

# ALL SAINTS' CHURCH OF ENGLAND PRIMARY SCHOOL

Administration of Medication Policy

*"LOVING TO LEARN; LEARNING TO LOVE"*

"A new command I give you, Love one another.  
As I have loved you, so you must love one another."

John 13:34

Ratified by Governing Body: November 2023

Review Date: November 2024

## **Rationale:**

Although regular school attendance is expected, if a child is ill they should remain at home until well enough to cope with the demands of the learning environment. Some children however who have a long term illness/physical condition may require medication to be administered in school.

The Governors and staff of All Saints' Primary School wish to ensure that pupils with medical needs receive the care and support in school that they need, subject to the guidelines outlined in this policy.

## **Aim:**

To provide an appropriate, safe policy in relation to the administration of medicine in school following national and local educational guidelines.

In a partnership approach, to clearly identify the responsibilities of the school and parents/carers in respect of a child's medical need and the roles and responsibilities of staff who volunteer to administer medication in school.

To ensure that members of staff know that there is no legal responsibility for non-medical staff to administer medication or to supervise medical procedures.

To ensure that all staff know they must be adequately trained before undertaking this role.

## **Responsibility:**

It is the decision of the Head Teacher as to whether school staff should be asked to administer medication during the child's formal education.

School staff are not trained or qualified to administer medicines and **the overall management of medical treatment for children is the responsibility of the parent/carer** and it is also their responsibility to provide the school with up-to-date information regarding their child's medical needs and to keep the school informed of any change.

Where agreement is reached that trained members of staff should administer medication, a consent form (see Appendix B) must be completed and signed by **both** the parent and a member of the Senior Leadership Team.

A child will require a Care Plan (Appendix A) if they have complex medical needs/more than one prescribed medication/medical procedure. This will be taken on a case-by-case basis-taking into consideration the severity of the condition, the number of conditions and medications to be administered in school and the potential risk to the child concerned. A Care Plan must be formulated in collaboration with parents and any relevant professional body i.e. Hospital and Community School Nurse/Paediatric Teams. An up-to-date Health Care Plan **must** be in place for a child with complex medical needs as outlined above **before** they are admitted to school and school staff are requested to administer medication.

**It is the parent's/carers responsibility to ensure there is sufficient, in date medication in school. Medication must always be provided in its original container with the pharmacist's original label and clearly stating directions for use (see Appendix A).**

Members of staff who administer medication in accordance with the school's policies and procedures are covered for insurance under the school's policy with the Local Authority.

### **Confidentiality**

Information regarding a child's medical needs is kept in the medical room. While it is essential for staff to be fully acquainted with individual medical needs, this information must only be shared with relevant members of staff.

### **Short term antibiotic medication**

Where possible, GPs will prescribe antibiotic medication in such a way that it can be given outside school hours. If antibiotic medication has been prescribed 4 times a day, and the child is well enough to benefit from lessons, parents /carers are required to provide prescribed medication in labelled original boxes to allow a designated member of staff to administer the medication. A medication permission form **must** be filled in by parents when the medication is given to school office staff.

### **Other prescribed medication**

Some children require anti-histamine medication to be held in school for administration as required during the school day. These should be prescribed by a medical professional. This medication must be clearly labelled with the child's name and stored in the medical room. Two members of staff must be present whenever this is administered and both must sign the medication log. The child's parent must be telephoned straightaway to notify them that medication has been administered and the time of administration.

### **Over the counter medication**

Over the counter medicines are regarded as non-essential and **will not** be administered in school in line with Local Authority guidelines. This also applies to homeopathic medicines.

### **Infectious diseases**

Children who have an infectious childhood illness may return to school after the period in which they may pass the infection to other children and staff has elapsed.

### **Training**

To ensure the well-being of the child and to safeguard staff, specific training should be given by a suitably qualified person, to all those who volunteer and before they are required to administer medication or undertake a medical procedure. It is important that lunchtime supervisors are included in any training in order for them to be able to recognise an emergency situation and respond appropriately.

Training should be updated as advised by medical directives in collaboration with School Health.

### **Storage of medicines**

All medication must be stored securely, in a cool place; any requiring refrigeration must be isolated from other items i.e. food.

All emergency medication must be easily accessible as identified in the Health Care Plan, asthma card or Allergy Action Plan and the whereabouts known to the child and all staff.

### **Disposal and return of medication.**

Medication is only kept in school whilst the child is in attendance. **It is the parent's/carers responsibility to replace medication which has been used or has expired.**

Parents/carers are requested to collect all medication at the end of each academic year and to return it as required at the start of the next academic year.

Any medication not collected at the end of the academic year will be returned to a pharmacy for disposal.

Where disposal of sharp items i.e. needles is required, the appropriate safety measures must be followed as identified in the child's Health Care Plan.

### **Self-Administration**

Where the child is recognised by a qualified person (ie parent/carer or medical staff) as being competent to self-administer, e.g. using an asthma inhaler, it will be specified on the 'My Asthma Plan' For all other medication see Appendix A.

### **School Trips/Off Site Activities**

Each member of staff leading a group of children on an off-site activity, will carry a medical first aid kit equipped with: basic medical equipment, Accident Slips and a list of any children who have a medical condition and /or Care Plan. A child on an off-site activity who has been prescribed emergency medication **must have a named trained person on the activity who will ensure that such medication accompanies the child at all times and is returned to the designated storage are in the school.** Class teacher's/group leaders will each take a mobile phone plus an accident record book and emergency procedures card.

### **Record Keeping**

If a medicine is administered by staff, there **must always be a witness present**, the date and time must be recorded, signed by the administrator and the witness and the parent informed straightaway. (See Appendix C and D).

