Birmingham City Council

Birmingham Community Healthcare NHS
NHS Foundation Trust

The Administration of Medicines in Schools and Settings:

A Supplemental Guidance

Paget Primary School

October 2021

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Preface

This guidance document has been written to supplement the Department for Education's statutory guidance "**Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England" DfE December 2015 (reissued August 2017) (the Statutory Guidance) and both documents should be read together.**

Appropriate Authorities (governing bodies of maintained schools, proprietors of academies and management committees in Pupil Referral Units) must always have regard to the statutory guidance, i.e. take account of the guidance, consider it and comply with it unless there is good reason not to.

The Statutory Guidance states that schools must develop policies for supporting children in school who have a medical condition. This supplemental guidance aims to support schools with the development of one aspect of that policy, namely the management and administration of medication in school, and it has been reviewed by a multi-disciplinary panel, including:

- Clinical Lead – Birmingham School Health Advisory Services
- School Nurses
- Education Department, Birmingham City Council
- Nurse specialists in asthma, epilepsy, diabetes and anaphylaxis
- Community pharmacist
- Clinical Lead & Team Leader for Special School Nurse Service

This document will be available on the school safeguarding website (www.birmingham.gov.uk/schoolsafeguarding) to all schools in Birmingham regardless of designation or status.

In this document the term:

- 'Child' refers to all children and young people;
- 'Pupil' refers solely to children and young people in schools;
- 'Parent' refers to parents, carers, legal guardians and may also include the Local Authority if a Care Order is in place for the child;
- 'School' refers to schools, academies, pupil referral units and other educational settings; and
- 'Schools' policies' or a 'school's policy' refers to the schools policy on supporting pupils in school with medical needs, which should have a specific section which explains the schools stance and procedures on administering medication in school.

****IF IN DOUBT OR IN AN EMERGENCY ALWAYS SEEK MEDICAL ADVICE****

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Introduction

The purpose of this document is to provide supplemental guidance to schools on managing medication in school, which is one aspect which must be considered when establishing effective systems to support pupils at school with medical conditions.

The Law

Schools' 'appropriate authorities' (governing bodies of maintained schools, proprietors of academies and management committees in Pupil Referral Units) have a duty under section 100 of the Children and Families Act 2014 to make arrangements to support pupils at school who have medical conditions. Appropriate authorities must also have regard to the Statutory Guidance, which should be read alongside this document.

In addition, the Equality Act 2010 (the Act) prohibits discrimination on the grounds of a protected characteristic such as disability, defined under section 6 of the Act, which may include some children with medical needs.

The Public Sector Equality Duty (PSED), as set out in section 149 of the Act, came into force on 5 April 2011 replacing the Disability Equality Duty and requiring public bodies to have due regard in the exercise of their functions to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

There are a number of ways that the responsible bodies for schools **must not** discriminate against pupils or prospective pupils which are set out in section 85 of the Act. This will include **all aspects** of school life, i.e. it will also apply to activities outside delivery of the curriculum, such as school trips, school clubs, and activities. Schools must make reasonable adjustments for children with disabilities where they are likely to be at a substantial disadvantage compared with pupils who are not disabled; which may include making adjustments to their practices, procedures and school policies.

Some pupils with medical needs may also have special educational needs (SEN) and may have an Education, Health and Care plan (EHCP) which sets out the pupil's health, social care and special educational requirements. For pupils with SEN, this guidance should also be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice. Generally, if a pupil's EHCP is followed, schools will be able to demonstrate that they have complied with the SEND Code of Practice and the duty under section 100 of the Children and Families Act 2014.

Under the Health and Safety at Work Act 1974, employers, including Appropriate Authorities, must have a Health and Safety policy which, for schools, should incorporate, or refer to, their policy for supporting children with medical needs. Schools may wish to base their own Health and Safety policy

on the corporate Health and Safety Policy. Schools' Health and Safety policy should explain the procedures for conducting appropriate risks assessments.

Safeguarding

Schools must ensure that policies, plans, procedures and systems are properly and effectively implemented to align with their wider safeguarding duties.

What this guidance document contains

Sections 1 to 9 offer general guidance on a variety of issues connected to administering medicines in schools. The 'Appendices' include:

- Good Practice Points/Guidance on administering medication to children with specific medical conditions;

- An example 'Consent Form to Administer Medicines', which must normally be filled in by the parent before staff can give any medication;

- An example record form to enable schools to record medication which has been administered;

- Example 'Individual Healthcare Plans' (Care Plans):

  Schools' policies about supporting pupils with medical needs should explain when the school will prepare a Care Plan for a pupil which will, generally, only be necessary if a pupil has a serious medical condition e.g. diabetes, epilepsy, asthma, allergies resulting in severe anaphylactic reactions, and may need medication to be administered. The example Care Plans are a guide to the type of information schools may need to effectively treat children with particular conditions, but should be expanded as required following consultation with a healthcare professional, parents, the pupil and the school. The Birmingham School Health Advisory Service will usually contribute to the preparation of Care Plans.

- A 'sample letter' to parents about their child's medication;

- An example training record, as it is good practice to keep a record of all training undertaken by staff which enables them to administer a particular type of medicine or deal with emergencies; and

- A checklist, designed to assist schools when they are assessing whether their policies meet the requirements of the statutory guidance, and this supplemental guidance.

This supplemental guidance document should be read alongside the Statutory Guidance, which was updated in September 2017.

Your school nurse/specialist voluntary bodies/professional associations are available for advice, support and training.

IF IN DOUBT OR IN AN EMERGENCY ALWAYS SEEK MEDICAL ADVICE

1. **Responsibilities & Requirements**

1.1 Governing bodies, Proprietors and Management Committees

'Appropriate authorities', i.e. governing bodies in the case of maintained schools, proprietors in the case of academies and management committees in the case of pupil referral units, must have regard to the Statutory Guidance when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The Statutory Guidance contains specific advice about managing medicines in schools on pages 19 – 21. A contingency plan must be in place to address staff refusal to dispense medication.

Appropriate Authorities should request feedback from parents to inform their policies and establish if they are satisfied with the quality of support, guidance, and care provided by staff, including how well the school liaises with a hospital or hospital school while a child is receiving treatment.

1.2 The Employer

Who the employer is depends on the type of school but it could be the local authority, governing body, trustees, management board, private individuals, charities, voluntary committee or a private company.

Whoever the employer is, they **must** take out Employer's Liability Insurance which provides an appropriate amount of cover and includes cover for staff who provide support to pupils with medical conditions. Employers should talk to their insurer to make sure that they have the right type and amount of insurance cover in place to protect employees who administer medicines to pupils.

1.3 Local Authority as employer (Maintained Schools)

Most of the time legal action brought by a parent alleging negligence will be brought against the employer rather than an employee directly.

In addition to any insurance cover which may be in place, Birmingham City Council (the Council) fully indemnifies its employees in maintained schools against the cost of claims brought against them which allege negligence providing that the action, or lack of action, complained of was carried out in good faith during the course of the employee's employment and the employee had participated in the appropriate training.

Therefore, employees who are trained to administer medicine to pupils with medical conditions will normally be indemnified meaning that the Council, not the employee, would pay the costs incurred and damages awarded if a claim for negligence is settled or is successful.

1.4 Parent/Carer

Schools should ask parents to complete a Consent Form to Administer Medicines if they want the school to agree to administer medication for their child. Verbal instructions should not be accepted.

Only one parent with parental responsibility needs to consent to medicines being administered. School's policies should be clear that:

- Where possible, medication should be administered at home;
- Each request from a parent to administer medication to their child in school will be considered individually based on the circumstances;
- They will not unreasonably refuse the parent's request to administer medicine in school;
- The parent's written consent is required. Consent does not have to be obtained every time medication is administered, but the form should be updated regularly; and
- In exceptional circumstances i.e. if the medicine has been prescribed to the pupil without the knowledge of the parent, it may be administered without parental consent but the school will make every effort to encourage the child to involve their parents, whilst respecting the pupil's confidentiality.

If a pupil needs a Care Plan, this should be prepared in consultation with healthcare professionals, the parents, the pupil and the School should consider including the points at paragraph 14 of the Statutory Guidance, including the circumstances in which the school should administer emergency medication.

