- ⊕ ensure the schools health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and reviewed annually.
- ⊕ make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated.

- ensure that the school has robust systems for dealing with medical emergencies and critical incidents, at any time when pupils are on site or on out of school activities.

Headteacher

Has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and governors.
- ensure every aspect of the policy is maintained.
- ensure that if the oversight of the policy is delegated to another senior member of staff that the reporting process forms part of their regular supervision/reporting meetings.
- monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders.
- report back to governors about implementation of the medical conditions policy.
- ensure through consultation with the governors that the policy is adopted and put into action.

All School Staff

Have the responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- call an ambulance in an emergency.
- understand the school's medical conditions policy.
- know which pupils in their care have a complex health need and be familiar with the content of the pupil's Individual Health Plan.
- know the schools registered first aiders and where assistance can be sought in the event of a medical emergency.
- know the members of the schools Critical Incident Team if there is a need to seek assistance in the event of an emergency.
- maintain effective communication with parents/carers including informing them if their child has been unwell at school.
- ensure pupils who need medication have it when they go on a school visit or out of the classroom.
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.
- understand the common medical conditions and the impact these can have on pupils.
- ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- ensure that pupils have the appropriate medication or food during any exercise and are allowed to take it when needed.
- follow universal hygiene procedures if handling body fluids.
- ensure that pupils who present as unwell should be questioned about the nature of their illness, if anything in their medical history has contributed to their current feeling of being unwell, if they have felt unwell at any other point in the day, if they have an Individual Health Plan and if they have any medication. The member of staff must remember that

while they can involve the pupil in discussions regarding their condition, they have a duty of care and as such must be assured or seek further advice from a registered first aider if they are in doubt as to the child's health, rather than take the child's word that they feel better.

Teaching Staff

Have an additional responsibility to also:

- ⊕ ensure pupils who have been unwell have the opportunity to catch up on missed school work.
- ⊕ be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it, in liaison with the SENCO.
- ⊕ liaise with parents/carers, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition.
- ⊕ use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

School Nurse or Healthcare Professional

Has a responsibility to:

- ⊕ help provide regular updates for school staff in managing the most common medical conditions at school at the schools request.
- ⊕ provide information about where the school can access other specialist training.
- ⊕ update the Individual Health Plans in liaison with appropriate school staff and parents/carers.

First Aiders

Have an additional responsibility to:

- ⊕ give immediate, appropriate help to casualties with injuries or illnesses.
- ⊕ when necessary ensure that an ambulance is called.
- ⊕ ensure they are trained in their role as first aider.
- ⊕ it is recommended that first aiders are trained in paediatric first aid.

Inclusion/Special Educational Needs Coordinators

Have the additional responsibility to:

- ⊕ ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or class work.
- ⊕ know which pupils have a medical condition and which have special educational needs because of their condition.
- ⊕ ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.

Pupils

Have a responsibility to:

- ⊕ treat other pupils with and without a medical condition equally.
- ⊕ tell their parents/carers, teacher or nearest staff member when they are not feeling well.
- ⊕ let a member of staff know if another pupil is feeling unwell.
- ⊕ treat all medication with respect.
- ⊕ know how to gain access to their medication in an emergency.
- ⊕ ensure a member of staff is called in an emergency situation.

Parents/Carers

Have a responsibility to:

- ⊕ tell the school if their child has a medical condition or complex health need.
- ⊕ ensure the school has a complete and up-to-date Individual Health Plan if their child has a complex health need.
- ⊕ inform the school about the medication their child requires during school hours.
- ⊕ inform the school/provider of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- ⊕ tell the school about any changes to their child's medication, what they take, when, and how much.
- ⊕ Inform the school of any changes to their child's condition.
- ⊕ ensure their child's medication and medical devices are labelled with their child's full name.
- ⊕ ensure that the school has full emergency contact details for them.
- ⊕ provide the school with appropriate spare medication labelled with their child's name.
- ⊕ ensure that their child's medication is within expiry dates.
- ⊕ keep their child at home if they are not well enough to attend school.
- ⊕ ensure their child catches up on any school work they have missed.
- ⊕ ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.
- ⊕ if the child has complex health needs, ensure their child has a written Individual Health Plan for school and if necessary a management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- ⊕ have completed/signed all relevant documentation including the Individual Health Plan if appropriate