Any reason why a medication is not given must also be recorded. Staff must not force a child to accept medication but must record any refusal to do so and inform the parents as soon as possible.

When a child requires an Individual Health Care Plan this is in collaboration with parents, staff and the relevant health professional i.e. School Nurse, Consultant, GP, Specialist Nurse etc.

### **Emergency Situations**

The list of qualified First Aiders is displayed in the medical room. Specific emergency advice is written into children's Health Care Plans, Asthma Cards and Allergy Action Plans for staff to follow in an emergency. Health professionals are responsible for any decisions on medical treatment in the absence of a parent/carer.

In the absence of a parent/carer and at the discretion of the Head Teacher, a member of staff if available, may accompany the child to hospital and stay until the parent/carer arrives. Any medical information including contact details should be taken with the child or given to emergency staff.

## **Emergency Medication**

Specific guidelines are in place for emergency medication within a child's individual Care Plan. A copy of this Care Plan (plus a photograph on Allergy Action Plans) is stored in the folder in the medical room; parents also have a copy.

## **Additional Information:**

### **Anaphylaxis**

Catering staff will be informed regarding any child who has a food allergy or anaphylaxis. A photograph and associated dietary requirements are displayed in the school kitchen. This information must be kept up to date at all times. (Appendix I)

Emergency adrenaline auto-injector pens are kept in the first aid room and can be used with guidance from the paramedics and if the child's own pen fails to work.

### **Asthma**

The school has adopted the "National Asthma Campaign's School Asthma Policy". Some children, particularly younger ones, may need to use a spacer with their inhaler and be supervised in its use. We also hold emergency inhalers in the first aid room which can be used if required as long as we have permission from parents. Parents will need to complete an 'School Asthma Card' on an annual basis. (Appendix H)

### **Diabetes**

Staff will be offered support and training including that involved with blood glucose monitoring and administration or supervised self-administration of insulin if required. Only trained staff can administer Insulin to a child.

### **Epilepsy**

Emergency medication can be prescribed for the treatment of convulsions in which case a Care Plan will be in place. Seizure Plans will be provided by the relevant medical team.

## **Appendices:**

- A Individual healthcare plan
- B Parental Agreement for setting to administer medicine
- C record of medicine administered to an individual child
- D Record of medicine administered to all children
- E Staff Training record - Administration of medicines
- F Contacting emergency Services
- G Model letter inviting parents to contribute to individual Healthcare plan development
- H School Asthma Card
- I Allergy Action Plan

## **References:**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/196479/Managing\\_Medicines.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/196479/Managing_Medicines.pdf)

<http://www.healthedtrust.com/pages/medicine.htm>

<http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/infectious-illnesses-children.aspx>

School SEND Policy

Educational Visits Policy

ALL SAINTS' CHURCH OF ENGLAND PRIMARY SCHOOL

APPENDIX A: INDIVIDUAL HEALTHCARE PLAN

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


**Clinic/Hospital Contact**

Name

Phone no.


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**G.P.**

Name

Phone no.

Who is responsible for providing support in school

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to




**APPENDIX B: PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

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

**Medicine**

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

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

**Contact Details**

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

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

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

APPENDIX C: 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 \_\_\_\_\_

**C: Record of medicine administered to an individual child (Continued)**

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

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

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

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

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





Name of school/setting	
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

**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 [insert school/setting address]
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



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

# School Asthma Card

## To be filled in by the parent/carer

Child's name

Date of birth  DD  MM  YY

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

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

## Reliever treatment when needed

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

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

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

Parent/carer's signature  Date  DD  MM  YY

## Expiry dates of medicines

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

Parent/carer's signature  Date  DD  MM  YY

## ASTHMA QUESTIONS?

Ask our respiratory nurse specialists  
 Call **0300 222 5800**  
 WhatsApp **07378 606 728**  
 (Monday-Friday, 9am-5pm)  
[AsthmaAndLung.org.uk](http://AsthmaAndLung.org.uk)

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

## Does your child tell you when they need medicine?

Yes  No

## Does your child need help taking their asthma medicines?

Yes  No

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

Pollen  Stress   
 Exercise  Weather   
 Cold/flu  Air pollution

## If other please list

## Does your child need to take any other asthma medicines while in the school's care?

Yes  No

## If yes please describe

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

## Dates card checked

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

To be completed by the GP practice

## Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**



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


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

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

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

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

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



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

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

**AFTER GIVING ADRENALINE:**

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

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

**Emergency contact details:**

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

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

**How to give Emerade®**

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

**Additional instructions:**

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

**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: \_\_\_\_\_

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: \_\_\_\_\_

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

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

## ● 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. Jext®) (Dose: \_\_\_\_\_ mg)

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

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

### AFTER GIVING ADRENALINE:

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

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

### Emergency contact details:

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



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



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

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

Print name: \_\_\_\_\_

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

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

### How to give Jext®



1 Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



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



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



4 REMOVE Jext®. Massage injection site for 10 seconds

### Additional instructions:

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

This is a 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: \_\_\_\_\_

This child has the following allergies:

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

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

Photo

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

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

### A AIRWAY

- 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 autoinjectible device, if available.

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

### Mild/moderate reaction:

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

### Action to take:

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

..... (If 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 AAI in schools.

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

Print name: \_\_\_\_\_

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

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

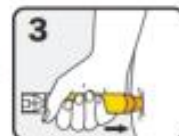
### How to give EpiPen®



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



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



**3** PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

### Additional instructions:

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

This is a 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 authorization 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 authorization to travel with emergency medications has been prepared by:**

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

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



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