Schools may wish to consider whether to agree that minor changes to the Care Plan can be made by a school nurse who will sign and date the plan, but major changes will normally mean that a new Care Plan is required. We recommend that schools regularly review Care Plans, at least annually. Schools may also wish to make clear in their policies on supporting pupils with medical needs that it is the parents' responsibility to notify schools of any changes required to the Plan e.g. treatment, symptoms, contact details.

Schools' policies should also make it clear that Parents are responsible for:

- Ensuring that their child has a sufficient amount of medication which is in date;
- Replacing their child's supply of medication on request;
- Safely disposing of their child's date-expired medicines, for example by returning them to a pharmacy; and
- Ensuring that all medication is provided in its original container with the a label, from the pharmacist if the medication is prescribed or the parent if it is over the counter, showing the:
    - Child's name, date of birth;
    - Name and strength of medication;
    - Dose;
    - Any additional requirements, e.g. to take the medication with food etc.;
    - Expiry date; and
    - Dispensing date or date of purchase.

1.5 Pupils

The Statutory Guidance states that, following discussion with parents and when set out in Care Plans, children who are competent can be responsible for managing their own medicines and procedures.

1.6 School staff

In practice, agreeing to medication being administered in school, head teachers/setting leads should be satisfied that it is necessary for medication to be administered during school hours, for example because the pupil will otherwise miss school and lose teaching time.

If a staff member is required to administer medication to pupils it will expressly say this in their contract of employment and, if it does not, then undertaking training to enable staff to administer medication to pupils is voluntary. Schools may wish to make staff aware of the insurance that is in place to cover this type of activity.

All staff, whether or not it is part of their contractual duties, should take into account the needs of pupils that they teach and be aware of whom to contact in an emergency.

It is possible that the contractual duties of some support staff may include the administration of medicines, which will have been considered during job evaluation for the role. The member of support staff still needs to receive appropriate training before undertaking relevant duties.

Schools should have a named person responsible for dealing with pupils who are unable to attend school because of medical needs, and someone named who can step into this role if the named person is unavailable.

1.7 Ofsted

Ofsted Inspectors will consider the needs of pupils with chronic or long-term medical conditions so that they can report on how well the needs of these pupils are met. Schools will normally need to produce a copy of their policy on supporting pupils with medical needs and demonstrate how effectively it is implemented

1.8 Training

All staff volunteering to administer medication **must** first receive appropriate training which will normally be provided by Birmingham Community Healthcare NHS Foundation Trust, through a school nurse or special school nurse other suitably qualified professional e.g. a medical professional who is already working with the child.

Staff have the right to refuse to undertake training to administer medication, but it is important that those staff who volunteer to administer medication receive training which explains:

- The basic legal principles and potential legal liabilities involved;
- How to deal with emergency situations that may arise;
- How to appropriate and safely administer the medication in question;

Regular, i.e. at least annual, training relating to emergencies, medication and relevant medical conditions should be provided; advice about training can be obtained from the school nurse.

Schools should keep records of all training and whether or not it has been satisfactorily completed. Even after training has been received, staff may decide that they no longer wish to volunteer to administer medication or request further training if the member of staff feels that it is necessary, which schools should provide. Training should be regularly updated, at least annually and when there are changes to the medication that a pupil requires.

A first-aid certificate does not constitute appropriate training in supporting children with medical needs and staff who have not undertaken training must not dispense medication or undertake healthcare procedures.

1.9 Emergency Procedures

As part of a general risk management processes all schools will have arrangements in place for dealing with general emergency situations, for example children should know that if there is an emergency they should tell a member of staff and staff should know how to call the emergency services and who is responsible for carrying out emergency procedures.

In addition, schools' policies will explain how schools intend to deal with medical emergencies and pupils' Care Plans will give details of how to deal with specific emergencies relating to a pupil's medical needs, including when and what medication should be administered.

Schools' policies should make clear that **if in doubt an ambulance should always be called** and staff will never be permitted take a child to hospital in their own car. Schools' policies should also explain that if a parent is unable to accompany their child to hospital, a member of staff will always accompany a child taken to hospital by ambulance and will stay with the child until their parent arrives.

If a parent is not present then health professionals, and not school staff, will be responsible for decisions about the medical treatment that the child requires. Staff accompanying a child to hospital should ensure that they have basic medical information about the child, for example their Care Plan if one is in place and identifying data e.g. full name and date of birth and their parents' contact details.

2. Record Keeping

Schools should ensure that a 'Record of medicine administered to an individual child' form is completed and signed giving details of the date, time and dose of any medication administered in school. Parents should be informed on the same day and a record kept if, for any reason, medication that a child normally receives is not administered. Schools may wish to keep a copy of the parent's Consent Form to Administer Medication and School Record of Medication Administered with the medication.

Schools will have a record of individual pupil's needs in their Care Plan, which may also form part of their Education, Health and Care Plan if one is in place. Schools should review Care Plans regularly, at least annually and whenever there are changes to the pupil's condition or treatment. A new Care Plan will usually be required if a pupil moves schools.

Under the Data Protection Act 1998 documents which contain information about an individual's physical or mental health are 'sensitive personal data', or 'special category data' under the General

Data Protection Regulation. Schools' policies should contain a privacy notice which explains when and how that medical information about a pupil and their Care Plan, where one is in place, will be shared with relevant staff. Schools must never display Care Plans in a public place because of the sensitive information they contain, but it would be sensible for schools to make parents, and where appropriate the pupil, aware that this information will be shared and that it will be kept somewhere accessible in case of emergency.

Schools should retain documents connected to a pupils medical needs and the administration of medication until the child is 25 years old in accordance with Department for Health requirements regarding the retention of medical and health records. This will also mean that records are available if a child, on reaching 18 years old, decides to pursue a claim of negligence against the School. Records should be carefully reviewed by the school before they are destroyed at the end of the retention period.

3. Storage of Medication

Schools should store non-emergency medication safely and securely, preferably in a cool place which pupils cannot access by accident. Schools should conduct a risk assessment in relation to their storage facilities in order to minimise the potential for harm to occur, which will include seeking advice from local pharmacists or the school nurse on how best to store medication.

Items requiring refrigeration may be kept in a clearly labelled closed container in a standard refrigerator, although schools should consider how pupil's confidentiality can be maintained if the fridge is also used for other purposes. Schools should monitor the temperature of the fridge each school day and it would be good practice to keep a written record of the temperature, time and date. Children should be able to access their medicines, particularly for self-medication, quickly and easily, but all storage facilities should be secure and in an area which cannot be accessed by children without the supervision of an adult.

The child's Care Plan will set out whether it is appropriate for the child to administer their own medication but generally pupils in secondary schools should be allowed to be in charge of their own medication, either by keeping it securely on their person, or in lockable facilities at the school which they have access to. Children in primary schools are less likely to be competent to manage their own medication but in all cases it will depend on the child's age, maturity, parent's and medical professional's views and school consent.

All emergency medication must be stored in a safe location known to the child and relevant staff, which is easily accessible in case of emergency. If the safe location is locked, it is essential that the keys can be quickly and easily accessed.

Unless the School's policy permits it, pupils without recognised medical needs should be discouraged from carrying their own supply of medication, such as painkillers for general use, with them.

Members of staff who require medication must ensure that it is safely stored and cannot be accessed by pupils.

3.1 Disposal of any sharp items (sharps)

Some medical conditions and medications require the use of sharp items (sharps), for example lancets for blood glucose monitoring, which carry the risk of accidents that could lead to infection with

blood borne viruses, which are preventable with careful handling and disposal. Therefore schools' policies on supporting pupils at school with medical needs should explain:

- How the school will safely manage sharps bins, i.e. they will be located in designated areas, in a safe position at waist height with a temporary closure mechanism for when the bin is not in use. **Sharps bins must never be kept on the floor;**

- That it is the personal responsibility of the individual using the sharp to dispose of it safely i.e. the pupil or the member of school staff assisting the pupil;

- That a suitable sized sharps bin must be brought to the point of use so that used sharps can be disposed of immediately;

- How sharp bins can be obtained and emptied, i.e. they are available on prescription where needed, should be emptied when two thirds full. Children should not be carrying used sharps bins to and from school themselves therefore arrangements for disposal should be outlined in the child's Care Plan.

4. School Trips, Visits and Sporting Events

Schools should consider what adjustments can reasonably be made to enable children with medical needs to participate safely and as fully as possible on school trips which, for best practice, should include a risk assessment. Schools may decide to include this information in a child's Care Plan, but on an event by event basis may need to consult parents, pupils and a healthcare professional to ensure that pupils can participate safely.

