CHARTERHOUSE
ALMATY

FIRST AID AND ADMINISTRATION OF MEDICINES POLICY

Author: NNI **| Lead:** ABA **| Last Reviewed:** 08/26 **| Next Review:** 08/27

1. Policy Statement

Charterhouse Almaty is committed to ensuring the medical safety and wellbeing of all students, which is a fundamental priority of the school. First Aid arrangements are established and overseen by the Abercrombie Medical Centre, located on site and staffed by two qualified medical professionals: the School Doctor and the School Nurse.

In addition to onsite medical provision, the school ensures that an appropriate number of trained staff are always available, supported by suitable equipment and clear information, so that a competent person can respond promptly to any medical incident during normal working hours. In the event of an accident or injury, the nearest member of staff will assess the situation within the scope of their training and seek further medical assistance as required. During term time, a fully qualified First Aider is always available to attend incidents, whether this is a trained member of staff, the School Doctor, or the School Nurse.

Appropriate First Aid arrangements are also in place for all offsite educational visits and activities, as well as during breakfast provision before the start of the school day and Wrap Around Care (Junior School) after school hours.

The school maintains and implements an effective system for the administration of medicines to ensure that students with medical needs are supported safely and appropriately throughout the school day.

The Abercrombie Medical Centre has overall responsibility for the oversight and implementation of this policy. It ensures that all students with medical needs receive suitable support, timely access to medication, and ongoing medical review throughout their time at Charterhouse Almaty.

2. Aims

This policy aims to:

- promote the effective and consistent management of medical needs across the school, enabling students to thrive academically, socially, and physically;
- ensure that all students with medical needs have timely and immediate access to appropriate medication when required;
- ensure that staff are suitably informed, trained and confident in supporting students with medical needs in a safe and effective manner;
- enable students with medical needs to participate fully and safely in lessons, sporting activities, and all offsite educational visits;
- where appropriate, support students in developing an understanding of their medical condition, fostering the confidence and skills required to manage their needs with increasing independence as they mature.

3. Practice and Procedures

3.1 Medication Access and Student Responsibility

Parents are required to provide full and accurate details of their child's medical needs upon entry to the school, or as soon as a diagnosis is made.

This information enables the Abercrombie Medical Centre to develop an individual medical management plan and to ensure that appropriate medication and support arrangements are in place.

The school promotes ongoing and open communication with parents to ensure that the medical needs of all students are clearly understood and effectively met. Parents must inform the school promptly if their child develops a new medical condition that requires the administration of prescription or non-prescription medication during the school day, or if there are any changes to existing medical needs or medication.

All students with medical needs will be reviewed at least annually by the Abercrombie Medical Centre, or more frequently where clinically necessary. The Abercrombie Medical Centre will also inform parents of the procedures in place for the identification, management and communication of infectious diseases within the school.

The school requests that medication is only taken during the school day where it is essential to do so; that is, where failure to administer the medication would be detrimental to the student's health. Wherever possible, medicines should be administered at home before and after the school day.

Except in the exceptional circumstances outlined elsewhere in this policy, staff at the school will not administer medication to a student without prior written consent from their parents. For non-prescription medication, consent is normally provided through the Medical Information Form, which is completed by parents prior to their child starting at the school. For prescription medication, parents must provide written consent using the school's designated consent form before the medication can be administered.

For pupils in the Junior School, parents will be contacted prior to the administration of any medication to confirm whether a dose has already been given that day and to ensure that the pupil is not overdosed. In the unlikely event that it has not been possible to contact parents in advance - something which would only occur following consultation with the Abercrombie Medical Centre - parents will be informed on the same day or as soon as reasonably practicable thereafter.

3.2 Individual Health Care Plans and Intimate Care Plans

Where a student has long-term or complex health needs, the Abercrombie Medical Centre will liaise with parents to develop an Individual Health Care Plan (IHCP) and, where necessary, an Intimate Care Plan (ICP) for that student. The IHCP and ICP will be implemented and reviewed annually in consultation with parents. Parents are responsible for notifying the school of any changes to the IHCP or ICP in a timely manner.

Once the IHCP and ICP are in place, the Abercrombie Medical Centre will be responsible for ensuring that the plans are adhered to within the school setting.

All students with asthma must always carry their reliever inhaler, including during Physical Education lessons, Floreat (co-curricular) activities and school trips. Senior School students are expected to carry their inhaler independently. In the Junior School, inhalers may be kept with the Class Teacher or another designated adult where this is deemed more appropriate.

Staff will ensure that students are permitted to access and use their inhaler whenever required. Students are expected, in line with their age and level of maturity, to take appropriate responsibility for knowing the location of their inhaler and ensuring that it is in good working order.

3.3 Prescription and Non-Prescription Medication

Prescription medication will only be administered where it has been prescribed specifically for the student by a doctor, dentist, nurse or pharmacist. The Abercrombie Medical Centre or school staff may administer non-prescription medication, such as pain or fever relief, only where written parental consent has been provided in advance and where there is a clear health-related reason to do so. School staff check that written consent has been recorded on iSAMS prior to administering any medication.

All prescription medicines supplied to the school by parents must be provided in their original container, as dispensed by the pharmacist, and must clearly display the prescriber's instructions for administration. Before administering any medication, staff will verify the student's name, the name of the medication, the prescribed dosage, the expiry date, the method of administration, the required timing and frequency (including the time of the last dose), any known side effects or allergies, and the written instructions on the container. If a student refuses to take their medication, staff will record this and notify the parents as soon as possible.

Emergency medication, such as Adrenaline Auto-Injector (AAI) devices, may only be administered by non-healthcare professionals in accordance with training and guidance.

Non-prescription medication may also be administered following a telephone conversation with parents, during which parents will be asked to confirm whether their child has already received any medication that day. Parents must subsequently provide written confirmation by email authorising the administration of the non-prescription medicine.

3.4 Emergency Medication: Staff Training and Awareness

The Abercrombie reliever inhaler (with a spacer where required) and/or an Adrenaline Auto-Injector (AAI) is always kept in the student's immediate vicinity. A duplicate inhaler and/or AAI is also stored in the Abercrombie Medical Centre in a clearly marked, unlocked box or cabinet.

