Alexandra Park Primary

Supporting Pupil's Medical Conditions in Schools & Early Years Settings Policy

September 2026

Approval History

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Revision History

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			Charlotte Millward, Assistant Headteacher

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Policy Statement

This school/ early years setting is an inclusive community that aims to support and welcome pupils with medical conditions.

- This school/early years setting (EYS) aims to provide all pupils' with a medical condition the same opportunities as others at school/ early years settings.

  We will help to ensure children can:

  - Be healthy.
  - Stay safe.
  - Feel part of their local community
  - Be confident and able to meet their goals.
  - Achieve good school attendance.

- The school/early years setting ensures all staff understand their duty of care to pupils, in the event of a medical emergency.

- All staff are confident in knowing what to do in an emergency.

- This school/early years setting understands that medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

- The school/ early years setting understands the importance of medication and care being taken as directed by healthcare professionals and parents.

- The School Nursing (SN) /Health Visiting (HV) Service will offer school/EYS setting an annual update. If a new medical condition arises over the year, then the SN/HV will provide an update or give advice on the most appropriate service to deliver it.

Policy Framework

The policy framework describes the essential criteria for how the school/EYS (hereafter referred to as the setting), can meet the needs of children and young people with medical conditions.

This setting is an inclusive community that supports and welcomes pupils with medical conditions.

- This setting understands that it has a responsibility to make the setting welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future. In doing so, the setting will work in partnership alongside the child's parents/carers. No child will be denied admission or prevented from taking up a place because arrangements for their medical condition have not been made.

- This setting will listen to the views of parents and pupils.

- Pupils and parents will feel confident in the care they receive from this setting and that the level of the care meets their needs.

- Staff understand the medical conditions of the pupils at this setting and that they may be serious, adversely affecting a pupil's quality of life and impact on their ability to learn.

- The setting understands that all children with the same medical condition will not have the same needs.

- The setting recognises that the duties in the Children and Families Act (2014) and the Equality Act (2010) relate to children with a disability or medical condition and are anticipatory.

- The Headteacher is responsible for ensuring staff receive all updates and responsive advice from the health professionals specifically the Health Visitor/School Nurse Service.

- The Headteacher must appoint a member of staff as a designated person responsible for the implementation of this policy.

This medical conditions policy is drawn up in consultation with a wide range of local key stakeholders and national guidance within both the education and health settings.

- Stake holders should include pupils, parents, SN, HV, setting staff, governors/trustees.

The medical conditions guidance is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation. (see Medical Conditions Information Pathway below)

a. Pupils are informed and reminded about the medical conditions policy:

- through the setting's pupil representative body
- through the delivery of personal, social and health education (PSHE)

b. Parents/carers are informed about the medical conditions' guidance and that information about a child's medical condition will be shared with the health visitor/school nurse:

- by including a clear statement on the setting's website and signposting access to the guidance
- at the start of the academic year when communication is sent out about Individual Health Plans
- using usual communication channels e.g. Newsletters ect at intervals in the year
- when their child is enrolled as a new pupil

c. All staff are informed and regularly reminded about the medical conditions Guidance:

- through the staff handbook and staff meetings and by accessing the staff intranet
- through scheduled medical conditions updates
- through the key principles of the policy being displayed in several prominent staff areas

- all supply and temporary staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies.

- Staff are made aware of Individual Health Plans as they relate to their teaching/supervision groups. This is a role for the designated person.

Parents/Carers Responsibilities

Parents/Carers have a responsibility to:

- tell the setting if their child has a medical condition or complex health need.
- Check the setting has a complete and up-to-date Individual Health Plan if their child has a complex health need.
- inform the setting about the medication their child requires during school hours.
- inform the setting of any prescribed medication their child requires while taking part in visits, outings or field trips and other out-of-setting activities. Parents/carers must also medication permission record (please see form 3a appendix 1)
- tell the setting about any changes to their child's medication, what they take, when, and how much.
- inform the setting of any changes to their child's condition.
- ensure their child's prescribed medication and medical devices are labelled clearly.
- ensure that their child's medication is within expiry dates.
- ensure that the setting has full emergency contact details for parents/carers.
- provide the setting with appropriate spare medication labelled with their child's name.
- keep their child at home if they are not well enough to attend school.
- ensure their child catches up on any schoolwork they have missed.
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.

- have completed/signed all relevant documentation including the Individual Health Plan if appropriate.

All children with anaphylaxis, epilepsy, cystic fibrosis, diabetes or another complex medical condition requiring <u>significant emergency care</u> in settings will have an individual health plan (IHP).

- An IHP will detail exactly what care a child requires in school and when they need it. The IHPs should be reviewed on an annual basis by the setting and supported by the HV/SN, unless otherwise indicated. It is the parents/carers responsibility to notify the setting if there are any changes before the review dates.

- It should also include information on the impact the health condition may have on a child's learning, behaviour or their ability to engage in everyday activities.

- This should be completed with input from the child where possible, their parents/carers, relevant school staff and health care professionals, ideally a specialist if the child has one.

- Please note children with asthma will no longer require a IHP but may have an asthma management plan from their doctor or specialist health care professional. This is a useful guide for parents/carers on how to manage their childs asthma and maybe helpful to settings in some circumstances. For any child having an asthma attack, please follow the 'Asthma emergency procedures' (Appendix 7)

- Diabetes IHPs will be initiated and reviewed by the childrens diabetes specialist nurses.