If pupils do not normally administer their own medication then a trained member of staff or parent should accompany the child on the off-site activity. The Consent Form to Administer Medicine should include off-site visits.

It is essential that schools inform staff members who run sporting activities and the school's own after school clubs, or extra-curricular activities, if specific pupils require medication and how they should deal with a medical emergency occur. Staff may require additional training, and should be aware of how to access the pupil's medication

Schools should make it clear that parents need to separately inform private wrap-around services about their children's health needs.

5. Over the Counter Medicines (OTC) (non-prescription)

The Medicines and Healthcare Products Regulatory Agency license all medicines and classifies them as OTC when it considers it safe and appropriate that they may be used without a prescription. Birmingham Local Medical Committee considers it a misuse of GP time to provide an appointment for a child with the sole purpose of acquiring a prescription for an OTC medicine. Sometimes a pupil's medical condition may mean that they need to take OTC medication.

OTC medicines can be administered to pupils on the same basis as prescription medication, i.e. where medically necessary, with the parent's consent, when approved by the head teacher in accordance with the school's policy and as set out in the pupil's Care Plan, if one is in place.

Parents should be informed if OTC medication has been administered that day, and it is good practice to ask the parent to sign a the School Record of Medication Administered to acknowledge that the school has told them that you have given the agreed medication

With OTC medications the dose and frequency must be consistent with the guidance and dosage on the packaging and schools should check with parents the date and time that the child took the most recent dose.

6. Specific types of Medication

6.1 Analgesics (Painkillers)

For children who regularly need analgesia, such as paracetamol (e.g. for migraine), an individual supply of their analgesic could be kept in school, labelled for that child only. It is recommended that schools do not keep stock supplies of analgesics for potential administration to any child but if, in rare circumstances, a school feels it is absolutely necessary to keep stock supplies the school's policy must detail the circumstances in which pupils may be given the analgesic and explain that the medicine will be safely stored, evidenced by a risk assessment. Parental consent must be obtained.

Children under 16 should never be given medicines containing aspirin or ibuprofen unless prescribed by a Doctor.

6.2 Methylphenidate (e.g.Ritalin, Metadate, Methylin)

Methylphenidate is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). Its supply, possession and administration are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Schools must store Methylphenidate in a locked non-portable container and place to which only named staff have access.

Schools must keep a record when new supplies of Methylphenidate are received and a record of when the drug is administered. A pupil's unused Methylphenidate must be sent home with their parent and schools should record that the medication has been returned, and the amount. This will enable schools to make a full reconciliation of supplies received, administered and returned home.

6.3 Antibiotics

Schools' policies should encourage parents to ask the GP to prescribe antibiotics in dosages which mean that the medicine can be administered outside of school hours, wherever possible.

This will mean that most antibiotic medication will not need to be administered during school hours. For example, if the prescription states that twice daily doses should be given, these can be administered in the morning before school and in the evening after school, and if the prescription requires three doses a day these can often be given in the morning before school, immediately after school and at bedtime. Antibiotics should always be administered in accordance with the prescriber's instructions. It should normally only be necessary to administer antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Schools should check with parents that the child is not known to be allergic to the antibiotic and note the response on the parental consent form. Schools should ask parents or the pupil, if they are competent and the parent agrees, to bring the antibiotic into school in the morning and take it home again at the end of each day.

Children are most likely to have an adverse reaction to a new antibiotic after the second dose, therefore we recommend that schools ask parents to administer the first and second doses of the course and monitor their child for an appropriate amount of time afterwards.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing, and be in their original container.

Schools must check the label on the antibiotic carefully as this will state;

- Whether the antibiotic needs to be stored in a refrigerator, which will be the case with many liquid antibiotic;
- Whether it needs to be taken at a certain time and before, after or with food; and
- The dosage, which should be carefully measured with an appropriate medicine spoon, medicine pot, or oral medicines syringe provided by the parent if the antibiotic is liquid, otherwise the appropriate number capsules should be taken with a glass of water.

As identified in Section 2 appropriate records must be made which will include if the pupil does not receive a dose, and the parent must be informed that day that a dose has been missed and given the reason why that was the case.

7. Emergency Medication

Schools' policies and individual Care Plans will explain their procedures for dispensing medication in an emergency. Anyone caring for children, including teachers and any other school staff in charge of children, have a common law duty to act like any reasonably prudent parent and ensure that children are safe and well cared for in school which will extend to taking action in an emergency, for example by calling emergency services or arranging for medicine to be administered. Schools should consider what information or training they need to provide to new or temporary staff to enable them to comply with this duty, particularly if there are children with specific needs.

Schools should make staff aware that, generally, the consequences of taking no action in an emergency are likely to be more serious than the consequences of trying to assist. Pupil's' emergency medication must be readily accessible in a location which staff and the individual pupil know about, because in an emergency, time is of the essence.

The most common types of emergency medication which schools may be asked to administer include:-

- Buccolam (midazolam), used to treat epilepsy.
- Adrenaline, under the brand names epipen, jext, emerade, used to treat anaphylaxis caused by an allergic reaction;

- Glucose or dextrose tablets which may be branded Hypostop, used to treat hypoglycaemia caused by diabetes; and

- Inhalers, used to treat asthma (usually the blue ‘reliever’ inhaler).

Schools can arrange for training for all staff on how to handle emergency situations which will be provided by Birmingham School Health Advisory Service Nurses or appropriate specialist nurses, and can include training for the school staff who have volunteered to administer emergency medication.

8. Return of Medication

Schools’ policies and, where there is one, a child’s Care Plan should explain when medication will be returned the child’s parent, for example whenever:

- The course of treatment is complete;
- Labels have become detached or unreadable (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent);
- The Care Plan is updated or changed and/or information about how to treat the child’s medical condition is updated; or
- The medication’s expiry date has been reached.

Return of the medication should be documented on the administration record held in the child’s file and the parent should be advised to return unused medication to their pharmacist.

In exceptional circumstances, e.g. when a child has left the school, schools can take unused medication to a community pharmacy for disposal. Medication should not be disposed of in the normal refuse, flushed down the toilet, or washed down the sink.

9. First Aid Boxes

Schools should ensure that First Aid boxes, identified by a white cross on a green background, are available in the workplace and contain adequate supplies for treating injuries that may occur based the nature of the potential hazards identified by a risk assessment. Schools’ should make themselves aware of the Health and Safety Executive’s minimum expected provision.

Only the expected First Aid supplies should be kept which should not contain creams, lotions or drugs, however seemingly mild, but may include saline or water sachets to irrigate wounds.

The location of First Aid boxes and the name of the person responsible for their upkeep should be clearly indicated on notice boards throughout the workplace.

First aid boxes must display the following information:-

- The name of the person responsible for their upkeep;
- The nearest alternative First Aid box, in case further supplies are required;
- A list of the contents of the first aid box and instructions for replenishing arrangements;
- The location of the school’s accident book.

Authorised school personnel should maintained and restock First Aid Boxes promptly when necessary and the staff who are responsible for maintaining the First Aid Box should be aware of the procedure for re-ordering supplies.

9.1 Minimum Expected First Aid box contents per 50 people:

1 x Guidance Leaflet giving general guidance on first aid (for example HSE leaflet *Basic advice on first aid at work)*

- 60 x Adhesive Plasters
- 6 x No 16 Eyepad
- 8 x Triangular Bandage
- 24 x Safety Pins
- 4 x First Aid Dressings (18 x 18cm)
- 12 x First Aid Dressings (12 x 12cm)
- 3 x Gloves (Pairs)
- 20 x Wipes

9.2 As a guide the minimum contents of a travelling First Aid kit should contain:-

- A leaflet giving general guidance on first aid (for example HSE leaflet *Basic advice on first aid at work)*
- 9 x First Aid Dressings (12 x 12cm)
- 3 x First Aid Dressings (18 x 18cm)
- 6 x Triangular Bandages
- 12 x Safety Pins
- 4 x Eye Dressings • 40 x Plasters
- 10 x Sterile Wipes
- 2 x Disposable Gloves (1 Pair)
- 1 x First Aid for Children Pocket Guide
- 1 x Pupil Accident Book

Appendices

1. Good Practice Points for Asthma Care

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

Schools can hold salbutamol inhalers for emergency use but if a child diagnosed with asthma may need to use the school's emergency inhaler, this possibility should be explained in their Care Plan and schools should have asked for parent's consent at the same time. For further information and

guidance, please see Guidance on the use of emergency salbutamol inhalers in schools, Department for Health, March 2015.