Children in Reception and above are expected to carry their AAI on their person or have it kept with a designated adult where this is deemed more appropriate. Any student who has been prescribed emergency medication, such as an AAI or a reliever inhaler, must have an up-to-date Individual Health Care Plan (IHCP) completed by their parent. The IHCP must be reviewed annually and updated whenever changes to the student's care are recommended.

Subject to full compliance with local regulations, the school may hold spare Adrenaline Auto-Injector devices (for example, EpiPens) and salbutamol inhalers with a spacer, without a prescription, for emergency use (subject to local regulations).

These may be used for students who are at risk of anaphylaxis or an asthma attack where their prescribed device is unavailable or not functioning, provided that appropriate medical authorisation and written parental consent for the use of a spare AAI have been obtained.

In the event of a suspected anaphylactic reaction in a student who does not have an existing IHCP, the Abercrombie Medical Centre and/or the emergency services are contacted immediately, and advice is sought regarding whether administration of a spare emergency AAI device or salbutamol inhaler is appropriate. School-owned spare AAIs may be used for the purpose of saving a life in the case of a student or other individual who is not known by the school to have been previously diagnosed with an allergy or anaphylaxis. This may include, for example, a student presenting with anaphylaxis for the first time because of a previously unrecognised allergy.

The Abercrombie Medical Centre has overall responsibility for the administration of medicine within the school and will provide guidance to the staff team, in full compliance with local regulations.

All staff will be informed of any student whose medical condition may require emergency treatment, such as in the event of an anaphylactic reaction, and will be provided with the student's photograph and relevant medical information.

Non-confidential conditions relevant to the potential need for First Aid care are accessible to all staff. New staff are informed of where to find this information as part of their mandatory induction training. Staff must check written consent has been granted on iSAMS before administering medicines, except in the case of emergency medication.

At the start of the new academic year, or when a student joins the school mid-term, the kitchen staff are given a list of all students with photographs who have food allergies.

Pupils in Reception and Year 1 with food allergies collect their break snack from a member of staff directly and are given a lanyard to wear into the Acorn Dining Room, as a visual reminder to the Kitchen team. Pupils in the Reception class will collect their break snack from a member of staff directly and use a placemat as a visual reminder to the Kitchen team who serve them at lunch times.

3.5 School Trips and Off-Site Activities

Trip Leaders review relevant medical information in advance of any visit and ensure that students have access to any required medication prior to departure. The Abercrombie Medical Centre may provide additional first aid supplies or emergency equipment where appropriate.

Where a student attending an off-site visit or sporting event is unable to self-administer medication, they are accompanied by a member of staff who has received appropriate training to assist with, or administer, the medication in accordance with this policy. Students who require preventative medication (particularly for sporting activities) and who are sufficiently competent to self-medicate are responsible for carrying their own medication. Where a student is not sufficiently competent to do so, the medication is carried by a member of staff and clearly labelled for individual use.

3.6 Storage of Medication

Medicines are always stored securely in accordance with individual product instructions. Subject to local regulations, named student emergency medication, such as inhalers, Adrenaline Auto-Injectors (AAIs), blood glucose testing meters, and student-owned spare devices, are kept in a clearly marked box in safe, closely monitored and easily accessible locations. To ensure immediate access in an emergency, these boxes are not locked.

School-owned spare or back-up emergency devices are stored separately from students' own medication and clearly labelled to avoid confusion with medication prescribed for a named student. These devices form part of the school's emergency medical equipment.

Where medication is not required for emergency use, students are informed of where their medication is stored and how they may access it when needed. Students who do not carry or administer their own medication are made aware of which members of staff are responsible for administering their medication.

The school carries out appropriate risk assessments to identify and manage any risks to the health and safety of the school community, including ensuring that medicines are stored safely, securely, and appropriately.

Parents and students are responsible for collecting all medicines belonging to the student at the end of each academic year. Parents must ensure that any out-of-date medication is replaced and returned to the school, where applicable.

If a member of staff is taking medication that may affect their ability to care for children, they are required to seek medical advice. Staff will only work directly with students where such advice confirms that the medication is unlikely to impair their ability to care for children safely. All medication belonging to staff is always securely stored and kept out of the reach of students.

3.7 Accidents and Injuries

All accidents, injuries and first aid treatment administered are recorded, and parents are informed on the same day or as soon as is reasonably practicable.

In the Junior School, any head injury is appropriately assessed and treated. Parents are informed by email on the same day, advising them of the incident and requesting that they monitor their child for any signs or symptoms of concussion.

4. Assessment and Record Keeping

The Abercrombie Medical Centre retains and processes all medical information in accordance with the school's data protection procedures and safeguarding requirements.

Prior to a student joining the school (including Reception), parents are required to complete medical forms, including providing consent for emergency medical treatment and, where applicable, the administration of non-prescription medication.

Where a student requires medication prescribed by a doctor, parents must discuss this with the Abercrombie Medical Centre and complete a consent form for prescribed medicines, which is available from the school.

Medical Centre staff record details on the iSAMS Medical Centre system each time medication is administered. Any medical or health-related interventions delivered by non-nursing staff are recorded in writing and communicated by email to the Abercrombie Medical Centre in a timely manner to ensure accurate and complete record-keeping within the Medical Centre system.

The iSAMS Medical Centre records are held separately from external doctors' records and include the student's name, the date and details of medication administered, and the reason for administration where the medication is not prescribed. Written records of all medication administered to students are retained by the Abercrombie Medical Centre and, subject always to local data protection legislation, relevant records may be made available to parents upon request.

