



Durham High School

# **Supporting pupils with medical conditions**

This policy applies to the Whole School  
and is published to parents and pupils

---

Reviewed: August 2023  
Next review: August 2024

*This policy should be read in conjunction with: Administration of medicines by staff; Accessibility plan; Complaints; Equality information and objectives; First aid; Health and safety; Safeguarding and Child Protection; Antbullying; Special educational needs Policy.*

## **1. Aims**

This policy aims to ensure that:

- Pupils, staff and parents understand how Durham High School will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including School trips and sporting activities
- The Governing Body will implement this policy by:
  - Making sure sufficient staff are suitably trained
  - Making staff aware of pupils' conditions, where appropriate
  - Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
  - Providing supply teachers with appropriate information about the policy and relevant pupils
  - Developing and monitoring individual healthcare plans (IHCPs)

The person with responsibility for implementing this policy is the Vice Principal.

## **2. Legislation and statutory responsibilities**

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing bodies to make arrangements for supporting pupils at their School with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at School](#).

## **3. Roles and responsibilities**

### **3.1 The Governing Body**

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### **3.2 The Principal**

The principal will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations

- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHCPs
- Make sure that School staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **3.3 Staff**

- Supporting pupils with medical conditions during School hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, where they will achieve the necessary level of competency before doing so.
- Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Catering Staff are provided with an up-to-date Allergy List including children's photographs to ensure correct identification and preparation of safe meals. Specific needs are discussed with the Catering Manager and the Head of Year at the start of the Academic Year before pupils return to School and as they arise throughout the School Year.
- All Durham High School staff will be vigilant to ensure that pupils are not being bullied because they have an allergy. If any bullying is identified, the School Antibullying Policy will be implemented.

### **3.4 Parents**

Parents will:

- Provide the School with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHCP where required and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- Provide School with a completed School Asthma Card (Appendix 3) if their child is diagnosed with Asthma
- Provide School with a completed Pediatric Allergy Action Plan (Appendix 4) if their child suffers from an allergy that School need to be aware of or is at risk of anaphylaxis (Appendix 5, 6 or 7, depending on the type of Adrenaline Auto Injector pen used)

### **3.5 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

### **3.6 Health care professionals**

Healthcare professionals, such as GPs and pediatricians, will liaise with the Head of Year to provide advice on developing IHCPs.

## **4. Equal opportunities**

Our School is clear about the need to actively support pupils with medical conditions to participate in School trips and visits, or in sporting activities, and not prevent them from doing so.

The School will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on School trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

## **5. Being notified that a child has a medical condition**

When the School is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHCP.

The School will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our School.

See Appendix 1.

## **6. Individual healthcare plans (IHCPs)**

The Principal has overall responsibility for the development of IHCPs for pupils with medical conditions. This has been delegated to the Vice Principal.

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

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Principal will make the final decision.

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

IHCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body and the Principal/ Vice Principal, will consider the following when deciding what information to record on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
  - Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
  - Who in the School needs to be aware of the pupil's condition and the support required
  - Arrangements for written permission from parents and the Principal for medication to be administered by a member of staff, or self-administered by the pupil during School hours
  - Separate arrangements or procedures required for School trips or other School activities outside of the normal School timetable that will ensure the pupil can participate, e.g. risk assessments
  - Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
  - What to do in an emergency, including who to contact, and contingency arrangements

See Appendix 2 for a blank IHCP.

## 7. Managing medicines

See the Administration of Medicines by Staff Policy.

Prescription medicines will only be administered at School:

- When it would be detrimental to the pupil's health or School attendance not to do so **and**
- Where parental written consent is given

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

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Non- Prescribed medicines such as paracetamol and Ibuprofen will not be stored or administered in School, unless in exceptional circumstances which have been put in writing to the Vice Principal, stating why the circumstances should be considered. The Vice Principal will reply in writing. If agreed, the medication will only be kept in School if the medication and the name of the pupil, the dosage and frequency is clearly labelled. An Administration form will need to be completed.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The School will only accept prescribed medicines that are:

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

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

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

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

## **7.1 Controlled drugs**

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

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

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

## **7.2 Pupils managing their own needs**

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

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they

refuse but will follow the procedure agreed in the IHCP and inform parents so that an alternative option can be considered, if necessary.

### **7.3 Unacceptable practice**

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

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

### **8. Emergency procedures**

Staff will follow the School's normal emergency procedures (for example, calling 999). All pupils' IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

### **9. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHCPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Principal or Vice Principal. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## **10. Record keeping**

The governing body will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the School. Parents will be informed if their pupil has been unwell at School.

IHCPs are kept in a readily accessible place which all staff are aware of.

## **11. Liability and indemnity**

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

The insurance effected by the school under their Public Liability includes an extension for Medical Malpractice (subject to the terms and conditions of the policy wording). The policy provides the school and its employees protection against a non-negligent act whilst caring for a pupil or administering any approved medication

## **12. Complaints**

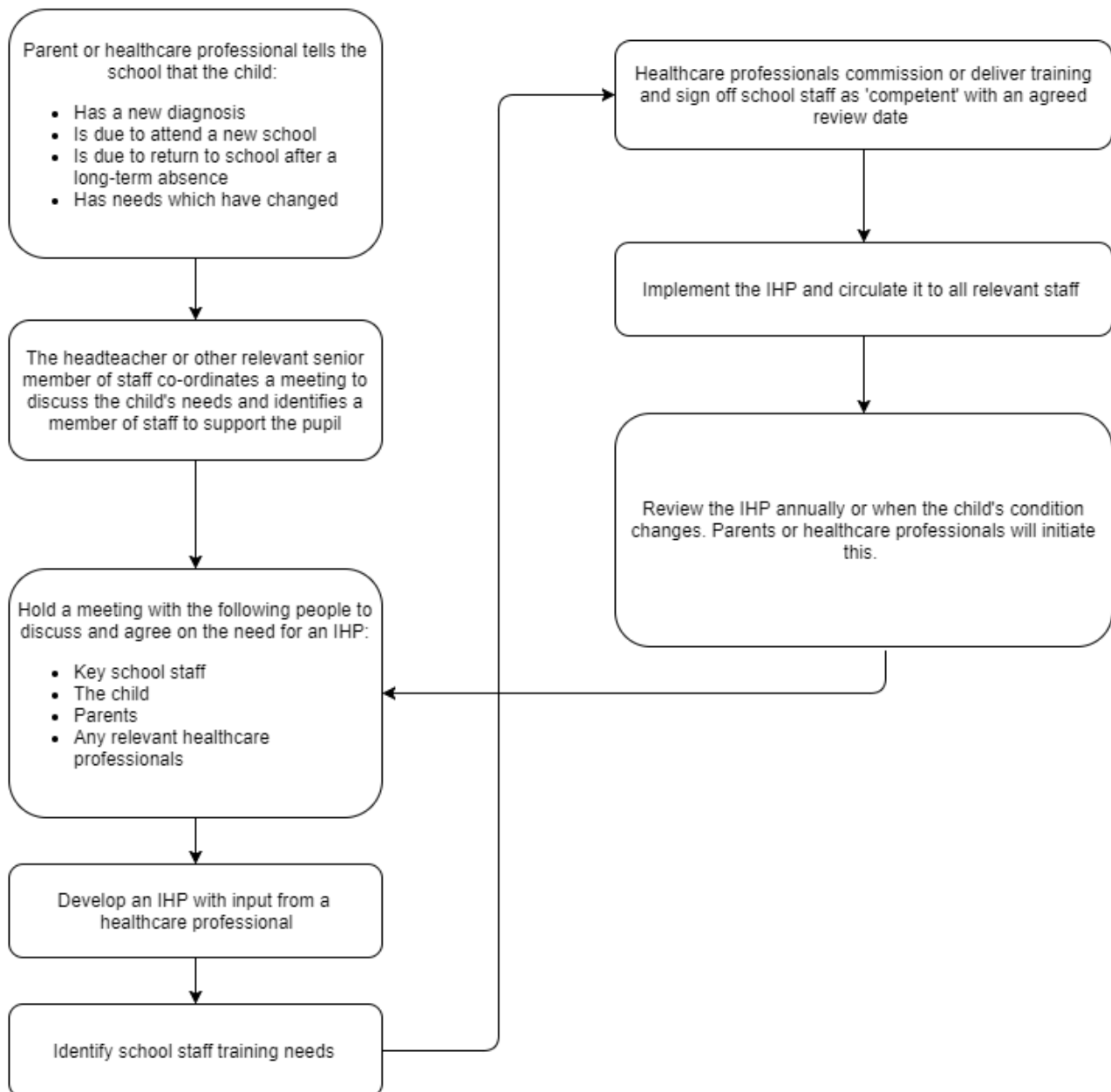
Parents with a complaint about their child's medical condition should discuss these directly with the Vice Principal in the first instance. If the Vice Principal cannot resolve the matter, they will direct parents to the School's complaints procedure.

## **13. Monitoring arrangements**

This policy will be reviewed and approved by the governing body every two years.



## Appendix 1: Being notified a child has a medical condition



## Appendix 2: Blank Individual Health Care Plan.



### Durham High School Individual Health Care Plan

Name of school/setting	Durham High School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
<b>Family Contact Information</b>	
Name	
Phone no. (work)	
(home)	
(mobile)	
Relationship to child	
<b>Clinic/Hospital Contact</b>	
Name	
Phone no.	
<b>G.P.</b>	
Name	
Phone no.	

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Head of Year Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 3: School Asthma Card

# School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

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

### Reliever treatment when needed

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

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

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

Parent/carer's signature  Date

### Expiry dates of medicines

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

Parent/carer's signature  Date

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

Does your child tell you when he/she needs medicine?

Yes  No

Does your child need help taking his/her asthma medicines?

Yes  No

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

Pollen  Stress

Exercise  Weather

Cold/flu  Air pollution

If other please list

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

Yes  No

If yes please describe

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

### Dates card checked

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

To be completed by the GP practice

### What to do if a child is having an asthma attack

- Help them sit up straight and keep calm.
- Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- Call 999 for an ambulance if:
  - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
  - they don't feel better after 10 puffs
  - you're worried at any time.
- You can repeat step 2 if the ambulance is taking longer than 15 minutes.



**Any asthma questions?**

Call our friendly helpline nurses

**0300 222 5800**

(Monday-Friday, 9am-5pm)

[www.asthma.org.uk](http://www.asthma.org.uk)

**Appendix 4: A Paediatric Allergy Action Plan for a child with an allergy (not at risk of anaphylaxis)**

ALLERGY ACTION PLAN

This child has the following allergies:

**Name:**

**DOB:**

Photo

● Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

**A AIRWAY**

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

**B BREATHING**

- Difficult or noisy breathing
- Wheeze or persistent cough

**C CONSCIOUSNESS**

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

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

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

✓
- 2** Immediately dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3** In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
- 4** Commence CPR if there are no signs of life
- 5** Stay with child until ambulance arrives, **do NOT stand child up**
- 6** Phone parent/emergency contact

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

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit [sparepenschools.uk](http://sparepenschools.uk)

● Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: \_\_\_\_\_ (If vomited, can repeat dose)
- Phone parent/emergency contact

**Emergency contact details:**

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

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

**Additional instructions:**

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

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

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

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

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

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

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

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorization for schools to administer a "spare" adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

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

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

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

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

© The British Society for Allergy & Clinical Immunology 5/2018

**Appendix 5: A Paediatric Allergy Action Plan for a child with severe allergies and at risk of anaphylaxis (EpiPen users)**

# ALLERGY ACTION PLAN

This child has the following allergies:

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

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

Photo

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

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

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

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

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

✓

✓

✗

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

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

AFTER GIVING ADRENALINE:

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

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

● Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: \_\_\_\_\_ (If vomited, can repeat dose)
- Phone parent/emergency contact

**Emergency contact details:**

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

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

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

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

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

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

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

© The British Society for Allergy & Clinical Immunology 5/2018

**How to give EpiPen®**

- 1

PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
- 2

Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
- 3

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

**Additional instructions:**

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

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

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

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

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

**Appendix 6: A Paediatric Allergy Action Plan for a child with severe allergies and at risk of anaphylaxis (Jext users)**

# ALLERGY ACTION PLAN

**This child has the following allergies:**

**Name:**

**DOB:**

Photo

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

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

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

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

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

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

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

AFTER GIVING ADRENALINE:

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

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

● Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: \_\_\_\_\_ (if vomited, can repeat dose)
- Phone parent/emergency contact

**Emergency contact details:**

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

☎ \_\_\_\_\_

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

☎ \_\_\_\_\_

**Parental consent:** I hereby authorize 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: \_\_\_\_\_

**How to give Jext®**

**1**

Form fist around Jext® and PULL OFF YELLOW SAFETY CAP

**2**

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

**3**

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

**4**

REMOVE Jext®. Massage injection site for 10 seconds

**Additional instructions:**

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

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

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

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

☎ \_\_\_\_\_ Date: \_\_\_\_\_

© The British Society for Allergy & Clinical Immunology 6/2018

# Appendix 7: A Paediatric Allergy Action Plan for a child with severe allergies and at risk of anaphylaxis (Emerade users)

ALLERGY ACTION PLAN

This child has the following allergies:

**Name:**

**DOB:**

Photo

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

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

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

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

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

✓
- 2** Use Adrenaline autoinjector **without delay** (eg. Emerade®) (Dose: . . . mg)
 

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

✗

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

**AFTER GIVING ADRENALINE:**

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

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

● Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
 (If vomited, can repeat dose)
- Phone parent/emergency contact

**Emergency contact details:**

1) Name:

2) Name:

**Parental consent:** I hereby authorize 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](http://sparepensinschools.uk)**

© The British Society for Allergy & Clinical Immunology 5/2018

**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 authorization for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. **This action plan and authorization to travel with emergency medications has been prepared by:**

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

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

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