Hertfordshire Family Centre Service

Hertfordshire Community NHS
NHS Trust

Allergy and Anaphylaxis

Supporting Pupils with Medical Conditions in Hertfordshire Schools.

St Francis of Assisi
CATHOLIC ACADEMY TRUST

Designed to support Schools in the implementation of the Department for Education (December 2015) Supporting pupils at school with medical conditions.

Contents

Glossary of Terms

Schools – this guidance uses the word schools to mean all state, free and academy schools in Hertfordshire that have chosen to use this guidance. This term also applies to nurseries and early years settings.

Public Health Nursing staff– individuals employed by Hertfordshire Community NHS Trust working in School Nursing Teams and Health Visiting. Staff include School Nurses, Health Visitors and Community Staff Nurses and Nursery Nurses.

Anaphylaxis - Anaphylaxis is an extreme and severe allergic reaction. The whole body is affected, often within minutes of exposure to the substance which causes the allergic reaction (allergen) but sometimes after several hours.

Introduction

Rationale:

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

Persons operating under this guidance are as follows:

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

The following roles and responsibilities have been identified

Adapted from Anaphylaxis Campaign (2018) FAQ in Schools.

https://www.anaphylaxis.org.uk/wp-content/uploads/2019/07/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf

Schools

- Ensure School Staff have received training in managing severe allergies in schools, including how to use an adrenaline auto injector. This can be accessed though the Anaphylaxis Campaign online training through its AllergyWise training programme – https://www.allergywise.org.uk/
- Review health records submitted by parents annually
- Identify a core team to work with parents to establish prevention and treatment strategies.
- Ensure that catering supervisors are aware of an allergic child's requirements.
- Ensure tables are cleaned thoroughly before and after eating. Remind children to wash their hands.
- Ensure the cooks and lunch time staff all know children affected by allergy.
- Include food-allergic children in school activities. Pupils should not be excluded based on their allergy. School activities should be designed and developed to ensure the inclusion of food allergic pupils.

- Ensure all staff can recognise symptoms; know what to do in an emergency, and work to eliminate the use of allergens in the allergic pupil's meals, educational tools, arts and crafts projects.

- Provide indemnity insurance for teachers and other school staff who volunteer to administer medication to pupils with asthma who need help.

- Ensure that medications are appropriately stored, and easily accessible in a secure location (but not locked away) central to designated staff members.

- Review policies after an allergic reaction has occurred.

The Parents/ Carers of Pupils with Allergies

- Should notify the school of the child's allergies. Ensure there is clear communication.

- Work with the school to develop a plan that accommodates the child's needs throughout the school including in the classroom, in dining areas, in after-school programmes, during school sponsored activities and on the school bus.

- Provide written medical documentation, instructions and medications as directed by a doctor.

- Replace medications after use or upon expiry. Autoinjectors should be checked regularly to ensure they are stored correctly, are still in date, and ready for use.

- Educate the child in allergy self-management, including what foods are safe and unsafe, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult of any reaction, and how to read food labels.

- Provide a stock of safe snacks for special school events (to be stored in school) and periodically check its supply and freshness.

- Review policies and procedures with the school staff, school nurse, the child's doctor and the child (if age appropriate) after a reaction has occurred and annually before each school year.

- Encourage the school to purchase a spare pen, as allowed under the October 2017 legislation.

The Pupil with Allergies

- Be sure not to exchange food with others

- Avoid eating anything with unknown ingredients
- Be proactive in the care and management of their food allergies and reactions (based on the age level/understanding)
- Notify an adult immediately if they eat something they believe may contain the food to which they are allergic
- Encourage the school to purchase a spare pen, as allowed under the October 2017 legislation.

ADMINISTRATION OF ADRENALINE IN SCHOOLS

As suggested in Supporting pupils at school with medical conditions Dec 2015, and if a child potentially at risk has been identified, there must be liaison between the following to co-ordinate the management of his/her emergency treatment.

It is recommended that the Head teacher of the school should:-

- Allocate an appropriate training time for all staff involved
- Ensure staff training record is completed
- Read the Department for Education Supporting Pupils at School with Medical Conditions December 2015
- Read the Anaphylaxis and Children with Severe Allergies (June 2015 The Anaphylaxis Campaign)

It is recommended that the parents should:-

- Complete a Consent to Emergency Treatment form
- Inform school of known allergies, especially when changing school
- Provide autoinjector as prescribed by the child's GP
- Be responsible for the replacement autoinjector:
  (a) When it is used
  (b) ensure it is always in date
  (c) safe disposal when no longer required or expired
- Provide a recent photograph of the child for school

N.B.

- Secondary age children should carry their own Adrenaline auto-injector
- School held medication (age appropriate) should be kept in a safe, cool place and be easily accessible within the school including after hours' pupil activities
- Where possible a child should be encouraged to carry their own autoinjector
- Arrangements for school trips should be risk assessed and planned with the child's parents

ANAPHYLAXIS

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

Signs and Symptoms

May develop as follows:-

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

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

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

EMERGENCY ANAPHYLAXIS PACK

Every pupil who has been prescribed an Adrenaline auto-injector should have a pack, which is clearly labelled and readily available for emergency use. Adrenaline auto-injectors **should not be locked away** but carried by the child at all times, if appropriate, or in an easily accessable place, known to all staff.

The contents of the Emergency Anaphylaxis pack should include:-

1. Adrenaline – in the form of an Auto-injector. (Epi-pen, Jext or Emerade) IF THE CHILD IS UNABLE TO CARRY THIS AT ALL TIMES
2. Container – e.g. plastic box with lid.
3. A copy of the consent for the individual child, signed by the parent and the school.
4. Photograph with name of pupil – clearly visible.
5. Individual Health Care Protocol.

MANAGEMENT OF ANAPHYLACTIC REACTION

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

- Stay with pupil, give reassurance.
- Get the pupil's auto injector
- Send for Emergency Anaphylaxis pack and adult help.
- Send for an ambulance (999 call or 112) – give following details:-

Name, address and access to school and information that a pupil has had an anaphylactic reaction andautoinjector will be administered.

- Check that you have the correct Emergency Anaphylaxis pack for that pupil
- Administer auto-injector as per training
- Note time auto-injector given
- Keep pupil warm until the ambulance arrives
- If pupil is breathless, allow to sit up
- If feeling faint, lay the pupil flat with raised legs
- If collapsed and unconscious, protect airway and place in recovery position
- Commence Cardio-Pulmonary Resuscitation, if necessary
- Safely dispose of used syringe in the pupil's plastic box (not original container)
- Give second autoinjector, if available, in 5 minutes, if no improvement following the first dose, as prescribed for the individual
- Inform parent/guardian that the child has been treated for a suspected anaphylaxis and of the hospital destination when confirmed with paramedics

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

When the ambulance arrives provide:-

- The time the injection was given
- Used autoinjector for disposal
- Pupil's personal details form

NOTE

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

FIRST AID PROCEDURE FOLLOWING NEEDLE STICK INJURY

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

ACTION

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

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

Instructions for EpiPen

bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign 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

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• 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 autoinjectilable 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 AAIs in schools.

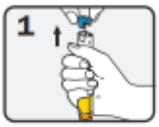
Signed:

Print name:

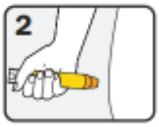
Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