5. Staffing and Resources

The effective implementation of this policy involves the following roles:

Post-holder	Responsibilities
Medical Centre Staff	○ Implementing this policy and providing clinical oversight across the whole school ○ Delivering annual asthma awareness training and additional targeted training where required ○ Maintaining emergency asthma equipment, including generic inhalers and spacers where permitted ○ Reviewing students with asthma and updating individual care plans ○ Offering guidance to staff, students and parents regarding symptom management and emergency response
General Director	○ Ensuring that appropriate medical facilities, equipment and resources are available in school ○ Supporting compliance with relevant legislation and school policies relating to student health and safety ○ Overseeing the procurement, maintenance and safe storage of emergency asthma equipment
Heads of Junior and Senior Schools	○ Ensuring that staff within their sections understand and follow this policy ○ Supporting students in accessing medical care promptly when needed ○ Liaising with the Abercrombie Medical Centre to ensure care plans are communicated and implemented appropriately
Academic Staff	○ Being aware of students with asthma in their classes and knowing how to access their medication quickly

	○ Permitting students to use their inhaler whenever needed without delay ○ Following guidance from the Abercrombie Medical Centre regarding care plans and emergency procedures ○ Ensuring inhalers accompany students during lessons in specialist areas or during transitions
Sports Staff and Coaches	○ Being aware of students with exercise-triggered asthma ○ Ensuring students warm up appropriately and take pre-exercise inhalers, where indicated ○ Carrying or ensuring access to students' inhalers during PE, training, Floreat activities, fixtures and off-site sports activities ○ Responding swiftly to symptoms during physical activity
Trip Leaders and Supervising Staff	○ Reviewing medical information for participating students before any trip ○ Ensuring students have their inhalers in their possession before departure ○ Carrying emergency asthma equipment provided by the Abercrombie Medical Centre where appropriate ○ Implementing care plans and emergency procedures during off-site activities
Parents	○ Providing accurate and timely information about their child's medical needs, including asthma diagnosis, triggers and medication ○ Complying fully with the requirements of the school in relation to the administration of medicines ○ Ensuring their child has an up-to-date reliever inhaler that is replaced before its expiry date (where a child has asthma) ○ Encouraging their child to understand their medical condition and take increasing responsibility as they mature

5. Appendices

Administration of medication on school trips:

If you have any concerns about the health of the student, you must seek specialist medical advice

Consider how urgently the assessment is required, the options include:

• Calling The Abercrombie Medical Centre or the School's health care provider

• Contacting local GP or out of hours service

• Attending Accident and Emergency department

• Calling 103 for an ambulance

They will be able to offer health information and reassurance about what to do next.

Before giving any medication, you will need to:

• Check the identity and the age of the student.

• Check it is appropriate to treat the condition with medication.

• Check there are no medical conditions or allergies that prevent giving this medication.

• Check if any medication has been taken in the last 24 hrs including dosages and times. Check with parent or guardian if in any doubt. If the student is taking other medication do not give paracetamol or cetirizine unless you can be sure the medications are compatible. If in doubt check with parents.

• Before administering check medication name, dose and expiry date with another adult.

Record each occasion medication is given using the boxes below:

Pupil name:					
Date of Birth			Age:		
Medication:					
Reason:					
Date given:		Time given:		Dose given:	
Staff name:					
Signed:					

FORM FOR THE CONSENT OF MEDICINES TO BE GIVEN IN SCHOOL

I authorise the following medicine to be given by the first aid staff to:

Pupils name……

Year/Form……

Medicine name/Reason ……

Time of last dose ……

Dose/Amount to be given in school……

Time……

Starting date……

End date……

Name of Parent/Guardian……

Signature……

Date……

If medicine is to be left in school during the day, please collect it from the School Office before going home.

When bringing prescription medication into school it must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. It is easier if you only include the number of tablets required to be taken in school to fulfil the course, that way you will not have to remember to pick up and return every day.

Individual Health Care Plan (IHCP)

Child's Name	
Date of Birth	
Year and House	

Emergency Contact Details:	
Name	
Relationship to Child	
Phone Number	
Name	
Relationship to Child	
Phone Number	

Medical Needs

Please describe any medical needs including diagnosis, symptoms, triggers, treatments, extra training or equipment required, adjustments to be made. Space for medications and regimes will be given overleaf.

Does your child require specific treatment in case of an emergency eg an ambulance care protocol, emergency rescue medication?

Medications

Please list here any medications (including herbal/over the counter remedies) that your child will need to take whilst on this trip.

Medication Name	
Dose	
Frequency and Times	
Self-administered?	Yes/No
Any storage requirements?	
Side effects	

Medication Name	
Dose	
Frequency and Times	
Self-administered?	Yes/No
Any storage requirements?	
Side effects	

Medication Name	
Dose	
Frequency and Times	
Self-administered?	Yes/No
Any storage requirements?	
Side effects	

Medication Name	
Dose	
Frequency and Times	
Self-administered?	Yes/No
Any storage requirements?	
Side effects	

Asthma and Inhaler Care Plan

Personal Details

Pupil's Name ..... **D.O.B**..... **Yr**.....
Emergency contact numbers.

(1) Name ..... Relationship.....
Mobile ..... Work .....

(2) Name ..... Relationship.....
Mobile ..... Work .....

Doctor GP Name ..... Telephone.....

Known Triggers/Allergies .....

.....

Child's specific symptoms .....

.....

Reliever Medication: Expiry Date .....

Medication Name (e.g. Salbutamol)	**Method** (e.g. Puffer / Spacer)	**When and Dosage**

Does your child require their inhaler before games/sport? Yes/No. If yes please give details

Medication Name	**Method** (e.g. Puffer/ Spacer)	**When and Dosage**

Preventer Medication (Most preventers can be taken outside of school hours)

Medication Name	**Method** (e.g. Puffer / Spacer	**When and Dosage**

Signed: Parent/Guardian ..... Date .....

Name in Block Capitals .....

Key points for parents to remember: This record is for school. Remember to update it if treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labeled by the pharmacist with your child's name and dosage details. We are not permitted to share/use another pupil's inhaler so it is imperative that your child keeps a spare in school in case of emergencies.

BSACI ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

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

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

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

2. **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. **Stay with child/young person** until ambulance arrives, **do NOT stand them up**
5. Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
6. Commence CPR if there are no signs of life

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

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

Emergency contact details:

1) Name:

2) Name:

Additional instructions:

If wheezy due to an allergic reaction, DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (e.g. blue puffer) via spacer, if prescribed

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

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

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

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

This is a medical document to be completed by a 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. 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:

ALLERGY ACTION PLAN

BSACI Improving Allergy Care

RCPCH Royal College of Paediatrics and Child Health

anaphylaxis UK

AllergyUK

Name:

.....

DOB:

.....

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

  .....

  (If vomited, can repeat dose)
- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

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

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

1. **Lie flat with legs raised** (if breathing is difficult, allow person 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/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

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

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

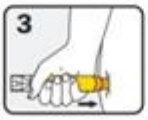
Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" 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 due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a 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 medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....

