Chorlton CE Primary School

Medication in school

Policy information and Review

Names person with designated responsibility for

Academic Year	Designated Lead Person(s)
2023-2024	Claire Gunn
2024-2025	Claire Gunn
2025-2026	Claire Gunn

Policy review dates

Review date	Changes made	By whom
November 2023	Policy reviewed	Miss Claire Gunn
November 2024	Policy reviewed	Miss Claire Gunn
June 2025	Policy reviewed	Miss Claire Gunn

Reference must also be made to the policy 'Supporting Children with Medical Conditions'

A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community. Governments must do all they can to provide support to disabled children and their families. (Article 23)

Purpose of Document

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in the school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

Under the requirements of the Special Educational Needs and Disability Act 2001 it is the responsibility of the L.A. and schools to enable pupils to be in school wherever possible. All pupils should have full access to the National Curriculum unless individual exceptions are advised by a multi-agency review. Unless children are acutely ill they should attend school. To facilitate this, it may be necessary for them to take medication during school hours.

ROLES AND RESPONSIBILITIES

Staff

All staff in schools and early year's settings have a duty to maintain professional standards of care and to ensure that children and young people are safe. Whilst there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines, it is good practice and meets with the 'Every Child Matters' agenda. It is expected good practice that schools and settings will review cases individually and administer medicines in order to meet the all-round needs of the child and to enable them to attend school.

Under the Disability Discrimination Act (DDA) 1995, schools and settings are under a duty to make reasonable adjustments for disabled children, including those with medical needs. All provision should be planned with the intention of ensuring access to their full educational entitlement.

Where pupils have incurred injuries which restrict their mobility for example as a result of fractures, schools and settings should consider what reasonable adjustments they need to make to enable them to participate fully in all areas of school life, including educational visits and sporting activities.

Governing Bodies are responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of school policies including a policy for medicines. In developing school policies Governing Bodies should take into account the views of parents/carers, the staff and the head teacher and ensure that the policy supports all pupils in order to attend school wherever possible.

The Head Teacher, in consultation with the Governing Body, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school or setting can support a child to attend school by assisting with their medical needs. The Head Teacher is responsible for:

- Implementing the policy on a daily basis
- ensuring that the procedures are understood and implemented
- Ensuring appropriate training is provided
- making sure there is effective communication with parents/carers, children and young people, school/settings staff and all relevant health professionals concerning the pupil's health needs.

Staff, including supply staff must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person(s) with responsibility for medical care.

Parents/Carers

The Local Authority, schools and early year's settings should work in partnership with parents/carers to ensure that their child attends school wherever possible.

It is the responsibility of parents/carers to;

- Inform the school of their child's medical needs
- Provide any medication in a container clearly labelled with the following;
  - The child's name
  - Name of medicine
  - Dose and frequency of medication
  - Special storage arrangements
  - Date to be used by
- Collect and dispose of any medicines held in school at the end of each term.
- Ensure that medicines have not passed the expiry date.
- Ensure that all attempts are made to enable their child to attend school.

PUPIL INFORMATION

Parents/carers should be required to give the following information about their child's long term medical needs with a responsibility to update it at the start of each school year:

- Details of pupil's medical needs
- Medication, including any side effects
- Allergies
- Name of GP/consultants
- Special requirements e.g. dietary needs, pre-activity precautions
- What to do and who to contact in an emergency

ADMINISTERING MEDICATION

Administering Medication

It is expected that parents/carers will normally administer medication to their children at home. Parents should be encouraged to check with their child's GP if medicine can be administered outside of school hours and still be effective. No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A Request to Administer Medication Form must be completed (Appendix C).

The Head teacher will decide whether any medication will be administered in school /early years setting and following consultation with staff, by whom. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.

Any member of staff, on each occasion, giving medicine to a pupil should check;

- Name of pupil
- Written instructions provided by the parents/carers or doctor
- Prescribed dose (to be confirmed with a second member of staff)
- Expiry date.

When administering medicine, school will keep a record of administered medicines on an online document that is accessible by all staff to record the relevant date, time, dosage and updates. An email will be sent to parents at the end of the school day to inform them of this information.

Storage

All medicine will be kept in a locked cabinet in the school/setting administration office, although immediate access to reliever inhalers is essential. Class teachers for early years and primary pupils will store children's' inhalers which must be labelled with the pupil's name within the unlocked class room.

Refusing Medication

If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's online record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the teacher.

Training

Training and advice will be provided by health professions for staff involved in the Administration of medicines. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate. The school ensures that all pupils are aware and have an understanding of asthma; this will be included within the national curriculum.

School Trips

To ensure that as far as possible, all children have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.

Residential trips and visits off site

Sufficient essential medicines will be taken and controlled by the member of staff supervising the trip.