- Epilepsy IHPs will only need an annual review and sign off by the HV/SN, if the child or young person has been prescribed emergency rescue medication. Children with epilepsy who have not been prescribed emergency rescue medication require a IHP but will only require a review if there are any changes.

- For children and young people with complex medical needs, the school nursing team will support with an IHP.

- For children and young people with restrictive or aversive eating, the term ARFID (Avoidant Restrictive Food Intake Disorder) has become more widely used recently, but many children with restrictive or aversion eating will not have a formal diagnosis of ARFID. The lack of a

formal diagnosis should not affect management and the risk should be considered in all children with restrictive or aversive eating. Please see guideline embedded

Guideline for the management of childr

Reasonable adjustments recommended for children and young people with diabetes.

1. In terms of reasonable adjustments we would ask for in general would be:

- Allowing the young person's medical devices (in most instances this would be a phone) access to local Wi-Fi to allow data from glucose sensor be shared live with families and the Paediatric Diabetes Team.
- Allow the young person to have their phone (medical device for sensor) on their person and accessible at all times.

2. In terms of exam considerations:

- They wear a continuous glucose sensor to monitor glucose levels. In order for the system to work they will need their phone (which for the purposes of diabetes is a medical device) within 6 meters of them as the data from the sensor is transferred via Bluetooth to the phone. Their phone will need to be accessed to look at glucose data at intervals, should the phone alarm or they feel unwell at all during the exam.
- If their glucose levels go low during an exam (below 4mmols) this is hypoglycaemic event. They will need to pause the exam, take some fast acting glucose (as per their individual health care plan) and wait until the glucose level has returned to normal. Once physiologically the level has normalised, the brain can take up to 45 minutes for cognitive function to return to normal. As such, the exam will need to be paused for 45 minutes after a hypo has resolved. During the exam they should have access to:

* Phone – as above for glucose monitoring
* Insulin injection pen – if their glucose level is above target (over 10mmols) and it has been 2 hours since their last dose they may need a correction dose of insulin OR their insulin pump (controller) should they need to administer a bolus due to high glucose levels
* Hand washing facilities – in case of sensor fail they will need to be able to test a blood glucose via finger prick
* Finger prick blood testing equipment
* Drinks / snacks to prevent or treat hypo's

Medical Conditions Information Pathway for Schools

School's must ask parents/carers to identify any medical conditions and how best to support their child at the following opportunities: • Transition discussions. • At start of school year • New enrolment (during the school year) • New diagnosis informed by parents/carers.	School

Schools collate responses and identifies those needing individual health plans and sends parents/carers the relevant blank care plan for completion and return to school. (Please see appendices)	School

Parents/carers complete the IHP. If there is no response from parents/carers, the school should consult with school nurse. All contacts to be documented and dated.	Parents/Carers School Nurse School

Designated school staff member discusses the IHP with the school nurse. Parents/carers informed of acceptance of IHP. IHP is stored in school according to the policy and a copy is held on the childs electronic community health record. **PARENTS/CARERS MUST CONTACT SCHOOL WHEN THERE ARE CHANGES OR AMENDMENTS NEEDED AT ANY POINT IN THE SCHOOL YEAR**	Parents/Carers School Nurse School

Medical Conditions Information Pathway for Early Years Settings

Family considering childcare /early education place for their child.
At initial enquiry Early years provider ask parents to identify any medical conditions including **All children with, anaphylaxis, epilepsy, cystic fibrosis, diabetes or a complex medical condition requiring significant care in EYS (this may be at initial enrolment or at new diagnosis)**
EY Provider to ask parents for the details of their named Health Visitor

Where named Health Visitor aware of a child starting at EY provision with above conditions/diagnosis discuss with parent/carer about sharing information with EY provider

Early year's provider contacts named Health Visitor to discuss need for Individual Health Plan (IHP).

Health Visitor to review advantis for further information /recent clinic letters

Named Health Visitor contacts the parents/carers to initiate /review IHP prior to taking up their childcare/early Education place

Identify if child open to specialist service/s and with parent/carer consent contact specialist service/s to contribute to plan

IHP completed by HV and parent/carers with specialist input as required including any specialist training and equipment that may be required.

At this point consider whether a Multi-Disciplinary Team (MDT) meeting is needed with the EY provider in order to meet a child's IHP.

EMIS IHP alert switched on

*If there is no response from parents/carers, the health visitor must inform the designated person at EY setting. All contacts to be documented and dated.

Health Visitor discusses the IHP with EY designated person. IHP is stored in setting/school according to the policy.

PARENTS/CARERS MUST CONTACT NURSERY/HEALTH VISITOR WHEN THERE ARE CHANGES OR AMENDMENTS NEEDED AT ANY POINT.

Review IHP Annually /update as required

All staff understand and are trained to know how to respond to an emergency for children with medical conditions.

- All staff, including temporary or supply staff, are aware of the medical conditions within the setting and understand their duty of care to children in an emergency.

- A child's IHP explains what help they need in an emergency.

- Permission from parents/carers will be sought and recorded in the IHP for sharing the IHP.

- Staff should receive updates once a year from the SN/HV for asthma and other medical needs and know how to act in an emergency. Additional training is prioritised for key staff members who work with pupils who have specific medical conditions supported by an Individual Health Plan i.e. Diabetes.

- The action required for staff to take in an emergency for the common conditions at this setting is displayed in prominent locations for all staff including classrooms, kitchens, the staff room and electronically.