ALLERGY ACTION PLAN

BSACI Improving Allergy Care

RCPCH Royal College of Paediatrics and Child Health

anaphylaxis UK

AllergyUK

This young person has the following allergies:

Name:

.....

DOB:

.....

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

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

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

1. **Lie flat with legs raised** (if breathing is difficult, allow person 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/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

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

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

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

How to give JEXT®

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

This is a medical document to be completed by a 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 medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....

- Hold injector in dominant hand
- Thumb should be wrapped over fingers and not on top of the pen

- Use your other hand to remove the safety cap from the top of the injector

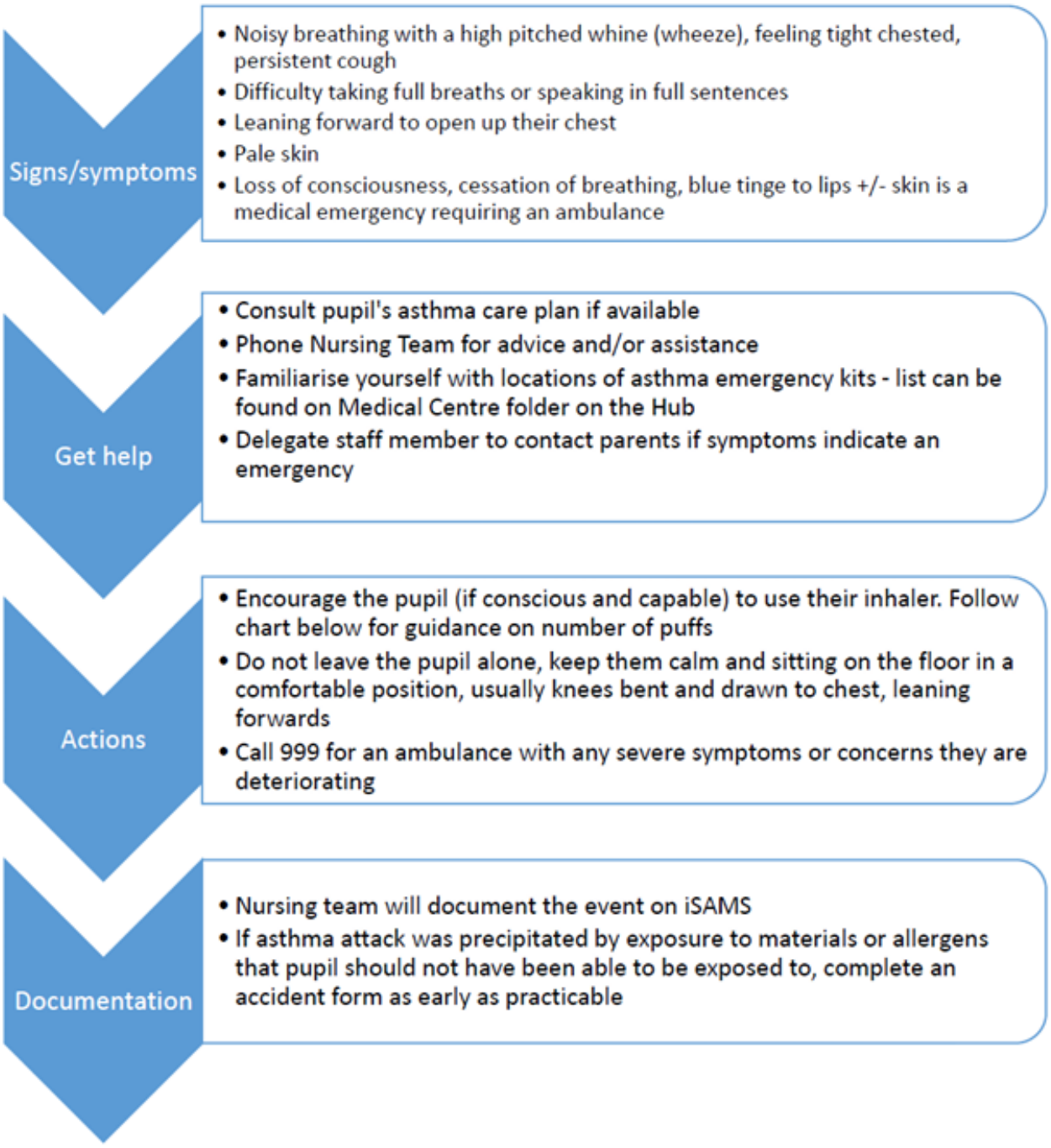
- Confidently and quickly direct the orange tip of the injector into the upper, outer thigh
- Clothes should be left in place unless very thick/puffy but avoid seams

- Hold the injector pen in place for 10 seconds

- Gently massage the injection site to allow the adrenaline to take effect

- Phone for an ambulance
- Keep the person calm, sitting or lying down, recheck and repeat after 5 minutes if necessary

First Aid Procedures: Asthma



	Symptoms	Your Action:
Mild	If your child starts to cough, wheeze or has a tight chest but can continue day to day activities	Give 2-5 puffs blue (salbutamol) reliever inhaler every 4 hours until symptoms improve.
Moderate	If your child is: • Wheezing and breathless and blue (salbutamol) reliever inhaler 2-5 puffs is not lasting 4 hours • Having a cough or wheeze/tight chest during the day and night • Too breathless to run / play/ do normal activities	Contact GP /healthcare professional for advice and management. Increase blue (salbutamol) reliever inhaler 6-10 puffs every 4 hours
Severe	If your child is: • Too breathless to talk / eat or drink • Has blue lips • Having symptoms of cough/wheeze or breathlessness which are getting worse despite 10 puffs blue (salbutamol) inhaler every 4 hours • Confused and drowsy	Ring 999 for immediate help. **Give 10 puffs of blue (salbutamol) reliever inhaler every 10 minutes until ambulance arrives.** **Keep child in upright position and reassure them.**

Standard Technique for use of Spacer with Asthma Inhaler (pressurised metered dose device):