Schools should also consider:

1. Keeping a register of children in school diagnosed with asthma together with copies of their parental consent forms enabling them to take medication, i.e. inhalers;

2. Preparing Care Plans for pupils whose asthma is so severe that it may result in a medical emergency;

3. Where to keep inhalers, including during offsite visits, so that they are stored safely but are readily available for children who need them, which may mean encouraging pupils of year 5 and above to carry their own inhalers. Arrangements should be considered on a case by case basis. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place.

4. In special school all inhalers should be kept in classrooms, but accessible immediately, and should be administered by staff who have received training.

5. Asking parents to supply schools with a spare inhaler and spacer device for pupils who carry their own inhalers to store safely at school in case the original inhaler is accidentally left at home or the pupil loses it. This inhaler should have an expiry date beyond the end of the school year and parents should be asked to replace it if it does not. Schools should dispose of out of date inhalers regularly, either by returning them to parents or to the pharmacist.

6. How they will ensure that all inhalers are labelled with the following information:-

    - Pharmacist's original label;
    - Child's name and date of birth;
    - Name and strength of medication;
    - Dose;
    - Dispensing date; and
    - Expiry date.

7. Labelling children's spacer device, which is used with an inhaler often by younger children, and making arrangement with parents to ensure that it is sent home to be cleaned regularly, e.g. at the end of each term.

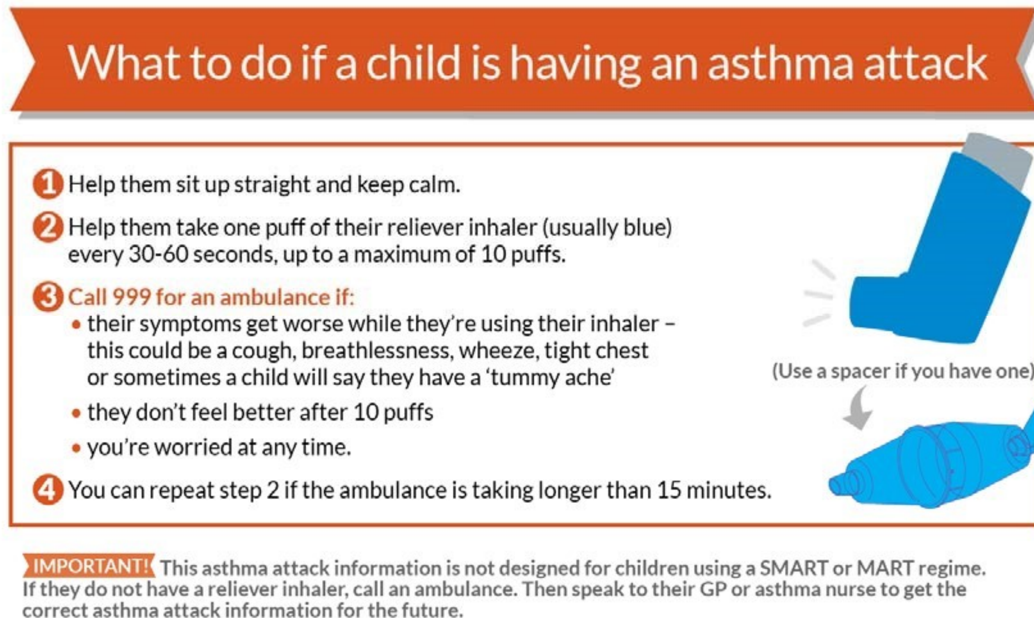
8. Taking appropriate disciplinary action, in line with their school's Behaviour and, if they have one, Managing Substance Related Incidents policies, if inhalers are misused by pupils or others. Inhalers are generally safe and, if a pupil took another pupil's inhaler, it is unlikely that that pupil would be adversely affected; however medical advice should be sought.

9. The arrangements for monitoring inhaler use, and how parents will be notified if their child is using the inhaler excessively

10. How to ensure that staff running PE lessons and sports activities are aware that physical activity will benefit pupils with asthma, but that these pupils may need to use their inhaler 10

minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not participate.

11. How they will ensure that pupils who have a particular trigger for their asthma, such as animal fur, glue, nuts etc. can avoid those substances



Further source of information:

Asthma UK

Tel: 0300 222 5800 Email:

info@asthma.org.uk

https://www.asthma.org.uk/

2. **Good Practice Points for the Administration of Auto Adrenaline Injectors**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to the allergen, which may be a certain food or other substance, but may occur after a few hours. Auto adrenaline injectors should only be administered by staff who have volunteered and been trained by the appropriate health professional. Schools should have obtained parental consent and prepared a Care Plan for the child on becoming aware that the child has been prescribed this medication.

An auto adrenaline injector (AAI) is a preloaded pen device, which contains a single measured dose of adrenaline for administration in cases of anaphylaxis. It is not possible to give too large a dose from one device used correctly in accordance with the child's Care Plan, so even if it is given inadvertently it is unlikely to do any harm. However medical advice should be obtained as soon as possible after the medication is administered. Auto adrenaline injectors should only be used for the person for whom it is prescribed.

National guidance on AAI's within school was released by the DfE in September 2017 and this should be considered as a supplement to this guidance. The DfE Guidance can be found at: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools
Schools should consider:

1. Where to safely store the AAI, in the original box, at room temperature and protected from heat and light, so that it is readily available. If the Care Plan records that the pupil is competent then the AAI can be carried on their person

2. What systems can be put in place to check, termly, the AAI expiry dates and discolouration of contents so that parents can be asked to dispose of and replace medication.

3. Ensuring that all staff know that **immediately after the AAI is administered, a 999 ambulance call must be made and parents notified**. If two adults are present, the 999 call should be made at the same time as the administration of the AAI. The used AAI must be given to the ambulance personnel.

4. The use of the AAI must be recorded on the School Record of Medication Administered, with time, date, and full signature of the person who administered it.

5. Reminding parents that, if the AAI has been administered, they must renew it before the child returns to school.

6. Ensuring that the pupil is accompanied by an adult, who has been trained to administer the AAI on off-site visits, and that the AAI is available and safely stored at all times during the visit.

Administering Epipen

Administering Jext

Administering emerade

Further source of information

The Anaphylaxis Campaign
Helpline: 01252 542029
Website: https://www.anaphylaxis.org.uk
Email: info@anaphylaxis.org.uk

2. Good Practice Points for the Management of Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels because the pancreas does not make any or enough insulin, because the insulin does not work properly, or both. There are two main types of diabetes:

Type 1 Diabetes develops when the pancreas is unable to make insulin. The majority of children and young people will have Type 1 diabetes and need to replace their missing insulin either through multiple injections or an insulin pump therapy.

Type 2 Diabetes is most common in adults, but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough, or it does not work properly.

Treating Diabetes

Children with Type 1 diabetes manage their condition by the following:-

- Regular monitoring of their blood glucose levels
- Insulin injections or use of insulin pump
- Eating a healthy diet
- Exercise

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a pupil may need to do this at least once while at school.

Insulin therapy

Children who have Type 1 diabetes may be prescribed a fixed dose of insulin; other children may need to adjust their insulin dose according to their blood glucose readings, food intake, and activity levels. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

Insulin pens

The insulin pen should be kept at room temperature but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. Parents should ensure enough insulin is available at school and on school trips at all times.

Older pupils will probably be able to independently administer their insulin; however, younger pupils may need supervision or adult assistance. The pupil's individual Care Plan will provide details regarding their insulin requirements.

Insulin pumps

Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage their pump independently, while others may require supervision or assistance. The child's individual Health Care Plan should provide details regarding their insulin therapy requirements.

Medication for Type 2 Diabetes

Although Type 2 Diabetes is mainly treated with lifestyle changes e.g. healthy diet, losing weight, increased exercise, tablets or insulin may be required to achieve normal blood glucose levels.

Administration of Insulin injections

If a child requires insulin injections during the day, individual guidance/training will be provided to appropriate school staff by specialist hospital paediatric diabetic nurses, as treatment is individually tailored. A Care Plan should be prepared.