- If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives, this member of staff will ensure they take the child's IHP with them as they accompany the child to the hospital. This setting will try to ensure that the staff member will be one the child knows. The staff member concerned should inform a member of the setting's senior management and/or the setting's critical incidents team, about the emergency. If the parent comes to the setting to take their child to the hospital, staff must ensure that the IHP is given to the parent. The setting may need to consider having a risk assessment in place for when it is not appropriate to take a child to hospital in personal transportation and should wait for an ambulance to transport the child i.e. in the event of an asthma attack or anaphylaxis.

This setting has clear guidance on providing care and support and administering medication.

- This setting will seek to ensure that there is appropriate safe and easy access to emergency medication for all children with medical conditions.

- The setting will ensure that in the event of a medical emergency that the child is not left alone or sent to seek treatment alone. The designated first aid staff member should come to the child to enable timely treatment and intervention.

- This setting will ensure that all children understand the arrangements for a member of staff (and the reserve member of staff) to assist in supporting and/or administering their emergency

medication safely.

- This setting understands the importance of medication being administered as prescribed.

- All use of medication is done under the appropriate supervision of a member of staff, unless there is an agreed plan for self-medication. If staff become aware pupils are using their medication in an unusual way, they should discuss this with the child.

- Many members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer medication to pupils under the age of 16, but only with the written consent of the pupil's parent/carer (see form 3a appendix 1). Medication administered will be recorded on medical tracker unless an IHP details an alternative arrangement.

- All staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent/carer in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.

- Parents/carers understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the setting immediately. Parents/carers should provide the setting with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.

- If a child refuses their medication, staff will record this and contact parents/carers immediately.

- All staff attending off-site visits are aware of any children on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

- The needs of all children on trips and visits should be risk assessed by the setting and the child's prescribed medication and spare inhaler, if necessary, should be taken and accessible.

- If a trained member of staff, who is usually responsible for administering medication, is not available the setting explores possible alternative arrangements with parents/carers. This is always addressed in the risk assessment for off-site activities.

- If a child misuses medication or medical equipment, either their own or another child's, their parents/carers are informed as soon as possible. However please note, if this occurs and the child is at risk, for example, if the child overdoses on theirs or another child's medication then the school would contact 999 and enable the child to be taken to hospital by an ambulance.

- If the setting receives a request or instruction from a parent/carer which would appear to be contrary to the advice in the document and from the DFE, they should seek clarification from the parent/carer and any advice they can provide from consultants/clinicians associated with the

child's case and also contact the School Nurse or Health Visitor to discuss the matter before agreeing any further action.

- For administering pain relief please see appendix 5 and verbal consent form appendix 6.

7. The setting has clear guidance on the storage of medication and equipment.

- Emergency medication is readily available to children who require it at all times during their day or at off-site activities.

- All non-emergency medication is kept in a secure place, in a locked cupboard in a cool dry place. Where age appropriate, children with medical conditions should know where their medication is stored and how to access it.

- It is not appropriate for a child to carry insulin or an adrenaline auto injector, on their person in the EYS/primary setting. Insulin should be stored in a locked cupboard AAIs are stored in the headteachers office and the school office (see allergies policy). In high schools you have the option to complete an individual risk assessment if you feel the young person is capable of carrying and administering this safely.

- Staff need to ensure that medication is accessible only to those for whom it is prescribed.

- This setting has an identified member of staff/designated person who ensures the correct storage of medication at school.

- All controlled drugs are kept in a locked cupboard and only named staff have access.

- The identified member of staff checks the expiry dates for all medication stored at school each term (i.e., three times a year).

- All medication is supplied and stored in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

- All medication (including blue inhalers) and equipment such as spacers or blood sugar monitoring kits are sent home with pupils at the end of the school term.

- It is the parents/carer's responsibility to ensure adequate and in-date supplies of all required medication comes into school at the start of each term with the appropriate instructions.

Safe Disposal

- Parents/carers are asked to collect out-of-date medication.

- Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps' boxes are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Each box must be signed and dated as per assembly instructions, there should be one box per child and the temporary closure MUST be used when the box is not in use.

- Disposal of sharps boxes - the sharps bin should be closed securely and returned to parents/carers. Parents/carers then need to take the sharps bin to the GP/pharmacy for disposal.

The setting has clear guidance about record keeping

- Parents and Carers are asked if their child has any medical conditions on the enrolment form.

- This setting uses an IHP to record the support required by a child to support the management of their medical condition. The IHP is developed with the child (where appropriate), parent/carer, school staff, specialist nurse (where appropriate) and relevant healthcare services.

- This setting has a centralised register of IHPs, and an identified member of staff (the designated person) has responsibility for this register.

- IHPs are regularly reviewed by setting, once a year or whenever the child's needs change. The IHP information should be confirmed and countersigned by the school nurse or health visitor.

- The child (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the child in their care.

- This setting makes sure that the child's confidentiality is protected where appropriate but sharing of the information is required to keep the child safe.

- This setting meets with the pupil (where appropriate), parent/carer, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the child's IHP which accompanies them on the visit.

- Where the child's attendance is becoming a concern the health needs of the child must be reviewed and the IHP updated as necessary.

- The setting should ensure that contemporaneous records of any medical events and staff management are kept and stored as per setting policy. These records should include times, dates and signed by a staff member. Systems such as CPOMS, SIMMS or medical tracker are useful for record keeping.

- In the event of a change of a childs setting then the childs IHP and any other significant health information should be transferred to the new setting within 5 days as outlined in Keeping Children Safe in Education (2023).