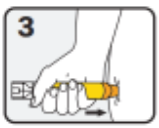
How to give EpiPen®



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

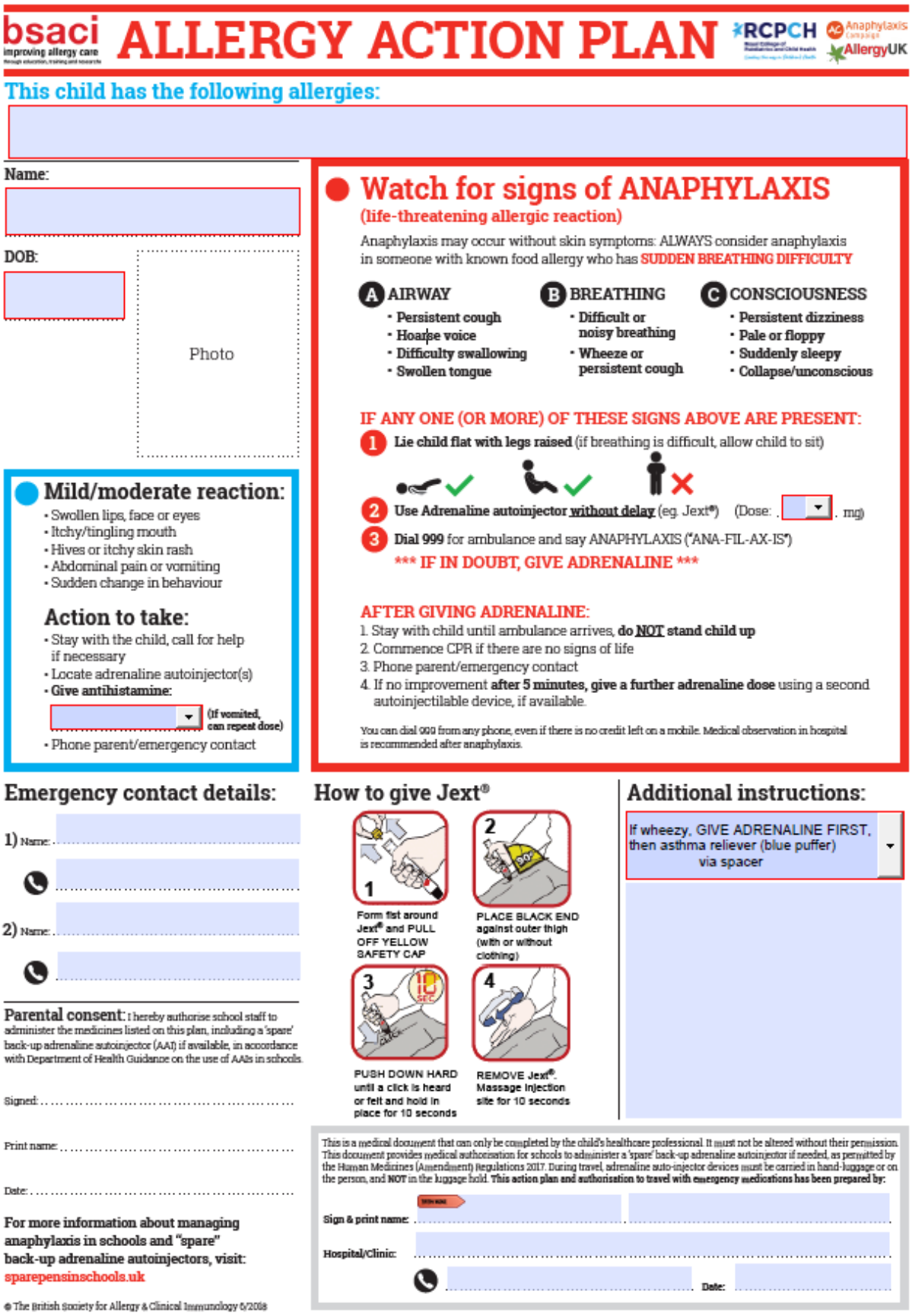
This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (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:

Instructions for using Jext Pen:



bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign 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

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• 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 autoinjectilable 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 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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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

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Sign & print name:

Hospital/Clinic:

Date:

Instructions for using Emerade Pen

bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

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. 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.

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.

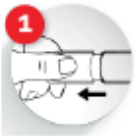
Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

How to give Emerade®



1 REMOVE NEEDLE SHIELD

2 PRESS AGAINST THE OUTER THIGH

3 HOLD FOR 5 SECONDS

Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Additional instructions:

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

This is a 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:** .....