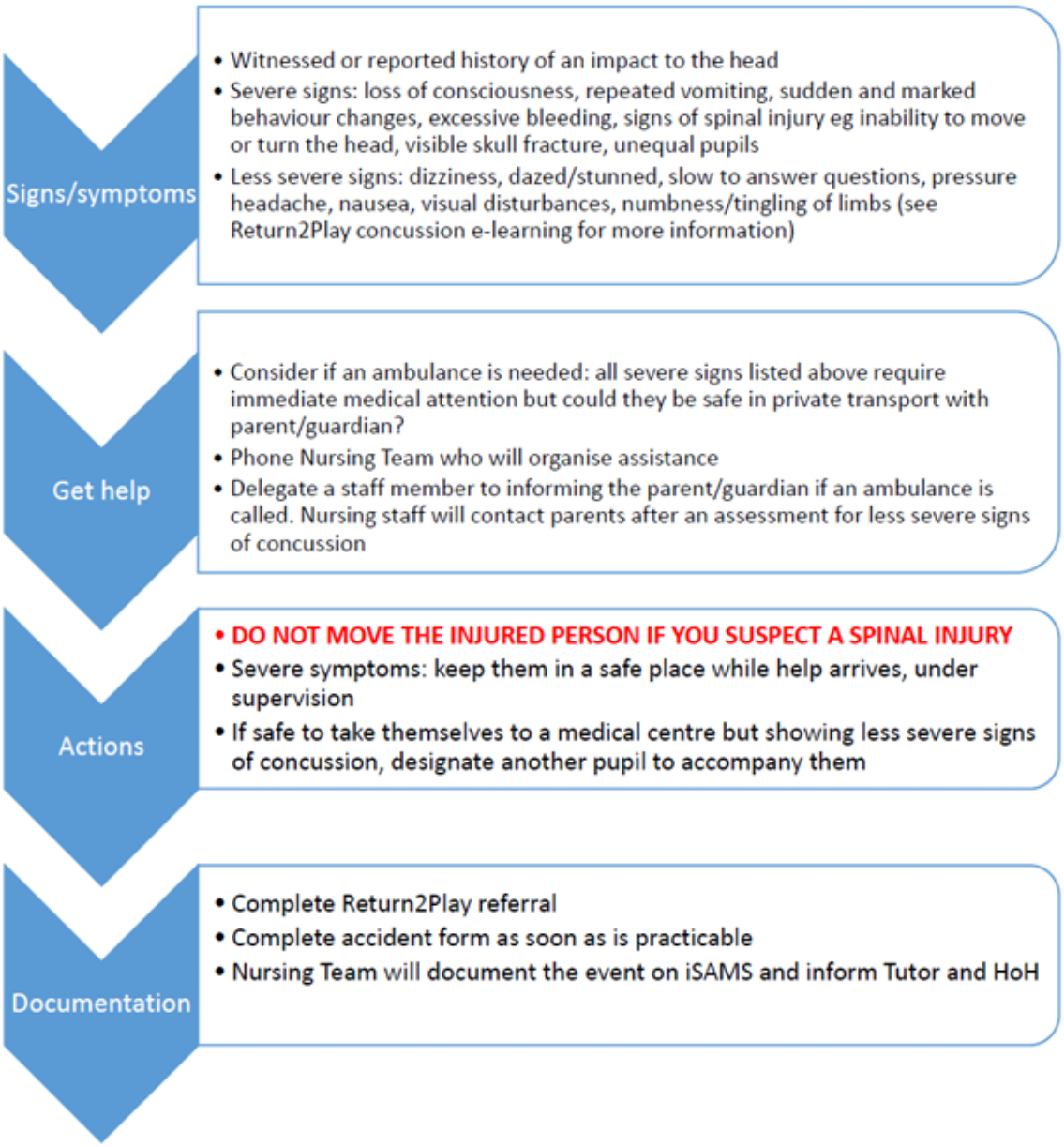
Choose appropriate sized spacer with mask (or mouthpiece if child is over 3 years with good technique and is not significantly short of breath)

1 Shake the inhaler well and remove cap.
2 Fit the inhaler into the opening at the end of the spacer.
3 Place mask over the child's face or mouthpiece in their mouth ensuring a good seal
4 Press the inhaler once and allow the child to take 5 slow breaths between each dose
5 Remove the inhaler and shake between every puff. Wait 1 minute between puffs.