This setting ensures that the whole environment is inclusive and favourable to children with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- This setting is committed to providing a physical environment accessible to children with medical conditions. This setting is also committed to an accessible physical environment for out-of-school activities.

- This setting makes sure the needs of children with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

- All staff are aware of the potential social problems that children with medical conditions may experience and use this knowledge, alongside the school's behaviour management policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

- This setting understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.

- This setting understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

- This setting makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.

- This setting makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other pupil, and that appropriate adjustments and extra support are provided.

- All staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a child's medical condition. This must be recorded and managed appropriately, using relevant policies the setting has in place.

- This setting will refer pupils with medical conditions who are finding it difficult to make progress with their learning, to the SENCO/Special Educational Needs Advisor who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.

- Pupils at this setting learn what to do in an emergency.

- This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

This setting is aware of the common triggers that make common medical conditions worse or can bring on an emergency. The setting is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

- This setting is committed to identifying and reducing triggers both within and out of setting visits.

- Staff have been given updates on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical condition, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks.

- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout any activities. Risk assessments are carried out on all out of setting activities, taking into account the needs of pupil with medical needs.

- This setting reviews all medical emergencies and incidents to see how they could have been avoided, and changes setting policy according to these reviews.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this setting will work with the local authority and education provider to ensure that the pupil receives the support they need to reintegrate effectively.

- This setting works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the support is planned, implemented and maintained successfully.

Each member of the school, EYS and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- This setting works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is implemented and maintained successfully.
- This setting is committed to keeping in touch with a pupil when they are unable to attend school because of their condition.

The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

In evaluating the policy, we will seek feedback from key stakeholders that include pupils, parents, SN, HV, school staff, governors/trustees, and the LA or MAT to which the school is affiliated. The views of pupils with medical conditions are central to the evaluation process.

Other supporting documents:

Meeting the Health Needs of Children and Young People in Educational and Community Settings 011-112.pdf

Supporting pupils at school with medical conditions

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Form 3a – Medication Permission & Record – Individual Pupil

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Stockport NHS
NHS Foundation Trust

Form 3a – Medication Permission & Record – Individual Pupil	
Name of school/ early years setting :	
Name of Pupil:	
Class/Form:	
Date medication provided by parent:	
Name of medication:	
Dose and Method: (how much and when to take)	
When is it taken (time)	
Quantity Received:	
Expiry Date:	
Date and quantity of medication returned to parent:	
Any other information:	
Staff signature:	
Print name:	
Parent/Carer Signature:	
Print name:	
Parent/Carer Contact Number:	

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Stockport NHS
NHS Foundation Trust

Form 3b – Record of Medication

Date	Pupil's Name	Time	Name of Medication	Dose Given	Any Reactions	Signature of Staff Member	Print Name

STOCKPORT
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Stockport NHS
NHS Foundation Trust

Form 4 – Staff Training Record

Name of school/ early years setting :	
Type of training received:	
Date training completed:	
Training provided by:	
Trainer Job Title and Profession:	

I confirm that the people listed above have received this training	
Name of people attending training	
1.	
2.	
3.	
4.	
5.	

Trainer's Signature:	
Date:	
Use a separate sheet if more than five people have received training	

I confirm that the people listed above have received this training	
Headteacher signature:	
Print Name:	
Date:	
Suggested date for update training:	

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Stockport NHS
NHS Foundation Trust

Form 5 - for Visits and Journeys

This form is to be returned by (date):	
School/ Early Years Setting or Youth Centre:	
Course or Activity	
Date of Course/Activity:	

Student Details	
Surname:	
Forename(s):	
Date of Birth	

Medical Information		
	Please indicate	
Does your son/daughter suffer from any illness or physical disability?	☐ Yes ☐ No	If so, please describe:
If medical treatment is required, please describe:		
To the best of your knowledge has she/he been in contact with any contagious or infectious disease during the past four weeks?	☐ Yes ☐ No	If so, please give brief details:
Is he/she allergic to any medication:	☐ Yes ☐ No	If so, please give brief details:
*Has your son/daughter received a tetanus injection in the last 5 years?	☐ Yes ☐ No	
Please indicate any special dietary requirements due to medical, religious or moral reasons:		

* This may have been as part of the routine vaccination programme. Please check either the child's RED book or GP.

Parental Declaration	
I give permission for my daughter/son (insert name) to take part in the above activity as described, including all organised activities. I undertake to inform the visit organiser or the Headteacher as soon as possible of any relevant change in medical circumstances occurring before the journey. I hereby authorise any accompanying member of staff of the school/ early years setting to give consent to such medical treatment as is considered necessary for my CYP by a qualified medical practitioner during the visit. I understand the extent and limitations of the insurance cover provided.	
Contact Information	
Address:	
Home Telephone No.	
Work Telephone No.	
Emergency contact address if different from that above	
Address:	
Tel No.	
Name of Family Doctor:	
Telephone Nos.	
Address:	
Signed: Parent/Guardian	

Giving Paracetamol in Stockport Schools/ Early Years Settings

Form 3a should be completed for each CYP for written permission to give regular paracetamol.

Verbal consent from the parent, carer or young person should be obtained prior to giving a dose of paracetamol to CYP.

School/ early years setting should seek information from parents/carers about which medicines the CYP has taken.

NB Paracetamol is an everyday drug, but it is potentially dangerous if too much is taken. Be careful to keep it out of the reach of children.

Many medicines that you can buy for colds or pain contain paracetamol (this information is given on the label). Do not give such medicines to a CYP at the same time, or four hours before or after giving paracetamol.