Best Practice Points for Managing Hypoglycaemia (hypo or low blood sugar) in Children Who Have Diabetes

Schools should offer all staff diabetes awareness training which will be provided by the paediatric diabetic nurses, if a child in the school has diabetes. Training should include how to prevent the occurrence of hypoglycaemia which occurs when the blood-sugar level falls. Staff who volunteer can also be trained in administering treatment for hypoglycaemic episodes.

Symptoms of diabetes can vary from person to person, therefore it will always be necessary for schools to prepare a Care Plan for children who have the condition and obtain parental consent to administer treatment. Often, this will be done when the nurse attends the staff training session if the parent is also able to attend to give their views

To **prevent** a hypo

1. Children must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed due to extracurricular activities at lunchtimes, or detention sessions;
2. Offsite activities e.g. visits, overnight stays, will require additional planning and liaison with parent; and
3. Schools should ask parents to ensure that they provide the school with sufficient, in-date, quantities of the treatment that their child may require.

To **treat** a hypo

1. Staff should be familiar with pupil's individual symptoms of a "hypo" so that steps to treat the pupil can be taken at the earliest possible stage. Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion, and slurred speech;
2. If a meal or snack is missed, or after strenuous activity, or sometimes even for no apparent reason, the child may experience a "hypo". Treatment might be different for each child, and will be set out in their Care Plan, but will usually be either dextrose tablets, or sugary drink, or Glucogel/Hypostop (dextrose gel) which should be readily available, not locked away and may be carried by the pupil. Expiry dates must be checked each term by the parent/carer.
3. Glucogel/Hypostop is used by squeezing it into the side of the mouth and rubbing it into the gums, where it will be absorbed by the bloodstream.
4. Once the child has started to recover a slower acting starchy food such as biscuits and milk should be given.
5. If the child is or becomes very drowsy, unconscious, or fitting, a 999 call must be made and the child put in the recovery position. Due to the risk of choking the caregiver should not attempt to give the child an oral treatment, i.e. a drink, tablets or food.
6. Parents should be notified that their child has experienced a hypo, informed of the treatment provided and asked to provide new stocks of medication.

Once the child has recovered the School Record of Medication Administered should be completed

Best Practice Guidance for Blood Glucose Monitoring for Children
The Care Plan will explain how frequently the pupil needs to check their blood glucose levels and will set out the method that should be used.

It is recommended that all staff use a fully disposable Unistik 3 Comfort Lancets device if they are undertaking patient blood glucose testing on a pupil. This is a single use device and the lancet remains covered once it has been used.

If a child has an insulin pump, individual arrangements will be made with a specialist nurse and parents to ensure school staff are fully trained in the management and use of the pump.

For children who self-test the use of Unistiks is not necessary and he/she will be taught to use a finger pricker device in which a disposable lancet will be inserted. This device can be purchased at a local chemist or in some cases may be provided by the Paediatric Diabetes Specialist nurse. The disposable lancet can be ordered on prescription via the pupil's GP.

Whenever possible, staff will encourage pupils to undertake their own finger prick blood glucose testing and management of their diabetes, encouraging good hand hygiene. However, in exceptional circumstances such as a pupil having a hypoglycaemic attack, it may be necessary for a member of staff to undertake the test.

How to use the Unistik lancet:

- Prior to the test wash hands
- Encourage pupil to wash their hands wherever possible
- Ensure all equipment is together on a tray including a small sharps box
- Where possible explain the procedure to the pupil
- Apply gloves before testing
- Use a meter which has a low risk for contamination then blood is applied to the strip such as an optium exceed or one touch ultra
- Ensure meter is coded correctly for the strips in use and that the strips are in date. ➢ Place the strip into the meter
- Prick the side of the finger using a Unistik comfort 3
- Apply blood to the test strip according to the manufacturer's instructions
- Once the test is completed put the used test strip and lancet directly into the sharps box

- Return the tray to a safe area/room
- Wash hands following the removal of gloves avoiding any possible contact with blood; use alcohol rub
- Record the blood glucose reading in the pupil's care plan/diary
- Parents are responsible for supplying all necessary equipment and medication
- Provision and disposal of a sharps box should be discussed individually with the Paediatric Diabetes Specialist Nurse **Further notes:**

The Care Plan will document what action to take if the blood glucose result is higher or lower than expected.

Further sources of information:

Diabetes UK

Tel: 020 7424 1000

Email: info@diabetes.org.uk

Website: https://www.diabetes.org.uk/

4. Good Practice Points for Managing Eczema

Eczema (also known as dermatitis) is a non-contagious dry skin condition which affects people of all ages, including one in five children in the UK. It is a highly individual condition which varies from person to person and comes in many different forms.

In mild cases of eczema, the skin is dry, scaly, red, and itchy but in more severe cases the child's skin may experience be weeping, crusting, and bleeding which can be exacerbated by constant scratching causing the skin to split and bleed and leaving it open to infection. In severe cases, it may be helpful and reassuring for all concerned if a Care Plan is completed. . If whole body or significant creaming is required, factors that will need to be taken into account might include:

- Who will do the creaming? (Including taking into account how much the child can do for him/herself depending on age, maturity etc., Permission needed from parents)

- How often does this need to happen? (How can this be planned around curriculum time etc.?)

- Where will the creaming take place? (Considering the need to ensure both privacy and safeguarding of the pupil and the safety of staff.)

- What medication and/or equipment will the parents provide and what may school need to provide (e.g. gloves etc.)?

These details would all need to be provided on the pupil's care plan.

Atopic eczema is the most common form. We still do not know exactly why atopic eczema develops in some people. Research shows a combination of factors play a part including genetics (hereditary) and the environment. Atopic eczema can flare up and then calm down for a time, but the skin tends to remain dry and itchy between flare ups. The skin is dry and reddened and may be very itchy, scaly and cracked. The itchiness of eczema can be unbearable, leading to sleep loss, frustration, poor concentration, stress, and depression.

There is currently no cure for eczema but maintaining a good skin care routine and learning what triggers a pupil's eczema can help maintain the condition successfully, although there will be times when the trigger is not clear. Keeping skin moisturised using emollients (medical moisturisers) is key to managing all types of eczema, with topical steroids commonly used to bring flare ups under control.

5. Good practice point for epilepsy

Epilepsy is a neurological condition that causes recurrent seizures. This is caused by abnormal electrical activity in the brain. Seizures can happen anytime anywhere. 60% of people with epilepsy there is no known reason for them to have developed epilepsy. The other 40% there is an underlying cause or brain trauma. About 1 in 133 people suffer from epilepsy.

Epilepsy is diagnosed through a good medical history and an eye witness account of the seizure. When it is suspected that a child has epilepsy the child is sent for tests such as EEG's and MRI to help support the diagnosis and to look for any structural abnormalities in the brain. There is a big problem with misdiagnosis, as some things that look like epilepsy are not epilepsy such as migraine and fainting.

There are two main types of seizures: focal and generalized.

- Generalized seizure is where the whole of the brain is affected and the electrical activity is coming from all over. These seizures are when the muscles relax and the person falls to the floor, they can become stiff and have generalized jerking of all four limbs. These are also the absence types of epilepsy.

- Focal seizures are when the electrical activity is localized to one part of the brain, these seizures can present with twitching in their face, hands, arms and legs. They can feel strong emotions, make unusual noises and have unusual behavior such as lip smacking, head turning to one side.

When you suspect a child to have a seizure, make sure you try and time the seizure, record what happened before, during and afterwards. If you have permission from parents a video is very helpful to make a diagnosis.

General first aid advice

- Managing a Tonic Clonic Seizure

If a child has a generalized tonic clonic seizure (jerking or all four limbs) it is important to stay as calm as possible. Reassure the other children in the classroom. Ensure that the child having the seizure cannot harm themselves

1. Check safety of the area
2. Move any potential dangerous object which the child could hurt themselves on
3. Cushion head with something soft – such as a small jumper (especially if on concrete to avoid injury)
4. Stay with the child throughout the seizure
5. After the seizure is over put into recovery position until completely recovered
6. Check the child for injury and maintain privacy and dignity throughout

DO NOT

1. Restrain the child
2. Do not move the child unless they are in direct danger
3. Put anything in their mouth
4. Do not give any food or drink

When to call for an AMBULANCE

1. If the seizure is going on for longer than 5 minutes
2. If it is the child's first seizure
3. If the child is injured
4. If you are concerned at any point

REMEMBER

- Keep a record of the seizure

- Time the seizure
- Description of the event if possible - how it started, what happened, how it finished
- Did anything happen before the seizure? i.e. bump to the head, argument, sleepy, do they have a fever.
- What happened during? i.e. were they stiff, floppy, jerking, eyes rolled, head turned etc.- were they incontinent
- What happened after? i.e. how long it took to recover, were they sleepy after, did they go back to normal and do they remember it.