Instructions for pupils not needing any auto injector:

bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign 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

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• 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. **Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
4. Commence CPR if there are no signs of life
5. **Stay with child** until ambulance arrives, **do NOT stand child up**
6. Phone parent/emergency contact

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

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. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: **sparepensinschools.uk**

Emergency contact details:

1) Name:

2) Name:

Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use 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:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at **bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at **guidance.nice.org.uk/CG116**

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' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

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.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

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

Daily Care Requirements:

It is thought probable that "X" may suffer from an Anaphylactic allergic reaction if he/she eats or is in contact with _____

If this occurs he/she is likely to need medical attention. In an extreme situation his/her condition might be life threatening. However, medical advice is that attention to his/her diet and in particular the exclusion of the allergen together with the availability of his/her emergency medication is all that is necessary. In all other respects it is recommended by his/her consultant that his/her education should carry on "as normal".

The arrangements set out below are intended to assist "X", his/her parents and the school/nursery in achieving the least possible disruption to his/her education, but also to make appropriate provisions for his/her medical requirements.

Specific support for the pupil's Educational, Social and Emotional needs:

Whenever the planned curriculum involves cookery or experimentation with food items, prior discussion will be held between the school and the parents in order to agree measures and suitable alternatives. Similar discussions will take place prior to school parties, social events etc. In some cases this might require parental supervision.

Arrangements for School Visits / Trips etc.

If there are any proposals which mean that "X" may leave the school /nursery site, prior discussions will be held between the school/nursery and parents in order to provide for the AUTO INJECTORS(s) to be taken on the outing. A trained adult should accompany the child. Provision for the safe handling of his/her medication should also be clarified.

Other Information:

STAFF INDEMNITY:
This **school** fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, staff having been provided with adequate training and are following these guidelines.
For the purpose of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. In practice the indemnity means that the school and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action is usually between the parent and the employer.

Plan should be developed with Parents/carers, Headteacher or Senior Member of staff, Health Professional and student especially from year 5 and above, as appropriate.

The Head Teacher will arrange for the teaching and non-teaching staff in the school/nursery to be briefed about 'X's condition and about other arrangements contained in this document.

It will be the responsibility of the head teacher / deputy to:

- Arrange for relevant school staff to be briefed on 'X' condition.
- To ensure key school staff have completed the recommended online training

Further advice and support is available from the School Nursing/Health Visiting team as required

The careplan should be reviewed at the beginning of each academic school year

Form copied to

AGREED AND SIGNED:

Parent _____ **Date** _____

Print Name _____

Head Teacher / Deputy _____ **Date** _____

Print Name _____

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 *(as described on the container)*	
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 _____

Record of Medicine Administered to an Individual Child

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

Staff signature _____

Signature of parent _____

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

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

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			

Staff Training Record – Administration of Medicines

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 completed the training detailed above and is competent to carry out any necessary treatment.

head teacher's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

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.

- Telephone number
- Your Name
- Your Location as follows [insert school/setting address]
- State what the postcode is – please note that postcodes for satellite navigation may differ from the postal code
- Provide the exact location of the patient within the school setting
- Provide the name of the child and a brief description of their symptoms. Please ensure that you inform them that the child has Asthma.
- Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- Put a completed copy of this form by the phone

Model Letter Inviting Parents to Contribute to Individual Healthcare Protocol 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 Protocol for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, 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. 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 protocol 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,

Name of School representative….

References and Useful Links

The Anaphylaxis Campaign 2018 fact sheets:

https://www.anaphylaxis.org.uk/wp-content/uploads/2019/07/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf

Adrenaline auto-injector advice for patients:

https://www.gov.uk/drug-safety-update/adrenaline-auto-injector-advice-for-patients

British Allergy Society Clinical Immunology (BSACI) care plans:

https://www.bsaci.org/about/download-paediatric-allergy-action-plans

Department for Education (2017) Supporting pupils at school with medical conditions:

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Anaphylaxis signs and Symptoms:

http://www.anaphylaxis.org.uk/what-is-anaphylaxis/signs-and-symptoms

Training videos:

EpiPen: http://www.epipen.co.uk/patient/what-is-epipen/using-your-epipen/#

Jext Pen: http://www.jext.co.uk/jext-video-demonstrations.aspx

Emerade Pen: http://www.emerade.com/