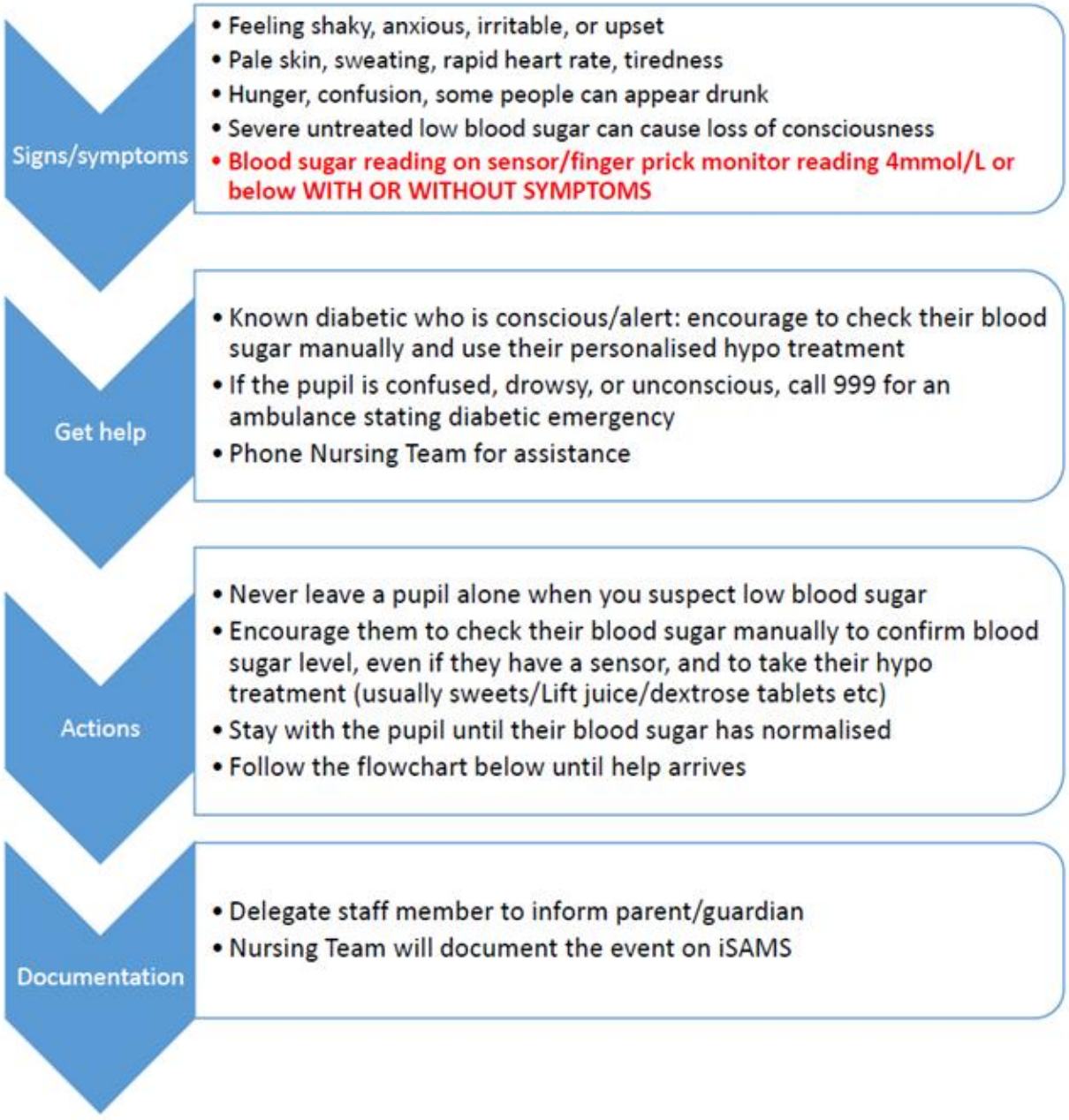
Repeat steps 1 – 5 for subsequent doses

Plastic spacers should be washed before 1st use and every month as per manufacturer's guidelines