Epilepsy can be controlled with regular medications, emergency medications, Ketogenic diet, surgery and VNS. The medications that we use to control epilepsy are strong and important to take regularly. When a child is prescribed an anti-epileptic medication, they are usually given a plan with how and when to take the medication. Usually they only take the medication twice a day however, there are some children who need a third dose in the day time. If the child was to vomit after the administration of the medication, unless it was a tablet and you can see it, we would advise not to repeat the dose as you are not sure how much has been absorbed.

If a dose is missed, a catch up dose may be given within 4 hours of the designated time. After the 4 hours, do not give the dose and carry on with the next dose. If a child was to miss a dose of medication, be aware that they may have more seizures as a result.

Epilepsy can have a significant impact on a child's achievement; they can experience problems with the visual/verbal learning process, reading, writing, speech language, numeracy, memory, psychosocial problems, concentration and behavior. We can help improve this through group work, providing written information as a prompt, making sure that the student has not missed anything, encourage note taking, cue cards, highlighting important information, rhymes, repetition and revision.

Every child with a diagnosis of epilepsy should have a health care plan in school with details on how to manage that child's seizure. Children with emergency medication also need an up-to-date care plan with details of when to give the medication. Most of the time the child will be prescribed Buccolam (midazolam), however if the child cannot take this, they will be prescribed a rectal emergency medication.

Guidelines for the administration of Bucolic (midazolam)

Bucolic (midazolam) is an emergency treatment for epilepsy, for prolonged convulsions and clusters of seizure activity. It is administered via the mouth in the Bucolic cavity (between the gum and the cheek)

Bucolic (midazolam) can only be administered by a member of the school staff, ideally someone who spends the most time with the student, who has been assessed and has been signed to say they have received the training and know what to do. Training of the designated staff will be provided by the school nurse and a record of the training undertaken will be kept by the head teacher for the schools records. Training must be updated annually. The training must be child specific, general

Bucolic (midazolam) training can be done but each child who requires it must have their care plan reviewed and understood by the staff members who would be administering the Bucolic (midazolam).

Bucolic (midazolam) care plans should reflect the specific requirements of each case and further advice should be sought from the specialist nurse/consultant/GP

1. Buccolam (midazolam) can only be administered in accordance with an up-to-date written care plan with medical and parental input. If the dose changes it is the responsibility of the parent to have the care plan updates. Old care plans should be filed in the pupils records.
2. The Buccolam (midazolam) care plan should be renewed yearly. The school nurse will check with the parent/ carer that the dose remains the same
3. The care plan must be available each time the Buccolam (midazolam) is administered: if practical to be kept with the Buccolam (midazolam)
4. Buccolam (midazolam) can only be administered by designated staff, who has received training from the school nurse. A list of appropriately training staff will be kept.
5. The consent form and care plan must always be checked before the Buccolam (midazolam) is administered
6. It is recommended that the administration is witnessed by a second adult
7. The child should not be left alone until fully recovered
8. The amount of Buccolam (midazolam) that is administered must be recorded on the pupil's Buccolam (midazolam) record card. The record card must be signed with a full signature of the person who has administered the Buccolam (midazolam), timed and dated. Parents should be informed if the dose has been given in an emergency situation
9. Each dose of Buccolam (midazolam) must be labelled with the individual pupil's name and stored in a locked cupboard, yet readily available. The keys should be readily available to all designated staff
10. School staff must check expiry date of Buccolam (midazolam) each term. In special schools, where nurses are based on site, the school nurse may carry out this responsibility. It should be replaced by the parent/ carer at the request of the school or health staff. Please inform parents within a month of expiry to give them time to replace it.
11. All school staff designated to administer Buccolam (midazolam) should have access to a list of pupils who may require emergency Buccolam (midazolam). The list should be updated annually, and amended at other times as necessary.
12. All Buccolam (midazolam) training needs to be child specific. General training can be done but each individual care plan needs to be reviewed.
13. A Buccolam authorisation form should be completed by a consultant paediatrician outlining the dosage, and administration guidance from the doctor and signed parental consent confirming the dose. Within special schools best practice would be that parents are contacted before buccolam administration to establish if an earlier dose has been administered.

C Consent Form to Administer Medicines on School site and off-site activities

School staff will not give your child medication unless this form is completed and signed.

Dear Head teacher

I request and authorise that my child* be given/gives himself/herself the following medication: (*delete as appropriate)

Name of child		**Date of birth**	

Address Daytime Tel no(s)			
Group/Class/Form			
Medical Condition or Illness, and reason for medication			
Name of medicine:	**N.B Medicines must be in their original container, and clearly labelled**		
Special precautions e.g. take after eating			
Are there any side effects that the school needs to know about		**Dose**	
Time of Dose		**Maximum Dose** (if applicable)	
Start Date		**Finish Date**	

I confirm that:

- I have received medical advice stating that it is, or may be in an emergency, necessary to give this medication to my child during the school day and during off-site school activities;
- I agree to collect it at the end of the day/week/half term (delete as appropriate) and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy;
- This medicine has been given without adverse effect in the past/ I have made the school aware any side effects that my child is likely to experience, and how the school should act if these occur (delete as appropriate);
- The medication is in the original container labelled with the contents, dosage, child's full name and is within its expiry date; and
- 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 and my child's Care Plan. 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.

Signed (parent/Carer)	
Date	
Based on the above information the Head Teacher acknowledges that it is, or may be, necessary for your child to be given medication during school hours **Signed (Head teacher)**	

B. 1 School Record of Medication Administered

Name of child………………………………………………………………..

Date of birth…………………………………..Class…………………………

Name and strength of medication…………………………………………..

Dose and Frequency of medication………………………………………..

Time last dose given…………………………………………………………..

Maximum dosage……………………………………………………………….

Other medication being taken……………………………….

Date		
Quantity received		
Quantity returned		
Staff name and signature		

Date									
Time Given									
Dose Given									
Staff Signature									
Print Name									
Additional notes, e.g. parent notified									
Parents signature and date									

B.2 – Special School Nurse Medicine Administration Form

Affix Childs ID Label	Pupil photograph

Birmingham Community Healthcare NHS
NHS Foundation Trust

Special School Medication Administration Record (MAR)

Sheet No .... of .... **Name Of Special School:…………………………………… Month:…………… Year:……………**

Allergies ....

Name of Medication, Strength/dose to be given		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Route																																	
Signature	Date																																
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SSNMAR Draft V1 Nov 2016

Missed dose Codes: 1 = Absent, 2 = Refused, 3 = Wasted, 4=Vomited

P.T.O.

D1 – Asthma Plan

Primary version

asthma UK

My Asthma Plan

Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.

Name:

1 My daily asthma medicines

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

____

____

- My reliever inhaler is called__________ ______and its colour is________.
  I take____puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is_________

2 When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than__________

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

And also take_________puff/s of my blue reliever inhaler every four hours.

If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?

If YES I take: __________ puff/s of my reliever inhaler (usually blue) beforehand.

Remember to use my inhaler with a spacer (if I have one)

HA1010216 © 2016 Asthma UK. Registered charity number in England 802364 and in Scotland SC039322.
Last reviewed and updated 2016, next review 2019.

Health & care information you can trust

asthma UK

My Asthma Plan

3 When I have an asthma attack

I'm having an asthma attack if:

- My blue reliever inhaler isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than_________

When I have an asthma attack, I should:

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

Take one puff of my reliever inhaler **every 30 to 60 seconds** up to a total of 10 puffs.

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

If I still don't feel better and I've taken ten puffs, I need to call **999** straight away. If I am waiting longer than 15 minutes for an ambulance I should take another_________puff/s of my blue reliever inhaler every 30 to 60 seconds (up to 10 puffs).