If the paracetamol does not seem to be helping the CYP's pain, contact the parent or carer for advice. Do not give extra doses of paracetamol.

Write down the time, date and CYP's name each time that you give paracetamol and ensure that you do not give too much.

Make sure that the medicines you have at school/ early years setting have not reached the 'best before' or 'use by' date on the packaging. Give out of date medicines to your pharmacist to dispose of.

The following questions are intended to guide your decision making and prevent paracetamol overdose.

Verbal Consent from Parent/Carer

Name of parent/carer:	
Relationship to young person:	
Telephone number contacted on: Date and Time of phone conversation:	

Questions to be read out and answered by parent/carer	YES	NO
Has the young person ever had problems with Paracetamol? *If yes, refer to GP*		
Has the young person had any doses of Paracetamol in the last 24 hours, if so at what time and what dose was given? *Leave 4 hours between doses*		
Has the young person had any other medication that contains Paracetamol in the last 4 hours such as cold or flu remedies?(E.g. Lemsip, Beechams, Calpol). *If yes - do not give any paracetamol*		
What dose of Paracetamol does the CYP usually take? *Refer to bottle or label before administering*		
Parent/Guardian fully aware of what they are consenting to and knows why you wish to give Paracetamol, please state reason		

Declaration by the person contacting the parent/carer

I have completed the above assessment questionnaire.

I have assessed there are no contraindications and have administered the Paracetamol.

Time and date …….

Dose……..

Signature……

Emergency Procedures

Contacting Emergency Services

Dial 999, ask for an ambulance and be ready with the following information:

1. Your telephone number.
2. Give your location as follows.
3. State the postcode.
4. Give exact location in the school/ early years setting of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil.
9. Do not hang up until the information has been repeated back to you.
10. Ideally the person calling should be with the CYP, as the emergency services may give first aid instruction.
11. Never cancel an ambulance once it has been called.

Speak clearly and slowly

Insert school/ early years setting address and postcode

Put a completed copy of this form by phones around the school/ early years setting

How to Administer BUCCOLAM

How to administer BUCCOLAM®▼ (midazolam oromucosal solution)

About BUCCOLAM® (midazolam oromucosal solution)

BUCCOLAM is used to treat prolonged, acute, convulsive seizures in infants, toddlers, children and adolescents (from 3 months to <18 years of age).

- BUCCOLAM must only be used by parents/carers where the patient has been diagnosed to have epilepsy.
- For infants 3–6 months of age treatment should be provided in a hospital setting where monitoring is possible and resuscitation equipment is available.

BUCCOLAM is supplied in age-specific, pre-filled, needle-free, oral syringes.

- Each syringe contains the correct dose prescribed for an individual patient and is contained within a protective plastic tube.
- Syringes are colour-coded according to the prescribed dose for a particular age range.
- Your doctor will prescribe the appropriate dose for the individual patient.

Please refer to the Patient Information Leaflet before using BUCCOLAM. This leaflet also contains full information on contraindications, precautions and all possible side effects.

Do not pass the medicine on to other people to treat their children; it may harm them.

Storage

Keep BUCCOLAM out of the sight and reach of children. Do not refrigerate or freeze. Keep the syringe in the protective plastic tube until use.

Additional information from the healthcare provider:

VIROPHARMA™

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BUCCOLAM is a registered trademark of Auralis Ltd, a wholly owned subsidiary of ViroPharma SPRL-BVBA

EE0077 12/201

Step-by-step guide for the administration of BUCCOLAM® (midazolam oromucosal solution)

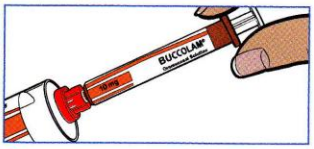
Before use, always check the expiry date stated on the carton, tube and syringe labels. BUCCOLAM should not be used if any of the protective plastic tubes containing the syringes have been opened or are damaged.

Your doctor or nurse will tell you how long to wait after the start of a seizure before you should give BUCCOLAM.

STEP 1

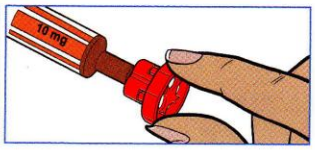
When someone is having a seizure, it is important that you allow their body to move freely; do not attempt to restrain any movement. You should only move the patient if they are close to immediate danger, e.g. deep water, an open flame or sharp objects. If other people are around, ask them to stay calm and give the patient plenty of room; explain that the patient is experiencing a seizure.

STEP 2



Take one plastic tube, break the tamper-proof seal and remove the syringe containing BUCCOLAM.

STEP 3



Remove and discard the red syringe cap before use to avoid choking. Do not put a needle on the syringe. BUCCOLAM must not be injected. Each syringe is pre-filled with the dose prescribed to be given for *one* treatment.

STEP 4

To administer BUCCOLAM, cushion the patient's head with something soft. If the patient is already seated, you may find it easier to support their head against your body, leaving your hands free to administer BUCCOLAM.

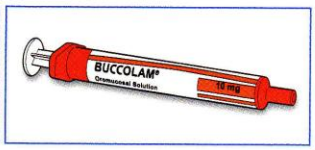
STEP 5

Gently pull back the patient's cheek, just enough to put the end of the syringe into the side of their mouth, between the gum and cheek (buccal cavity). Angle the syringe to ensure that the end is well within the buccal cavity.