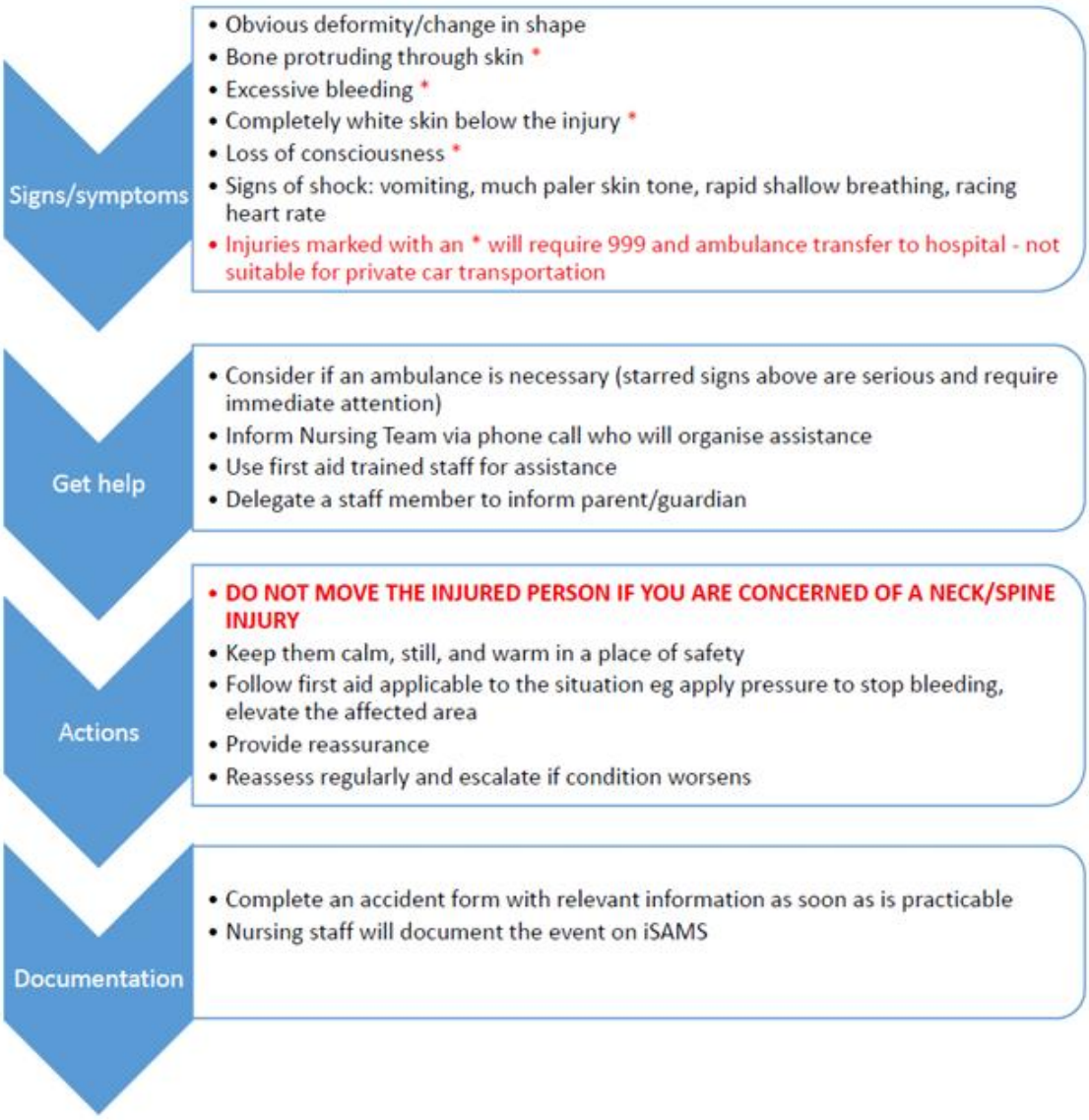
First Aid Procedures: Head Injury



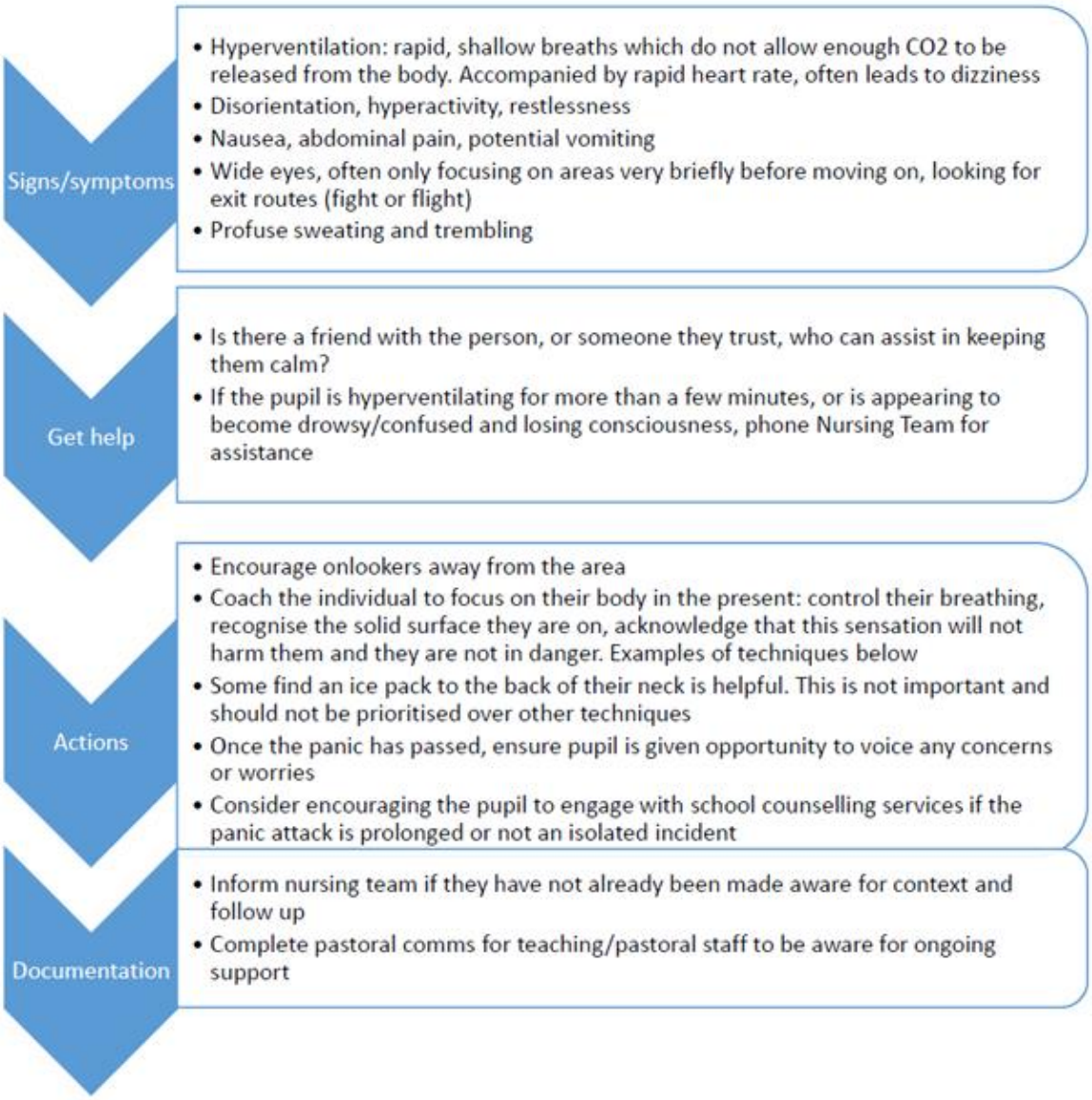
First Aid Procedures: Hypoglycaemia (low blood sugar)