999

My asthma triggers:

Write down things that make your asthma worse

____

____

____

____

____

I need to see my asthma nurse every six months

Date I got my asthma plan:

____

Date of my next asthma review:

____

Doctor/asthma nurse contact details:

____

____

____

Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

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

Make it easy for you and your family to find it when you need it

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

You and your parents can get your questions answered:

Call our friendly expert nurses
0300 222 5800
(9am – 5pm; Mon – Fri)

Get information, tips and ideas
www.asthma.org.uk

Secondary Version

My asthma triggers
Taking my asthma medicine each day will help reduce my reaction to these triggers. Avoiding them where possible will also help.

My asthma review
I should have at least one routine asthma review every year. **I will bring:**
- My action plan to see if it needs updating
- My inhaler and spacer to check I'm using them in the best way
- Any questions about my asthma and how to cope with it.

Next asthma review date: ___/___/______

GP/asthma nurse contact
Name:
Phone number:

Out-of-hours contact number
(ask your GP surgery who to call when they are closed)
Name:
Phone number:

Get more advice & support from Asthma UK:
Speak to a specialist asthma nurse about managing your asthma on: 0300 222 5800
Get news, advice and download information packs at: www.asthma.org.uk

Use it, don't lose it!

Your action plan is a personal guide to help you stay on top of your asthma. Once you have created one with your GP or asthma nurse, it can help you stay as well as possible.

People who use their action plans are four times less likely to end up in hospital because of their asthma.

Your action plan will only work at its best to help keep you healthy if you:

1. **Put it somewhere easy for you and your family to find** – you could try your fridge door, the back of your front door, or your bedside table. Try taking a photo and keeping it on your mobile phone or tablet.
2. **Check in with it regularly** – put a note on your calendar, or a reminder on your mobile to read it through once a month. How are you getting along with your day-to-day asthma medicines? Are you having any asthma symptoms? Are you clear about what to do?
3. **Keep a copy near you** – save a photo on your phone or as your screensaver. Or keep a leaflet in your bag, desk or car glove box.
4. **Give a copy of your action plan or share a photo of it with a key family member or friend** – ask them to read it. Talk to them about your usual asthma symptoms so they can help you notice if they start. Help them know what to do in an emergency.
5. **Take it to every healthcare appointment – including A&E/consultant.** Ask your GP or asthma nurse to update it if any of their advice for you changes. Ask them for tips if you're finding it hard to take your medicines as prescribed.

The step-by-step guide that helps you stay on top of your asthma

Your asthma action plan

Fill this in with your GP or asthma nurse

Name and date:

Any asthma questions?
0300 222 58
(9am – 5pm; Mon – Fri)
www.asthma.org

Every day asthma care:

My personal best peak flow is:

My preventer inhaler (insert name/colour):

I need to take my preventer inhaler every day even when I feel well

I take [ ] puff(s) in the morning and [ ] puff(s) at night.

My reliever inhaler (insert name/colour):

I take my reliever inhaler only if I need to

I take [ ] puff(s) of my reliever inhaler if any of these things happen:
- I'm wheezing
- My chest feels tight
- I'm finding it hard to breathe
- I'm coughing

Other medicines I take for my asthma every day:

With this daily routine I should expect/aim to have no symptoms. If I haven't had any symptoms or needed my reliever inhaler for at least 12 weeks, ask my GP or asthma nurse to review my medicines in case they can reduce the dose.

People with allergies need to be extra careful as attacks can be more severe.

When I feel worse:
- My symptoms are coming back (wheeze, tightness in my chest, feeling breathless, cough)
- I am waking up at night
- My symptoms are interfering with my usual day-to-day activities (eg at work, exercising)
- I am using my reliever inhaler [ ] times a week or more
- My peak flow drops to below [ ]

This is what I can do straight away to get on top of my asthma:

1. If I haven't been using my preventer inhaler, start using it regularly again or:
   Increase my preventer inhaler dose to [ ] puffs [ ] times a day until my symptoms have gone and my peak flow is back to normal
   Take my reliever inhaler as needed (up to [ ] puffs every four hours)
   URGENT! If I don't improve within 24 hours make an emergency appointment to see my GP or asthma nurse.
2. If I have been given prednisolone tablets (steroid tablets) to keep at home:
   Take [ ] mg of prednisolone tablets (which is [ ] x 5mg) immediately and again every morning for [ ] days or until I am fully better

URGENT! Contact my GP or asthma nurse today and let them know I have started taking steroids and make an appointment to be seen within 24 hours.

In an asthma attack:
- My reliever inhaler is not helping or I need more than every [ ] hours
- I find it difficult to walk or talk
- I find it difficult to breathe
- I'm wheezing a lot or I have a very tight chest or I'm coughing a lot
- My peak flow is below [ ]

THIS IS AN EMERGENCY TAKE ACTION NOW

1. Sit up straight – don't lie down. Try to keep calm
2. Take one puff of my reliever inhaler every 30 to 60 seconds up to a maximum of 10 puffs
3. A) If I feel worse at any point while I'm using my inhaler → CALL 999
   B) If I don't feel any better after 10 puffs → CALL 999

Ambulance taking longer than 15 minutes? Repeat step 2

IMPORTANT! This asthma attack information is designed for people on a SMART or MART medicine plan. If you're on a SMART or MART medicine plan, please speak to your GP or asthma nurse to get correct asthma attack information.

D2 – Anaphylaxis Healthcare plan

Jext Pen

RCPCH

Allergy Action Plan

bsaci improving allergy care

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1)

2)

Child's Weight Kg

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer

(if vomited, can repeat dose)

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

AIRWAY: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / Pale or floppy. Suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

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

If in doubt, give Jext®

After giving Jext:

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

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

Jext®: Instructions for use

1. Grasp the Jext® injector in your hand with your thumb closest to the yellow cap. Pull off the yellow cap.
2. Place the black tip against outer thigh, holding the injector at a right angle to the thigh.
3. Push the black tip firmly into your outer thigh until you hear a 'click' then keep it pushed in. Hold in place for 10 seconds (a slow count to 10) then remove.
4. Massage the injection area for 10 seconds. Dial 999, ask for an ambulance and say 'anaphylaxis'.

Keep your Jext device(s) at room temperature, do not refrigerate.
For more information and to register for a free reminder alert service, go to www.jext.co.uk

Produced in conjunction with: Allergy UK, Anaphylaxis Campaign

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Additional Instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.
This plan has been prepared by:
Hospital/Clinic:
Date:

Epipen

RCPCH

Allergy Action Plan

bsaci improving allergy care

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1)

2)

Child's Weight Kg

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer

(if vomited, can repeat dose)

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

AIRWAY: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy. suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

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

If in doubt, give EpiPen®

After giving Epipen:

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

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

How to give EpiPen®

1. Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP
2. SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard
3. HOLD FIRMLY in place for 10 seconds
4. REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.
For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Produced in conjunction with: Allergy UK, Anaphylaxis Campaign

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Additional Instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.
This plan has been prepared by:
Hospital/Clinic:
Date:

Emerade

Blank

RCPCH Royal College of Paediatrics and Child Health

Allergy Action Plan

bsaci improving allergy care

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1) ☎

2) ☎

Child's Weight: Kg

Mild-moderate allergic reaction:

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

ACTION:

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

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

AIRWAY: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

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

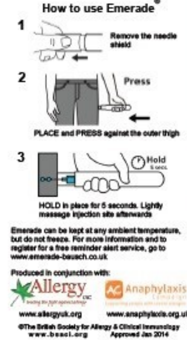
If in doubt, give Emerade®

After giving Emerade:

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

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

How to use Emerade®



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

Additional instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

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

This plan has been prepared by:

Hospital/Clinic:

☎ Date:

Produced in conjunction with: Allergy UK www.allergyuk.org; Anaphylaxis Campaign www.anaphylaxis.org.uk

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RCPCH Royal College of Paediatrics and Child Health

Allergy Action Plan

bsaci improving allergy care

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1) ☎

2) ☎

Child's Weight: Kg

Mild-moderate allergic reaction:

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

ACTION:

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

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

AIRWAY: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

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

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

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

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

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

Additional instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

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

This plan has been prepared by:

Hospital/Clinic:

☎ Date:

Produced in conjunction with: Allergy UK www.allergyuk.org; Anaphylaxis Campaign www.anaphylaxis.org.uk