STEP 6

Slowly press the syringe plunger to release the full amount of BUCCOLAM into the side of the mouth. Don't try to squirt the liquid into the mouth or release it too quickly, as this may result in spillage. It may be easier to give about half the BUCCOLAM dose into one side of the mouth, and the other half into the other side.

STEP 7



After giving BUCCOLAM, keep the empty syringe to give to a doctor or paramedic so that they know what dose has been given. Make a note of the time BUCCOLAM was given and the duration of the seizure. Watch out for any specific symptoms, such as a change in breathing pattern.

STEP 8

Keep the patient in a comfortable position; it may be helpful to loosen any tight clothing. Be calm and stay with the patient until the seizure is over and they have regained consciousness. They may be tired, confused or embarrassed. Reassure them and be understanding while they rest and regain strength.

Telephone for an ambulance immediately if:

- the seizure does not stop within 10 minutes of giving BUCCOLAM
- you cannot administer BUCCOLAM, or cannot give the full prescribed dose
- the patient's breathing slows down or stops
- you are concerned about the patient.

Never give another dose of BUCCOLAM, even if:

- the seizure does not stop
- the patient vomits or salivates.

How do I give the Rectal Diazepam?

- Take the tube out of the foil wrapping and remove the safety cap.
- Place the CYP in a suitable position, for example on their side.
- Insert the nozzle of the tube into their bottom (rectum) up to the end of the tube.
- Whilst inserted, squeeze contents of tube and keep squeezing whilst you withdraw the tube.
- Hold the CYP's buttocks together for approximately five minutes.
- If the CYP opens their bowel after you have given the Diazepam, do **not** repeat the dose straight away, as it will be difficult to know how much has already been absorbed.
- If the seizure continues, call an ambulance and explain what has happened or seek medical advice (Please see the section headed 'Contact details').

Does the Rectal Diazepam work immediately?

It can take 5 – 10 minutes for the medicine to be absorbed into the bloodstream.

Do I need to call an ambulance?

It is advisable to call an ambulance as well as giving the Rectal Diazepam if:

- Stated in the IHP.
- The CYP appears to be having difficulty breathing.
- This is the first time Rectal Diazepam has been used on the CYP.
- The seizure has not stopped 10 minutes after using Rectal Diazepam.
- If you think the CYP has been injured during their seizure.

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Guidance for settings on the use of emergency Salbutamol inhalers

Primary and secondary school/ early years settings now have the option of keeping a Salbutamol (Ventolin) inhaler for emergency use.
This is not a formal requirement; school/ early years settings can decide whether they wish to implement this option and should establish a process for the storage and use of the emergency.

School/ early years setting processes should be based on the guidance which can be found at;
Emergency asthma inhalers for use in schools - GOV.UK (www.gov.uk)

Parental responsibility
It is important to note that existing policies and procedures are not affected by this additional option. The provision of a full and in date inhaler and spacer is still the parents/carers responsibility.

Use of the emergency inhaler
The emergency Salbutamol inhaler should only be used by pupils who have either been diagnosed with asthma and prescribed a Salbutamol inhaler or who have been prescribed a Salbutamol inhaler as reliever medication.
The inhaler can be used if the pupil's prescribed inhaler is not available (for example because it is broken or empty).

Important – Overuse of reliever inhalers
Should staff become aware that a pupil is using their reliever inhaler more than 4 puffs in 4 hours, or suddenly using their reliever inhaler more than they normally do, this may suggest that their asthma is not under control, and they may be at greater risk of having an asthma attack. Should this be observed, immediate action should be taken to alert the parents/carers and staff should record any actions or discussions.

Benefits of an emergency inhaler
Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital and potentially save their life. Parents/carers are likely to have greater peace of mind about sending their child to school/ early years setting. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of an asthma attack.

Purchasing spare inhalers and spacers
We recommend you contact your local pharmacist to discuss your requirements; staff may also be required to present formal identification at the point of purchase.

Further support and training
Asthma awareness training is available from your school nurse or health visitor.

List of medications that **may require** an Individual Health Plan

Health Condition	Type of treatments	Names of drugs	Effects of condition / medication
Inflammatory Bowel Disease (Crohn's / Ulcerative Colitis)	5-ASAs	Sulfsalazine Mesalazine	Can lower immune system, predisposing to infection Can suppress bone marrow, resulting in easy bleeding / bruising or anaemia Steroids if stopped abruptly can cause Addisonian crisis (low BP, circulatory collapse)
	Steroids	Prednisolone Hydrocortisone Budesonide	
	Immunosuppression	Azathioprine Methotrexate	
	Biologic treatments	Infliximab Adalimumab (Humira)	
Cardiac conditions (Long QT / Brugada / SVT)	Antiarrhythmics	Amiodarone Sotalol Flecainide Digoxin	Reduction in blood pressure / pulse rate Anticoagulants can predispose to bleeding / bruising
	Anticoagulants	Warfarin	
Respiratory Conditions (Asthma / CF)	Inhalers		
	Nebulisers (incl antibiotics)		
Epilepsy	Anti-epileptics	Sodium Valproate (Epilim) Lamotrigine (Lamictal) Levetiracetam (Keppra) Carbamazapine (Tegretol) Clobazam	
	Rescue meds	Rectal Diazepam Buccal Midazolam	