If it is felt that additional supervision is required during any activities e.g. swimming, school may request the assistance of the parent/carer. Exercise and activity – PE and games/out of hours. Taking part in sports, games and activities is an essential part of school life for all pupils. The school ensures that as far as possible all staff know which children in their class have a long term medical condition and all PE teachers are aware of which pupils have asthma.

Emergency Procedures

The Head teacher will ensure that all members of staff are aware of the school's planned emergency procedures in the event of medical needs. In conjunction with the school's emergency procedures in the event of an asthma attack, the school will follow clear guidelines on "What to do in an asthma attack" which is outlined in Appendix A. These guidelines will be available to all staff members and displayed in different areas around the school.

All children with asthma should have an easily accessible inhaler in school. Additionally, to address the possibility of a child's own reliever being unavailable, parents/carers should provide the school with a spare inhaler labelled with the child's name. This should be kept by the school in a secure, readily accessible place. Where a pupil is having an asthma attack the pupil should use their own reliever inhaler or the spare kept by the school.

Reliever inhalers are prescribed for use by an individual child only. As such they should not be used by anyone else. It is recognised however that there may be emergency situations where a child experiences severe asthma symptoms and his/her reliever (or spare) is not immediately to hand.

School staff has a duty of care towards a pupil to act like any reasonably prudent parent. In accordance with the British Guideline on the Management of Asthma, reliever inhalers are generally accepted to be a very safe form of medicine. In an emergency situation, it is therefore recognised that using another child's reliever inhaler may be preferable to not giving any immediate medical assistance.

It is important that schools agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken.

Carrying Medicines

For safety reasons children are not allowed to carry medication. All medicines must be handed to the school administration staff or the class teacher on entry to the school premises.

APPENDIX A

Some medical conditions that may be experienced in school

ASTHMA

What is asthma?

- Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK.
- The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. No everyone will get all these symptoms and some children may only get symptoms from time to time.
- People with Asthma have sensitive air passages which are quick to respond to anything that irritates them (triggers).
- This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out.
- Narrowing of air passages produces ONE or ALL of the following: coughing, breathlessness, wheezing.
- SUDDEN, SEVERE narrowing of air passages may result in an 'Asthma Attack'.

What to do in an asthma attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Where possible a spacer is the best form of delivery.

Step 1: What to do:

- Encourage the child or young person to sit and slightly bend forward – do not lie them down.
- Make sure the child or young person takes 2 puffs of reliever inhaler (blue) (1 puff per minute) immediately – preferably through a spacer.
- Ensure tight clothing is loosened
- Reassure the child
- If symptoms do not improve in 5 – 10 minutes go to step 2

Step 2: If there is no immediate improvement in symptoms:

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for four minutes (4 puffs). Children under the age of 2 years 2 puffs. If symptoms do not improve in 5 – 10 minutes go to step 3.
- Continue to reassure the child
- Keep child or the young person as calm as possible

Step 3: Call 999:

- Continue to make sure the child or young person takes one puff every minute of reliever inhaler (blue) until the ambulance arrives.
- Call parents/carer
- Keep child or the young person as calm as possible.

If the child/young person has any symptoms of being too breathless or exhausted to talk, lips are blue, being unusually quiet or reliever inhaler not helping you may need to go straight to step 3. If you are ever in doubt at any step call 999.

Common signs/symptoms of an asthma attack are:

- Coughing
- Shortness of breath
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children express the feeling of a tight chest as a tummy ache

After a mild to moderate asthma attack

- When the pupil feels better they can return to school activities
- The parents/carers must always be told if their child has an asthma attack

Important things to remember in asthma attack:

- Never leave a pupil having an asthma attack
- If the pupil does not have their inhaler and / or spacer with them send another teacher or pupil to their classroom or assigned room to get their spare inhaler and /or spacer
- In an emergency situation school staff is required under common law, duty of care, to act like any like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing
- Contact the pupil's parents or carers at step 1 if a pupil does not have their reliever inhaler at school
- Send another pupil to get another teacher / adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance / doctor
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives.
- Generally, staff should not take pupils in their own car.

Useful websites

1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

2. http://www.asthma.org.uk

EPILEPSY

What is epilepsy?

- Children with epilepsy have repeated seizures that start in the brain.
- An Epileptic Seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons.
- At least 1 in 200 children have Epilepsy and around 80% of them attend mainstream school.
- Most children with diagnosed Epilepsy never have a seizure during the school day.
- Epilepsy is a very individual condition.

What to do when a child is identified as having epilepsy

- When a child with epilepsy joins our school, or a current pupil is diagnosed with the condition, the SENCo, as directed by the Head Teacher, will arrange a meeting with professionals, parents and staff to share knowledge, develop an IHCP and make arrangements for any reasonable adjustments to take place that will better support their individual needs.

- First aid for the pupil's seizure type will be included in their IHCP and will be administered by those named within it.
- Specific training will also be arranged for those supporting the child daily, with updates shared as soon as they arise.