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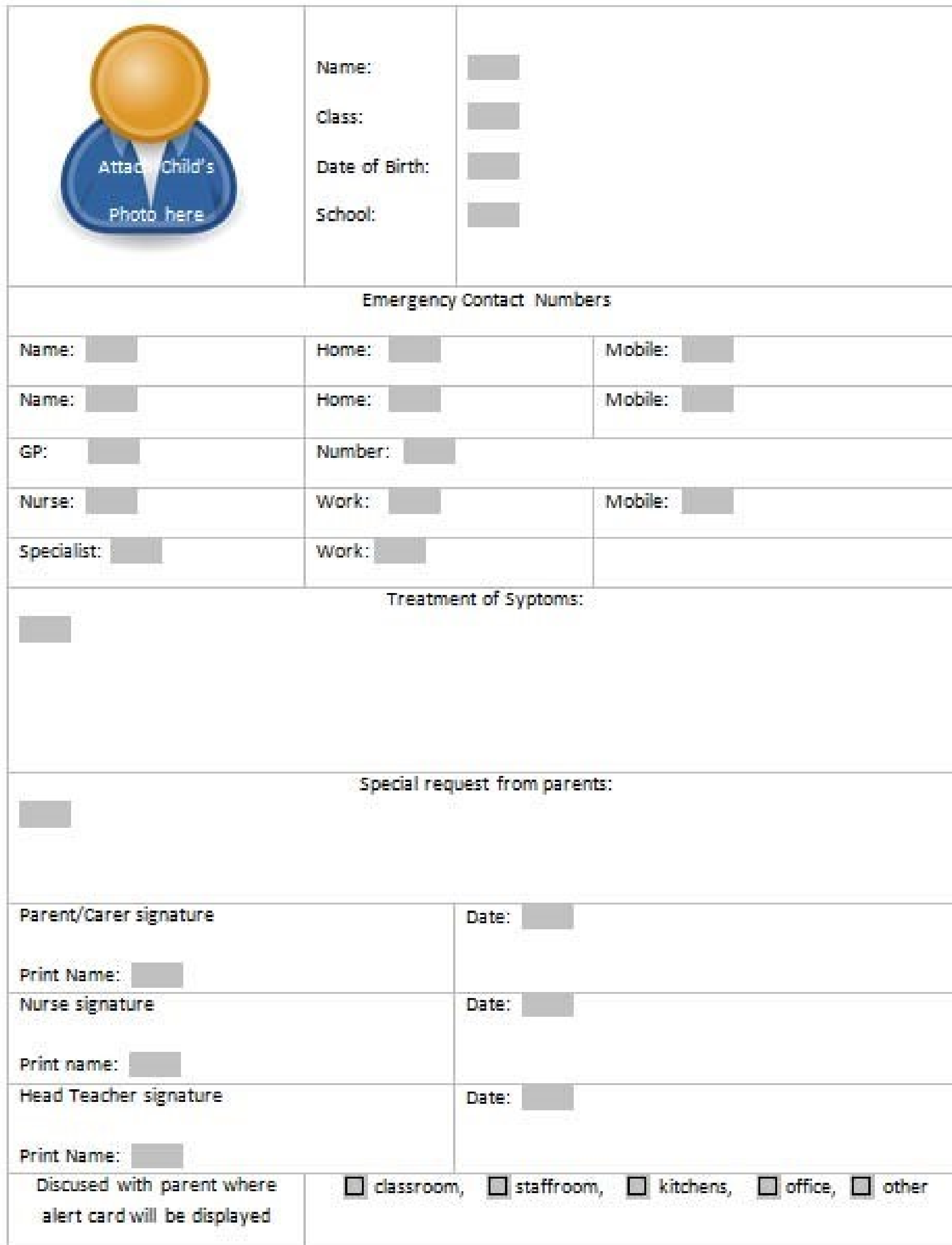
D3 – Example of personal alert card

Personal Alert Card



Attach Child's Photo here	Name: Class: Date of Birth: School:	
Emergency Contact Numbers		
Name:	Home:	Mobile:
Name:	Home:	Mobile:
GP:	Number:	
Nurse:	Work:	Mobile:
Specialist:	Work:	

Treatment of Syptoms:

Special request from parents:

Parent/Carer signature Print Name:	Date:
Nurse signature Print name:	Date:
Head Teacher signature Print Name:	Date:
Discused with parent where alert card will be displayed	☐ classroom, ☐ staffroom, ☐ kitchens, ☐ office, ☐ other

Medical Condition & Daily care requirements:	
Care Requirments: Special consideration for school trips:	
Symptoms:	
If subject to seizures:	
What does the seizure look like?	
Is there any warning signs?	
How long does the seizure usually last?	
Is there a pattern to the seizures?	
How long does the child take to recover?	
Is there a known trigger?	
Managment issues: eg special precautions needed, indications for swimming, when to notify parents.	
Management of Condition:	
Emergency medication prescribed ☐ Yes, ☐ No If Yes – what medication & how will this be administered?	
Date plan developed:	Date plan to be reviewed:

E. Example Sample letter

The letter below is attached for guidance. It can be adapted and used for issue by school staff as well as Birmingham Community Healthcare Foundation Trust school nurses.

Address

Telephone contact details

Date

Dear parent/carer

Name of child – Medication in school

As you know, following consultation with you, your child, the school nurse or other healthcare professional and school staff, it has been agreed that your child requires, or may require, medicine to be administered to them during school hours. Your parental consent form and, if your child has one, their Care Plan, explains what medication needs to be administered and when.

It is parents' responsibility to contact me, or another member of staff at the school, in order to check your child's medication regularly, and at least on a termly basis, to ensure it is in date, there are no changes to the dose and it is still needed by your child. The medication should be replaced or removed as necessary, especially at the beginning of each new academic year.

If there are changes to your child's condition and/or medication, please ensure the school and school nurse are notified as soon as possible.

I am available at the school/clinic, contact details as above, if you wish to discuss your child's condition

Yours sincerely

School/School Nurse

F **Example Training Record:** staff training record – administration of medicines

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

I confirm that the above named member of staff has received the training detailed above and is competent provide the treatment which was the subject of the training session outlined above.

Trainer's signature ______________________________

Date _________________

I confirm that I have volunteered for and received the training detailed above.

Staff signature ______________________________

Date _________________

Review date _________________

G Reviewing School's Provision

Key questions	**School's Evidence**		
	Achieved	In progress	Not achieved
• Do you ensure that parents and pupils are consulted about, and made aware of, your arrangements for supporting pupils with medical conditions in school?			
• Do you promote pupils' confidence and self-care in managing their own medical needs?			
• Do you ensure that staff receive satisfactory training on supporting pupil's medical needs in school?			
• Do governors ensure that policies, plans, procedures and systems are properly prepared and implemented?			

• Does the school have a policy for supporting children with medical conditions in school?			
• Does the school have a contingency plan to cope if staff refuse to administer medication?			
• Is the policy reviewed regularly?			
• Is the policy easily accessible by parents & staff, in particular the section which explains the schools procedures for dealing with medication in school?			
• Does a named individual have overall responsibility for implementation of the policy?			
• Are arrangements in place to ensure that the policy is implemented effectively?			
• Are Individual Healthcare Plans (IHPs) reviewed at least annually?			
• Is there a named individual who is responsible for the development of IHPs?			
• Is the school able to identify which staff in school need to be made aware of pupil's medical needs and are those staff aware of which children have health needs and what support is required?			
• Is written permission from parents and the head teacher obtained to allow administration of medication by a member of staff, or selfadministration by the pupil, during school hours?			
• Are arrangements identified in the policy to allow children to manage their own health needs?			
• Do IHPs contain appropriate prescription and dispensing information?			
• Are emergency contact details and contingency arrangements included within the IHP?			
• Does the IHP explain what arrangements or procedures should be in place during school trips or other school activities outside of the normal school timetable so that the child can participate and are these reviewed prior to each event?			
• Does practice reflect the policy?			
• Does the policy identify roles and responsibilities?			
• Are training needs regularly assessed?			
• Have sufficient staff received suitable training?			
• Is a record kept of training undertaken?			
• Are written records kept of all medicines administered to children?			
• Do **all staff** know what should happen in an emergency?			
• Is the appropriate level of insurance in place and does it reflect the level of risk?			
• Does the policy set out how complaints can be made?			