First Aid

We have a number of school staff who are trained 'first-aiders' and in the event of illness or accident will provide appropriate first aid. In the event of a more serious accident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, if travelling by a staff member's car or taxi, 2 members of staff will take the child to hospital and stay with the child until the parent/carer arrives. If the child is required to travel in an ambulance a member of staff will accompany the child in the ambulance if their parent/carer is unavailable.

We will endeavour to inform parent/carers, using a standard letter if their child has had an accident after a bang to the head and received first aid attention.

Administration of Medicines

The Headteacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day where those members of staff have volunteered to do so and have agreed to adhere to this policy.

Where there is concern about whether the school can meet a child's needs the Headteacher should seek advice from the school nurse or doctor, the child's GP or other medical adviser. Each

item of prescribed medication must be delivered in its original, pharmacy labelled container and handed directly to the school office or person authorised by the Headteacher.

Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent
- Where an Administration of Medicines Consent Form with clear instructions as to administration is completed

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- 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 IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Staff who volunteer to assist in the administration of medication must receive appropriate training/guidance identified by the Headteacher in liaison with health professionals. The Headteacher or representative will seek the advice of healthcare professionals on the type of training required for each authorised member of staff and what types of medication that training covers. Unless otherwise indicated on the storage instructions, all medication to be administered will be kept in a safe place in the medicine cabinet.

The school member of staff administering the medication must record details of each occasion when medicine is administered to a child.

If children refuse to take medication, the staff should not force them to do so. The school should inform the child's parent/carer as a matter of urgency, and may need to call the emergency services.

Parent/carers will be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.

Accident reporting

Details of minor accidents/incidents are recorded in the Accident Book together with any treatment provided. Accidents of a serious nature are reported using the on-line reporting system to the HSE under RIDDOR.

Physical Activity

We recognise that most children with medical needs can participate in physical activities and extra-curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

School Visits

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

Residential Visits

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school at the start of the visit.

Staff training

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis. Teaching and support staff are directed to attend epipen and asthma training bi-annually.

Confidentiality

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan. If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Other agencies

The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school. IHPs are kept in a readily accessible place which all staff are aware of.

Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are: **RPA, Public and Employers liability insurance number 101741**

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.

Monitoring and evaluation

Staff and governors, on a three yearly basis, will review this policy unless circumstances demand an earlier review.

We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

Housekeeping

At the beginning of each term, and when new medication is received, a central record should be kept listing any medication that a pupil needs to use whilst in school. This record should include when the medication was received by the school, the expiry date and when the parent /carer requires contacting for said medication to be renewed/replaced.

Appendices-

1) Covid 19 Response

2) School visit checklist

3) Medical Conditions that require IHCP

4) Allergy and Anaphylaxis appendix

Template A: individual healthcare plan

Template B: Parent/Carer Authorisation to administer long

Template C: Parent/Carer authorisation to administer medication with individual record log

Template D: record log of medicine administered to all children

Template E: staff training record – administration of medicines

Template F: contacting emergency services

Template G: model letter inviting parents to contribute to individual healthcare plan development

Template H: Anaphylaxis Risk Assessment

Template I: BSACI Allergy Action Plan

Appendix 1 Covid 19

Hazard / Risk	Who is at Risk?	Initial Risk Rating	Normal Control Measures	Additional Control Measures
First Aid	Pupils Staff	High	<ul style="list-style-type: none"> •First aid cases will be sent to Reception if practical •PPE available for all staff dealing with incidents •Normal reporting procedures will remain in place 	<ul style="list-style-type: none"> •All first aid kits have emergency PPE in place for staff •Reception has adequate PPE supplies
Covid 19 emergency	Pupils Staff	High	In the event of pupil or staff member being suspected/diagnosed with Covid-19 follow guidance -	<ul style="list-style-type: none"> • Isolation area behind closed doors (Meeting room) with windows open for ventilation • PPE for staff dealing with person • PPE for person with symptoms

Replace with: <https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19> ??