Diabetes	Insulin		
	Medication to manage hypoglycaemia	Oral glucose gel Glucagon	
Other endocrine conditions (e.g.Addisons)	Steroids	Prednisolone Hydrocortisone Budesonide	Steroids if stopped abruptly can cause Addisonian crisis (low BP, circulatory collapse)
Cancer	Chemotherapy	Various	Can lower immune system, predisposing to infection Can suppress bone marrow, resulting in easy bleeding / bruising or anaemia
Rheumatological conditions (e.g. JIA)	Steroids	Prednisolone Hydrocortisone Budesonide	Can lower immune system, predisposing to infection Can suppress bone marrow, resulting in easy bleeding / bruising or anaemia Steroids if stopped abruptly can cause Addisonian crisis (low BP, circulatory collapse)
	Immunosuppression	Methotrexate	
	Biologic treatments	Etanercept Anakinra Tocilizumab Rituximab	

Asthma Emergency Procedures

+ coughing
+ shortness of breath
+ wheezing
+ feeling tight in the chest
+ being unusually quiet
+ difficulty speaking in full sentences
+ difficulty walking
+ sometimes younger children express feeling tight in the chest and a tummy ache.

Do . . .

1) Encourage the pupil to sit up straight- try to keep calm
2) Get the pupil to take one puff of their reliever inhaler (usually blue) through the spacer every 60 seconds up to 10 puffs.
3) If the pupil feels worse at any point OR doesn't feel better after 10 puffs call 999 for an ambulance.
4) Repeat step 2 while waiting for an ambulance

999

Call an ambulance urgently if any of the following:

+ the pupil's symptoms do not improve after 10 puffs
+ the pupil is too breathless or exhausted to talk
+ the pupil's lips are blue
+ you are in any doubt.

After a minor asthma attack

+ Minor attacks should not interrupt the involvement of a pupil with asthma in school/ early years setting. When the pupil feels better they can return to school/ early years setting activities.
+ The parents/carers must always be told if their CYP has had an asthma attack.

Important things to remember in an asthma attack

+ Never leave a pupil having an asthma attack.
+ If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.

+ In an emergency situation school/ early years setting staff are required under common law, duty of care, to act like any reasonably prudent parent.
+ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
+ Send a pupil to get another teacher/adult if an ambulance needs to be called.
+ Contact the pupil's parents/carers immediately after calling the ambulance.
+ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
+ Generally staff should not take pupils to hospital in their own car.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Anaphylaxis Emergency Procedures

Anaphylaxis has a whole range of symptoms

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

+ generalised flushing of the skin anywhere on the body
+ nettle rash (hives) anywhere on the body
+ difficulty in swallowing or speaking
+ swelling of throat and mouth
+ alterations in heart rate
+ signs of breathlessness and/or severe asthma symptoms (see asthma section for more details)
+ abdominal pain, nausea and vomiting
+ sense of impending doom
+ sudden feeling of weakness (due to a drop in blood pressure)
+ collapse and unconsciousness

Do

If a pupil with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures. Ensure all members of staff know who is trained.

The trained member of staff should:

+ Follow the pupil's emergency procedure closely. These instructions will have been given by the paediatrician/healthcare professional during the staff training session and/or the protocol written by the pupil's doctor
+ Try to ensure the pupil remains as still as possible
+ Lie the pupil down UNLESS they have breathing difficulties. If they are feeling dizzy, weak or appear pale and sweating their legs should be raised
+ If there are also signs of vomiting, lay the pupil on their side to avoid choking
+ Administer appropriate medication in line with perceived symptoms
+ **If symptoms are potentially life-threatening**, give the pupil their adrenaline injector into the outer aspect of their thigh. Make sure the used injector is made safe before giving it to the ambulance crew. Either put it in a rigid container or follow the instructions given at the anaphylaxis training.
+ **Make a note of the time the adrenaline** is given in case a second dose is required and also to notify the ambulance crew.

999 and say ANAPHYLAXIS (anna-fill-axis)

If you consider that the pupil's symptoms are cause for concern, **call for an ambulance**

State:
+ The name and age of the pupil
+ That you believe them to be suffering from anaphylaxis
+ The cause or trigger (if known)
+ The name, address and telephone number of the school/ early years setting
+ Give precise and clear directions to the emergency operator
+ Call the pupil's parents/carers.

While awaiting medical assistance the designated trained staff should:
+ Continue to assess the pupil's condition
+ Position the pupil in the most suitable position according to their symptoms.
+ If the person's condition deteriorates after making the initial 999 call, a second call to the emergency services should be made to ensure an ambulance has been dispatched.
+ If adrenaline has been given and there has been no improvement after 5 minutes, a second dose can be given **if they have been prescribed a second dose**.

Do

+ **On the arrival of the paramedics or ambulance crew** the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.
+ If the child has been prescribed an epipen, in cases of doubt it is better to give the adrenalin injection then to hold back.

After the emergency

+ After the incident carry out a debriefing session with all members of staff involved.
+ Parents/carers are responsible for replacing any used medication.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Diabetes Emergency Procedures

Hyperglycaemia

If a pupil's blood glucose level is high (over 10mmol/l) and stays high.

Common symptoms:
+ thirst
+ frequent urination
+ tiredness
+ dry skin
+ nausea
+ blurred vision.

Do . . .

Call the pupil's parents/carers who may request that extra insulin be given.
The pupil may feel confident to give extra insulin.

999

If the following symptoms are present, then call the emergency services:

+ deep and rapid breathing (over-breathing)
+ vomiting
+ breath smelling of nail polish remover

Hypoglycaemia

What causes a hypo?
+ too much insulin
+ a delayed or missed meal or snack
+ not enough food, especially carbohydrate
+ unplanned or strenuous exercise
+ drinking large quantities of alcohol or alcohol without food
+ no obvious cause.