Basic first aid for Tonic-clonic seizures

1. Stay Calm
2. If the child is convulsing, then put something soft under their head
3. Protect the child from injury (remove harmful objects from nearby)
4. NEVER try and put anything in their mouth or between their teeth
5. Try and time how long the seizure lasts – if it lasts longer than usual for that pupil or continues for more than five minutes then call medical assistance.
6. When the child finishes their seizure stay with them and reassure them.
7. Do not give them food or drink until they have fully recovered from the seizure.
8. Sometimes a child may become incontinent during their seizure, if this happens, try and put a blanket around them to avoid any potential embarrassment.

It is recognised that children with Epilepsy may also have a SEN and may therefore require additional monitoring and support to ensure that their medical need does not begin impacting upon their learning.

DIABETES

What is diabetes?

- Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 Diabetes) or there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 Diabetes).
- About one in 550 school-age children have diabetes.
    - The majority of children have Type 1 Diabetes. They normally need daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan.
    - Children with Type 2 Diabetes are usually treated by diet and exercise alone

What school will provide for a child with diabetes?

- Training for staff to understand the condition and how to support a child with the condition
- Members of staff made aware of any diabetic children in school
- Other children in class made aware of needs for diabetic 'snacks' required during the day
- Emergency glucose to ensure insulin/sugar balance is maintained and will be kept in school (provided by the family according to their needs).

ANAPHYLAXIS

What is anaphylaxis?

- Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.
- Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).
- The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among children below

teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

- Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting.

Children who experience anaphylaxis will have an allergy action plan drawn up to be displayed at school. The exemplars are evidenced in Appendix D

Appendix B

Contacting Emergency Services, Request for an Ambulance:

1. Dial 999

2. Speak clearly and slowly.

3. Be ready to repeat information if asked

You will be asked for three key pieces of information

1. Your telephone number
2. The location you want the ambulance to be sent to
3. The reason for the call

School telephone number:	0161 881 6798
School name:	Chorlton CE Primary School
School address:	Vicars Road, Chorlton-Cum-Hardy Manchester
School postcode for satnav:	M21 9JA
Best entrance to the school site:	Through the main gate
Exact location of the patient within the school:	The child is located……

STATE THAT THE AMBULANCE WILL BE MET BY A MEMBER OF STAFF WHO WILL TAKE THE CREW TO THE PATIENT.

Name of child:	
Age of child:	
Description of child's symptoms:	
Inform if have an underlying medical condition:	
Inform if any emergency rescue medication has been administered:	e.g. midazolam – epilepsy, epipen - allergies, glucose – diabetes
Inform if any emergency procedures have been carried out:	e.g. suctionltrache tube replacement - tracheostomy, button replacement – gastro feed

On arrival of the ambulance

- Member of staff to meet crew and escort crew to the patient
- Member of staff to pass over empty packaging of any rescue medication administered, if appropriate
- In the case of a child with complex needs, member of staff to pass over the child's IHCP or summary letter stating child's medical condition and medication
- Member of staff to travel in the ambulance with the patient

Put a copy of this page by the phone in the office

APPENDIX C

REQUEST FORM – ADMINISTRATION OF MEDICINE

If you would like school to administer medication for your child, please complete the following details.

CHILD'S NAME		**CLASS**	

I _____ (parent or legal guardian), request that my child is given the following medication on the days and at the times stated:

NAME OF MEDICATION	DOSE	DATE AND TIMES

I understand that the school is not obliged to comply with this request and that the school's decision is final. I further understand that all medication must be clearly labelled with my child's name and the name of the medication, and that it must be delivered by a responsible adult to the school office with a means of measuring the correct dose.

Parents or legal guardians must provide clear written instructions of how to administer the medication.

SIGNED		**DATE**	

APPENDIX D (A)

bsaci ALLERGY ACTION PLAN

improving allergy care

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
- **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 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.

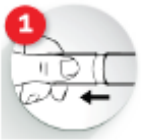
Signed: . . . . . .

Print name: . . . . . .

Date: . . . . . .

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

How to give 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:** . . . . . .

APPENDIX D (B)

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**

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- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

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

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

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: . 0. 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.

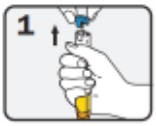
Signed: .....

Print name: .....

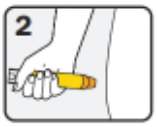
Date: .....

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

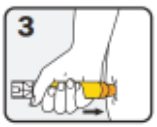
How to give EpiPen®



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



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



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

Additional instructions:

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

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

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

APPENDIX D (C)

bsaci ALLERGY ACTION PLAN

improving allergy care

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)

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B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

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

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

2. **Use Adrenaline autoinjector without delay** (eg. Jext®) (Dose: 0. . 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 Jext®

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: