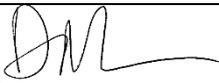




HEBBURN

Comprehensive School

Supporting Pupils with Medical Conditions

Review Period	Annual		
Date of next review	January 2023	Author	Mrs M Payne
Type of Policy	Statutory	Approval	Governing Body
Signed by:			
Head Teacher	Mr D Thompson	Date: 27 January 2022	
Chair of Governors	Cllr A Ellison	Date: 27 January 2022	

Vision and Values

Our vision at Hebburn Comprehensive School is to have a harmonious community where the emphasis for all is on learning and achievement, where pupils feel safe and where a culture of success and ambition is celebrated and embedded throughout the school and wider community. We aim to raise the aspirations of all our young people, inculcating a respect for one another and for the value of learning and citizenship. Through challenge, partnership and support, we aim to raise standards of achievement; create a genuine sense of community spirit; and enhance our pupils' life chances for the future.

Rationale

Hebburn Comprehensive School endeavours to ensure that all its pupils achieve success in their academic work, in their relationships and in their day-to-day experiences at school. Some of our pupils are likely to have medical needs which mean that additional measures are required to ensure that they are enabled to have full access to the curriculum, that the impact of their medical difficulties upon their life in school is minimised as far as possible, and that all staff who work with the pupil understand the nature of their difficulties and how best to help them and protect their learning.

Aims

Our school aims to:

- Assist parents in providing medical care for their children.
- Educate staff and pupils in respect of special medical needs.
- Adopt and implement any national or LA policies in relation to medication in schools.
- Arrange training for staff who volunteer to support individual pupils with special medical needs.
- Liaise as necessary with medical services in support of the pupil.
- Ensure that pupils with medical needs are enabled to access the full life of the school, wherever possible.
- Maintain appropriate records.

Entitlement

The school accepts that pupils with medical needs should be assisted and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to achieve full attendance and receive necessary proper care and support.

This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)

- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

Roles and Responsibilities

The Governing Body:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

The Head Teacher:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.

Parents/Carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.

Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Are sensitive to the needs of pupils with medical conditions.

School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The school nurse:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

Clinical Commissioning groups (CCG's):

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The Local Authority:

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

Ofsted:

Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

Admissions

No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP.

The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).

For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.

Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place as soon as possible

Staff training and support

Any staff member providing support to a pupil with medical conditions receives suitable training.

Staff do not undertake healthcare procedures or administer medication without appropriate training.

Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

The school nurse confirms the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.

The school nurse identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

The school nurse delivers whole school Asthma, Epilepsy and Anaphylaxis aware sessions annually.

Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Self-management

Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.

With the exception of inhalers and EpiPen's pupils are not allowed to carry their own medicines. This is done through our first aiders, they are held in suitable locations that can be accessed quickly and easily.

If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our Behaviour Policy.

Supply teachers

Supply teachers are:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

Individual healthcare plans (IHPs)

The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher makes the final decision.

The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.

IHPs may include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.

- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.

IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.

Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

Managing medicines

Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

The parent (not the pupil) should bring all essential medication to school. It should be delivered to the nominated person.

Parents should fill in the appropriate request form (Appendix 1) specifying the dose to be taken, the method of administration, the time and frequency of administration, other treatment/medication, any special precautions and signed consent.

Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentiality.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so.
- When instructed by a medical professional.

No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.

Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents/carers are informed any time medication is administered that is not agreed in an IHP.

The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.

When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of the controlled drugs held and any doses administered.

In October 2014 the law changed to help keep children with asthma safe Schools are now allowed to hold spare emergency inhalers (usually blue)

The school holds asthma inhalers for emergency use. They will be checked on a monthly basis to ensure they remain in date and will be replaced when the expiry date approaches. The inhalers are stored in the medical room and their use is recorded.

Written parental consent is required; this is incorporated into their school asthma card which is issued when a child has a diagnosis of asthma and has been prescribed an inhaler.

Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

Adrenaline auto-injectors (AAIs)

The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with current guidelines

A Register of AAIs will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis.

Where a pupil has been prescribed an AAI, this will be written into their IHP.

Pupils who have prescribed AAI devices are able to keep their device in their possession.

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAI's will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted immediately.

Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAI's, such as where the pupil needs restraining.

From the 1st October 2017 legislation came into effect allowing schools to keep spare adrenaline auto-injectors (AAI's) for emergency use (Department of Health, 2017)

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date and will be replaced when the expiry date approaches.

The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures.

The spare AAI will only be administered to pupils known to be at risk of anaphylaxis when:

their own device is not available or not working and

where both medical authorisation and written parental consent for the use of the spare AAI has been provided as referenced in the pupil's signed IHP.

Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought.

Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.

Where any AAI's are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place.
- How much medication was given and by whom.

AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Record keeping

Written records are kept of all medicines administered to pupils to monitor medication levels for each pupil and are entered on BromCom MiS as a medical event.

Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

Emergency procedures

Medical emergencies are dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

Day trips, residential visits and sporting activities

Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.

The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

Unacceptable practice

The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Liability and indemnity

Members of staff administering medication in accordance with appropriate training or the details supplied by the parent are indemnified under the conditions of the existing insurance policies. In such circumstances, any liabilities rest with the insured party which is the Local Authority in the case of maintained schools.

Complaints

Should parents or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they may make a formal complaint, via the school's existing complaints procedure.

Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.

Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

Defibrillators

The school has 2 automated external defibrillator (AEDs).

One AED is stored in the medical room in an unlocked cabinet and the second one is in the PE block.

All staff members and pupils are aware of the AED's location and what to do in an emergency.

A risk assessment regarding the storage and use of AEDs at the schools has been carried out.

No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened.

The emergency services will always be called where an AED is used, or requires using.

Maintenance checks will be undertaken on AEDs on a monthly basis, with a record of all checks and maintenance work being kept up-to-date by the designated person.

Administration of Medication to Pupils

Agreement between Parents and School (Appendix 1)

In order to keep the administration of medication to a minimum, the Head or Medication Coordinator should consider requesting that parents administer the daily doses out of school hours. However, if this is not possible it will be necessary for the school and parents to make a formal agreement to enable members of staff to administer medication to pupils during the school day by completing the form below.

In most cases, only medication that the child's doctor has prescribed can be administered, hence school staff should not administer 'over-the-counter' medication.

Note: Medicines must be kept in the original container.

Part 1 – To be Completed by Parent/Carer	
To the Head Teacher: School: <i>(add name)</i>	
My child <i>(name)</i> _____ Date of birth: _____	
Class _____ has the following medical condition _____	
I wish for him/her to have the following medicine administered by school staff, as indicated below:	
Name of Medication:	
Dose/Amount to be given:	
Time(s) at which to be given:	
Means of administration:	
How long will the child require this medication to be administered?	
Known side effects and any special precautions (please attach details)	
Procedures to take in case of emergency (please attach details)	

Emergency Contact 1	Emergency Contact 2
Name: _____	Name: _____
Telephone _____	Telephone _____
Work: _____	Work: _____
Home: _____	Home: _____
Mobile: _____	Mobile: _____
Relationship: _____	Relationship: _____

I undertake to deliver the medicine personally to the Head Teacher or Medication Coordinator and to replace it whenever necessary. I also undertake to inform the school immediately of any change of treatment that the doctor or hospital has prescribed.

Name: _____ Signature: _____

Relationship to child: _____ Date: _____

Part 2 - To be completed by Headteacher/Medication Coordinator

Confirmation of agreement to administer medicine

It is agreed that (*child*) _____ will receive (*quantity and name of medicine*)
_____ every day at (*time medicine to be administered, for example,*
lunchtime or afternoon break) _____.

(*Child*) _____ will be given medication or supervised whilst he/she takes it by (*name of*
member of staff) _____.

This arrangement will continue until _____ (*either the end date for the*
course of medicine or until the parents instruct otherwise).

Name: _____ Signature: _____
Head Teacher/Medication Coordinator

School: _____

Parental Request for Child to Carry and Self administer Medicine (Appendix 2)

This form must be completed by a parent/carer

To: Head Teacher: <i>(add name)</i>	
School: <i>(add school name)</i>	
Name of child:	Class:
Address:	
Name of Medication:	
Procedures to be taken in an emergency:	
Contact Information	
<i>I would like my child to keep his/her medicine on him/her for use, as necessary.</i>	
Name: _____ Signature: _____	
Daytime Tel no(s): _____ Date: _____	
Relationship to child: _____	

If more than one medicine is to be given, a separate form should be completed for each one.

Healthcare Plan for a Pupil with Medical Needs (Appendix 3)

Details of Child and Condition	
Name of child:	<i>Add photo here (If possible)</i>
Date of birth:	
Class/Form:	
Medical Diagnosis/Condition:	
Triggers:	
Signs/Symptoms:	
Treatments:	
Has the Parental Consent Form been completed? Yes/No <i>(Medication cannot be administered without parental approval)</i>	
Date:	Review Date:
Medication Needs of Child	
Medication:	
Dose:	
Specify if any other treatments are required:	
Can the pupil self-manage his/her medication? Yes/No If Yes, specify the arrangements in place to monitor this:	

Indicate the level of support needed, including in emergencies: *(some children will be able to take responsibility for their own health needs)*

Known side-effects of medication:

Storage requirements:

What facilities and equipment are required? *(such as changing table or hoist)*

What testing is needed? *(such as blood glucose levels):*

Is access to food and drink necessary? *(where used to manage the condition):* Yes/No Describe what food and drink needs to be accessed

Identify any dietary requirements:

Identify any environmental considerations *(such as crowded corridors, travel time between lessons):*

Action to be taken in an emergency *(If one exists, attach an emergency healthcare plan prepared by the child's lead clinician):*

Staff Providing Support

Give the names of staff members providing support *(State if different for off-site activities)*:

Describe what this role entails:

Have members of staff received training? *Yes/No*

(details of training should be recorded on the Individual Staff Training Record, Appendix 4)

Where the parent or child have raised confidentiality issues, specify the designated individuals who are to be entrusted with information about the child's condition:

Detail the contingency arrangements in the event that members of staff are absent:

Indicate the persons (or groups of staff) in school who need to be aware of the child's condition and the support required:

Other Requirements

Detail any 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; additional support in catching up with lessons or counselling sessions)

Emergency Contacts

Family Contact 1

Name: _____

Telephone
Work: _____

Home: _____

Mobile: _____

Relationship: _____

Family Contact 1

Name: _____

Telephone
Work: _____

Home: _____

Mobile: _____

Relationship: _____

Clinic or Hospital Contact

Name: _____

Telephone:
Work: _____

GP

Name: _____

Telephone:
Work: _____

Signatures

Signed

(Headteacher).....

Signed

(Medication Coordinator).....

Letter template to inform parents that the emergency salbutamol inhaler was used

(Appendix 6)

(The Head or Medication Coordinator should feel free to tweak this letter so as to reflect the school's own tone and style when writing to parents)

Child's name: _____

Class: _____

Date of Incident: _____

Dear *[enter name of parent(s)]*

I need to inform you that *[enter child's first name]* experienced problems with *his/her breathing today. This happened when *[enter details]*

*A member of staff helped *[enter child's first name]* to use *his/her asthma inhaler.

*Unfortunately, *[enter child's first name]* did not have *his/her own asthma inhaler with *him/her, so a member of staff helped *him/her to use the school's emergency asthma inhaler, which contains salbutamol. *[Enter child's first name]* took *[enter number]* puffs on the inhaler.

* Unfortunately, *[enter child's first name]* own asthma inhaler was not working, so a member of staff helped *him/her to use the school's emergency asthma inhaler which contains salbutamol. *[Enter child's first name]* took *[enter number]* puffs on the inhaler.

Although *[enter child's first name]* soon felt a lot better, We recommend that you take *him/her to see the family doctor for a check-up.

Yours sincerely

Emergency Action in the Event of an Asthma Attack (Appendix 7)

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until he/she feels better. The child can return to school activities when he/she feels better
- If the child does not feel better or you are worried at ANY TIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes, give another 10 puffs in the same way

Emergency Action: Epilepsy - First Aid for all Seizures

(Appendix 8)

- Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course
- Check the time the child starts to fit
- Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements
- Do not try to put anything at all between the teeth
- Do not give anything to drink
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care
- Arrange for other children to be escorted from the area, if possible
- Call for an ambulance if:
 - a seizure shows no sign of stopping after a few minutes
 - a series of seizures take place without the individual properly regaining consciousness
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position, to aid breathing and general recovery. Wipe away saliva from around the mouth
- Be reassuring and supportive during the confused period which often follows this type of seizure. If rest is required, arrangements should be made for this purpose
- If there has been incontinence, cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence

If a child is known to have epilepsy:

- It is not usually necessary for the child to be sent home following a seizure, but each child is different. Parents must be contacted, regardless
- If the child is not known to have had a previous seizure, medical attention should be sought
- If the child is known to have diabetes, this seizure may be due to low blood sugar (a hypoglycaemic attack) in which case an ambulance should be summoned immediately

Emergency Action in the Event of Anaphylaxis shock

(Appendix 9)

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
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



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 Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** 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 dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.