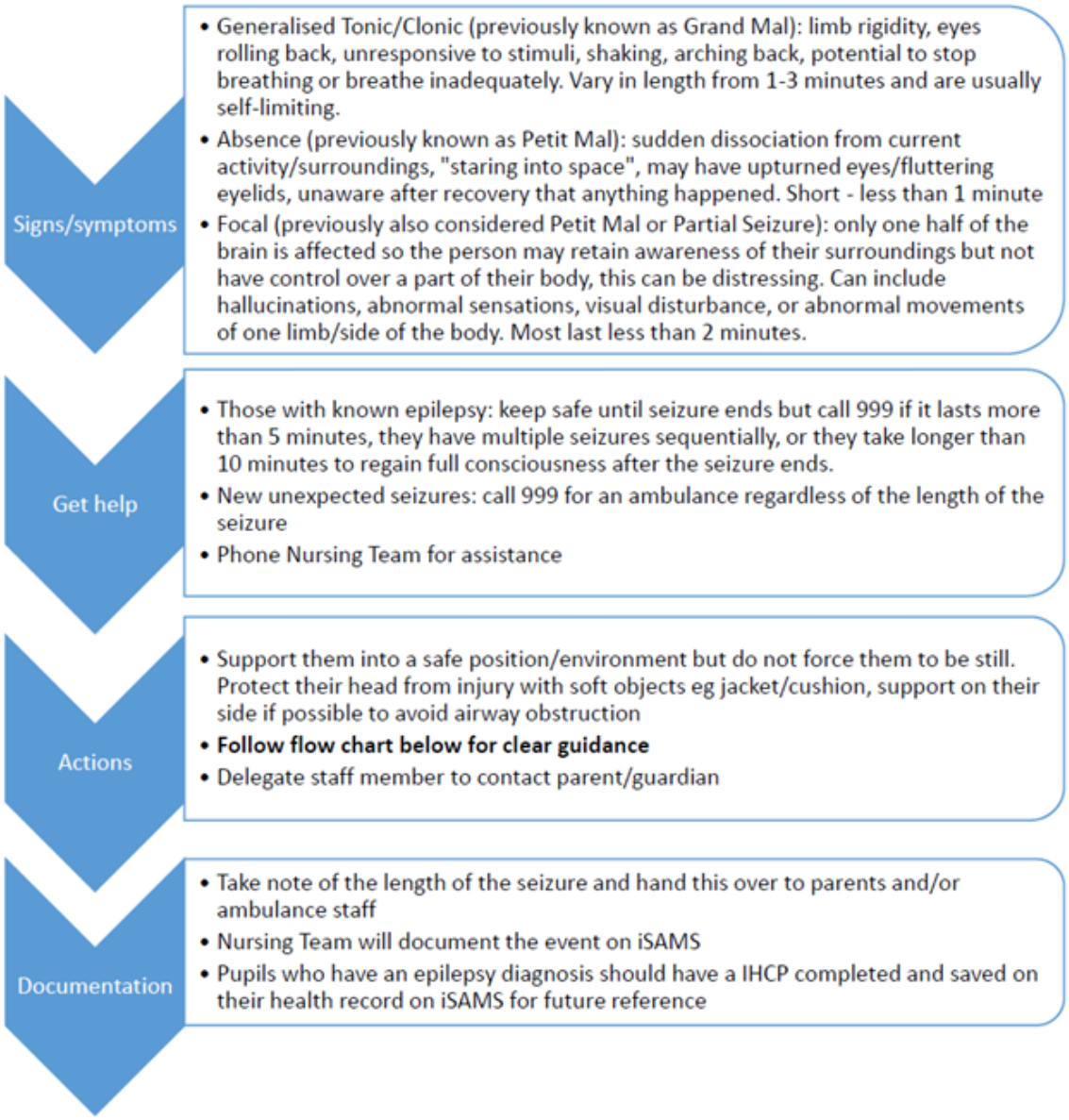
First Aid Procedures: Injury of Concern

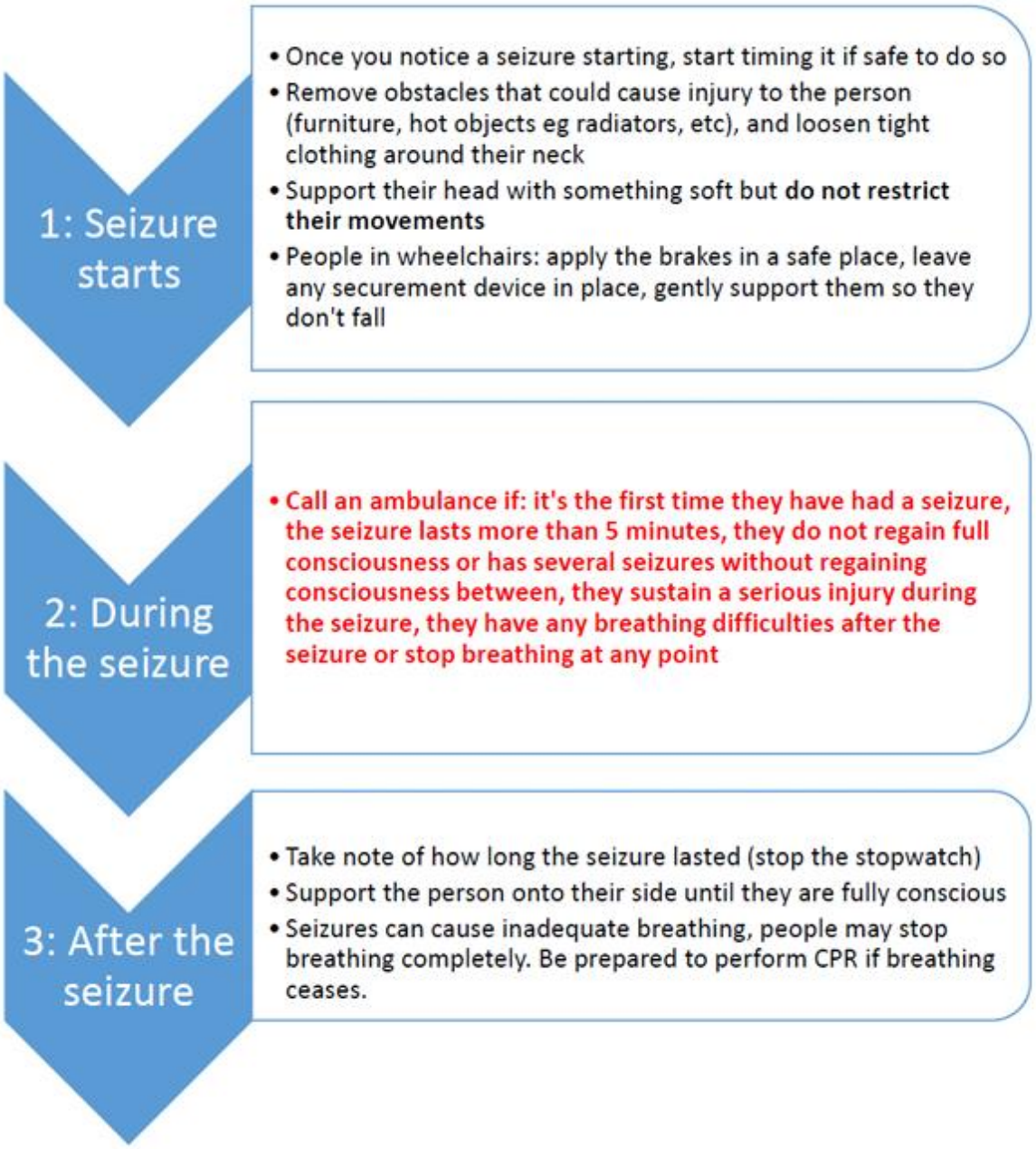


First Aid Procedures: Panic Attack



First Aid Procedures: Seizures




1: Seizure starts
• Once you notice a seizure starting, start timing it if safe to do so
• Remove obstacles that could cause injury to the person (furniture, hot objects eg radiators, etc), and loosen tight clothing around their neck
• Support their head with something soft but **do not restrict their movements**
• People in wheelchairs: apply the brakes in a safe place, leave any securement device in place, gently support them so they don't fall
2: During the seizure
• **Call an ambulance if: it's the first time they have had a seizure, the seizure lasts more than 5 minutes, they do not regain full consciousness or has several seizures without regaining consciousness between, they sustain a serious injury during the seizure, they have any breathing difficulties after the seizure or stop breathing at any point**
3: After the seizure
• Take note of how long the seizure lasted (stop the stopwatch)
• Support the person onto their side until they are fully conscious
• Seizures can cause inadequate breathing, people may stop breathing completely. Be prepared to perform CPR if breathing ceases.