Maybe use: <https://educationhub.blog.gov.uk/category/coronavirus/> instead?

Appendix 2 School visit checklist

These items are to be taken on all school trips/visits.

- Green First Aid bag – please check the contents of the bag against the checklist in the bag.
- Asthma inhalers - check the canister inside the inhaler as well as the box, this is essential to ensure that the inhaler is in date.
- School Calpol and Piriton
- The spare inhaler and spacer
- Spare underwear and sanitary wear

Appendix 3 Medical conditions that require an IHCP

Pupils with medical conditions requiring an Individual Health Plan are: those who have diabetes, epilepsy with rescue medication, anaphylaxis, severe asthma that has required a hospital admission within the last 12 months. There may be other children with unusual chronic conditions who need a care plan, please liaise with the school nurse about them.

Anaphylaxis – please see in full appendix 4

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. In the event of an attack it is important to administer an epipen as soon as possible and then call 999 for an ambulance

Photographs of all children needing an epipen can be found on Staff room and Office notice boards and in the classrooms of individual children. Children's Individual Health Care Plans are kept in classrooms copies are also stored centrally in the Medical File in the office and in individual children's files.

There will be annual training sessions for all staff.

Epipens are stored in the school office and in the child's classroom. The Welfare Assistant is responsible for monitoring the expiry date of the epipen and advising parents.

Asthma

All children have to be in charge of their own pump. Pumps need to be clearly labelled and stored in an accessible place in the classroom in the First Aid bag. If a child has to use their pump, then this will need to be recorded in the medical book in the main office with an adult.

If a child is having an asthma attack, then another person will need to go and collect their inhaler. All inhalers need to be taken on trips.

Diabetes

We recognise that Diabetes should not be taken lightly because it is a very serious condition, and could result in a Hypoglycaemia attack (Hypo) where blood sugar level become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with Diabetes in school will have their own IHCP. Each child with diabetes will have an emergency box labelled with their name and photograph and containing any relevant equipment required to control a hypo or hyper attack.

Epilepsy

a neurological disorder marked by sudden recurrent episodes of sensory disturbance, loss of consciousness, or convulsions, associated with abnormal electrical activity in the brain.

IN THE EVENT OF A CHILD HAVING AN EPILEPTIC SEIZURE

- Stay calm
- If the child is convulsing then put something soft under their head
- Protect the child from injury (remove harmful objects from nearby)
- NEVER try and put anything in their mouth or between their teeth
- Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance
- When the child finishes their seizure stay with them and reassure them
- Do not give them food or drink until they have fully recovered from the seizure

Appendix 4 Allergy and Anaphylaxis

Contents

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2. Roles and responsibilities
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10. School trips
11. Allergy awareness and nut bans
12. Risk assessment
13. Useful links

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This appendix sets out how Winterbourne Junior Girls' School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the admissions officer (*delete or substitute as appropriate*) of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan ([BSACI plans](#) preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist. All pupils

- with a medical condition, including food or other allergies, complete a Winterbourne Junior Girls' School care plan.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The Office Manager & Lead First Aider will ensure that the up-to-date Allergy Action Plan and Care plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the Office Manager & Lead First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Office Manager & Lead First Aider keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

3. Allergy action plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Winterbourne Junior Girls' School recommends using the British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plans](#)) to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.

- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-Injector WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to, ideally, have their own two AAIs which are stored in the School office in the first aid drawer which must be kept unlocked and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext® or Emerade® (ideally)
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAIs should be stored, in the School office First Aid drawer, at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.). The sharps bin is kept in the School office.

6. ‘Spare’ adrenaline auto-injectors in school

Winterbourne Junior Girls’ School has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a the first aid drawer with the green cross, in the office and clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’, kept safely, not locked away and **accessible and known to all staff**.

Winterbourne Junior Girls’ School holds one spare AAI pen which is kept in the office

The Office Manager & Lead First Aider are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil’s allergy action plan.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

All staff will complete online ‘National College Certificate in Food Allergy awareness and anaphylaxis for Primary Schools’ training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff. The School nurse team should be asked to assist in training staff to assist with AAI / epipen and asthma pump use every two years.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices with the School nurse team.

8. Inclusion and safeguarding

Winterbourne Junior Girls' School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the school website at <https://winterbournegirlsschool.co.uk/>

The Office Manager will inform the Catering Manager of pupils with food allergies. A chart with food allergies, intolerance, religious food preference and each child's photo / name will be updated as new children arrive / leave the School.

A meeting can be arranged for Parents/carers with the Catering Manager to discuss their child's needs.

The school adheres to the following [Department of Health guidance](#) recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If School lunches are consumed, parents should check the appropriateness of foods by checking the menu. A meeting can be arranged with the catering manager.
- The pupil should be taught to also check with catering staff, before selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fêtes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils and staff with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Activities

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness and nut bans

Winterbourne Junior Girls' School does not allow nut or nut products to be brought into School / at School events / on the menu.

Nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy.

Winterbourne Junior Girls' School adopts a 'whole school awareness of allergies' approach.. It ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

Winterbourne Junior Girls' School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Anaphylaxis Risk assessment form template (H) available

13. Useful Links

Anaphylaxis UK Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

AllergyWise for Schools (including certificate) online training -
<https://www.allergywise.org.uk/p/allergywise-for-schools1>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions -
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools -

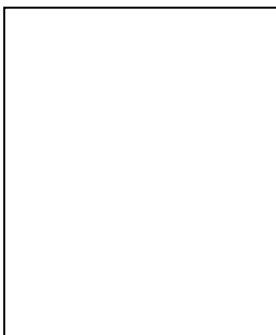
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016)

<https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Template A: Individual healthcare plan



Childs Name	
Class	
Date of Birth	
Child's address	
Medical diagnosis or condition	
Date	
Parent/carer	
Relationship to child	
Phone no. home	
Phone no. mobile	
Phone no. work	
email	
Parent/carer	
Relationship to child	
Phone no. home	
Phone no. mobile	
Phone no. work	
email	

Review dates	Sent	Parent signed

Clinic/Hospital Contact		
Phone no.		
G.P. Surgery		
Phone no.		
Describe medical needs and give details of child's symptoms or triggers		
Describe what constitutes an emergency, and action to take if this occurs		
Daily Care Requirements		
Name of Medication		
Arrangements for school visits/trips etc		
<p><i>If medication is required when your child is off site, staff will ensure that this is taken with them and administered as normal. Parents must ensure that medication is in school and in date.</i></p>		
Other relevant information		
<p><i>Has your daughter ever been under the care of a Consultant or Hospital. Please give details.</i></p>		

Template B: Parent/Carer Authorisation to administer long term medication

The school will not give your child medicine unless you complete and sign this form. The medication supplied must be in the original bottle/box. It must be prescribed by the G.P. and bear the pharmacy's original label.

Name of child	
Class	
Date of birth	
Medical condition or illness	
Medication	
Expiry date	
Dosage and method	
Timing	
Is this a short term medication	Yes/No
If 'yes' please put end date	
Special precautions/other instructions	
Any known side effects	
Self administration - y/n	
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.	
Parent/Carer Name	
Contact details – phone & email	

Relationship to child	
Parent / Carer signature	
Date form completed	

Template C: Parent/Carer Authorisation to administer medication with individual record log

The school will not give your child medicine unless you complete and sign this form. The medication supplied must be in the original bottle/box. It must be prescribed by the G.P. and bear the pharmacy's original label.

Name of child	
Class	
Date of birth	
Medical condition or illness	
Medication	
Expiry date	
Dosage and method	
Timing	
Is this a short term medication	Yes/No
If 'yes' please put end date	
Special precautions/other instructions	
Any known side effects	
Self administration - y/n	
<p>The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.</p>	
Parent/Carer Name	
Contact details – phone & email	

Relationship to child	
Parent / Carer signature	
Date form completed	

Template D: Record log of medicine given to all children



Template E: staff training record – administration of medicines

Name of school/setting

Name of school/setting
Name
Type of training received
Date of training completed
Training provided by
Profession and title

Name

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 _____



Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows Winterbourne Junior Girls' School. Winterbourne Road. Thornton Heath. CR7 7QT. Enter through main vehicle gates.
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone



Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

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 the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, 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



Template H: Anaphylaxis risk assessment

Winterbourne Junior Girls' School - Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents/carers and the pupil, if appropriate. It should be shared with everyone who has contact with the pupil.

Pupil Name:	Date of Birth:
Class:	Teacher:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	
Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):	
I give permission for this to be shared with anyone who needs this information to keep the pupil safe:	
Headteacher name:	
Signature:	Date:
Parents/Carers name(s)	
Signature(s):	Date:
Pupil signature	
What is this pupil allergic to?	
Allergen exposure risks to be considered	
Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/>	
Does this pupil already have an Allergy Action Plan or an Individual Healthcare Plan?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	



Is the pupil prescribed adrenaline auto-injectors (AAIs)?

YES NO

Summary of current medical evidence seen as part of the risk assessment (copies attached)

Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the pupil to take part.

Risk Level: High (H) Moderate (M) Low (L)

Activities

Crayons/painting:

Creative activities: i.e. craft paste/glue, pasta

Science type activity: i.e. bird feeders, planting seeds, food

Musical instrument sharing (cross contamination issue):

Cooking (food prep area and ingredients):

Meal time:

kitchen prepared food (is allergy information available):

packed lunches:

Snacks (is allergy information available):

Drinks:

Celebrations: e.g. Birthday, Easter:

Hand washing:

Indoor play/PE (AAIs to be with the pupil):

Outdoor play/PE (AAIs to be with the pupil):

Offsite trips (are staff who accompany trip trained to use AAI?):

Allergy Management

Does the pupil know when they are having an allergic reaction?

What signs are there that the pupil is having an allergic reaction?



What action needs to be taken if the pupil has an allergic reaction?

If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes No

If Yes state when and how this can be adjusted:

If the pupil is trained and confident can the medication be carried by them throughout the day? Yes No

If No state reason:

Does the pupil have two of their own prescribed AAIs?

How many staff need to be trained to meet this pupil's need?

Are there backup spare AAIs available and where are they located?

Outcome of Risk Assessment

New Allergy Action Plan/Individual Healthcare Plan required? YES NO

Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES NO



Template I: BSACI Allergy Action Plan

BSACI ALLERGY ACTION PLAN

RCPI

anaphylaxis UK

AllergyUK

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 vomited, 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: sparepensinschools.uk

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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. EpiPen®) (Dose: _____ mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

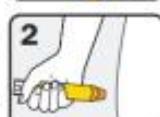
- 1 Stay with child until ambulance arrives, **do NOT stand child up**
- 2 Commence CPR if there are no signs of life
- 3 Phone parent/emergency contact
- 4 If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

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.

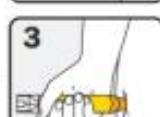
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



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 medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: _____

Hospital/Clinic: _____



Date: _____