Watch out for:
+ hunger
+ trembling or shakiness
+ sweating
+ anxiety or irritability
+ fast pulse or palpitations
+ tingling
+ glazed eyes
+ pallor
+ mood change, especially angry or aggressive behaviour
+ lack of concentration
+ vagueness
+ drowsiness.

Do

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

+ administer a glass of a sugary drink such as full sugar coke. Remember that low sugar drinks (e.g. diet coke, coke zero etc) will not work
+ three or more glucose tablets
+ a glass of fruit juice
+ five sweets, e.g. jelly babies
+ GlucoGel.

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.

After 15-20 minutes recheck glucose level. If it is below 5.6 give more fast acting sugar. Repeat this process until glucose level is over 5.6. If more than 2 treatments are necessary consider using glucogel on the gums and contacting parents for advice.

If the pupil still feels hypo after 15 minutes, something sugary should again be given.

999

If the pupil is unconscious or having a seizure do not give them anything to eat or drink; call for an ambulance and contact their parents/carers and put them in the recovery position. Stay with the pupil.

Epilepsy Emergency Procedures

First aid for seizures is quite simple and can help prevent a CYP from being harmed by a seizure. First aid will depend on the individual CYP's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures

Symptoms:

+ the person loses consciousness, the body stiffens, then falls to the ground
+ this is followed by jerking movements
+ a blue tinge around the mouth is likely, due to irregular breathing
+ loss of bladder and/or bowel control may occur
+ after a minute or two the jerking movements should stop and consciousness slowly returns.

Do . . .

+ protect the person from injury – (remove harmful objects from nearby)
+ cushion their head
+ look for an epilepsy identity card or identity jewellery. These may give more information about a pupil's condition, what to do in an emergency, or a phone number for advice on how to help
+ Time how long the jerking lasts
+ once the seizure has finished, gently place them in the recovery position to aid breathing
+ keep calm and reassure the person
+ stay with the person until recovery is complete.

Don't . . .

+ restrain the pupil
+ put anything in the pupil's mouth
+ try to move the pupil unless they are in danger
+ give the pupil anything to eat or drink until they are fully recovered.
+ attempt to bring them round.

999

Call for an ambulance if . . .

+ you believe it to be the pupil's first seizure
+ the seizure continues for more than five minutes
+ one tonic-clonic seizure follows another without the person regaining consciousness between seizures
+ the pupil is injured during the seizure
+ you believe the pupil needs urgent medical attention.

Focal seizures

You may also hear this type of seizure called a partial seizure. Someone having a focal seizure may not be aware of their surroundings or what they are doing. They may have unusual movements and behaviour: such as plucking at their clothes, smacking their lips, swallowing repeatedly or wandering around.

Do. . .

+ Guide them away from danger (such as roads or open water)
+ Stay with them until recovery is complete
+ Be calmly reassuring
+ Explain anything that they may have missed

Don't . . .

+ Don't restrain them
+ Don't act in a way that could frighten them, such as making abrupt movements or shouting at them
+ Don't assume they are aware of what is happening, or what has happened
+ Don't give them anything to eat or drink until they are fully recovered
+ Don't attempt to bring them round

999

Call for an ambulance if . . .

+ You know it is their first seizure or
+ The seizure continues for more than five minutes or
+ They are injured during the seizure or
+ You believe they need urgent medical attention

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Seizures in a Wheelchair

Do . . .

+ Put the brakes on, to stop the chair from moving
+ Let them remain seated in the chair during the seizure (unless they have an IHP which says to move them)
+ If they have a seatbelt or harness on, leave it fastened
+ If they don't have a seatbelt or harness, support them gently, so they don't fall out of the chair
+ Cushion their head and support it gently. A head rest, cushion or rolled up coat can be helpful

Don't . . .

+ Don't restrain their movements
+ Don't put anything in their mouth
+ Don't give them anything to eat until they are fully recovered
+ Don't attempt to bring them round

APPENDIX 16

Form 1 - Individual Health Plan

For pupils with complex medical needs at school/ early years setting

Date form completed:	
Date for review:	

Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Copies held by:	

1. Pupil's Information

Name of school/ early years setting :	
Name of Pupil:	
Class/Form	
Date of Birth:	☐ Male ☐ Female

2. Contact Information

Pupil's Address	Postcode:

Family Contact Information

a.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	
b.	Name:	
	Phone (Day):	

	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	
GP		
Name:		
Phone:		
Specialist Contact		
Name:		
Phone:		
Medical Condition Information		
3. Details of Pupil's Medical Conditions		
Signs and symptoms of this pupil's condition:		
Triggers or things that make this pupil's condition/s worse:		
4. Routine Healthcare Requirements (For example, dietary, therapy, nursing needs or before physical activity)		
During school/ early years setting hours:		
Outside school/ early years setting hours:		
5. What to do in an Emergency		
Signs & Symptoms		
In an emergency, do the following:		

6. Emergency Medication (Please complete even if it is the same as regular medication)

Name/type of medication (as described on the container):	
How the medication is taken and the amount:	
Are there any signs when medication should not be given?	
Are there any side effects that the school/ early years setting needs to know about?	
Can the pupil administer the medication themselves? (please tick box)	☐ Yes ☐ No ☐ Yes, with supervision by: Staff members name:
Is there any other follow-up care necessary?	
Who should be notified? (please tick box)	☐ Parents ☐ Carers ☐ Specialist ☐ GP
7. Regular Medication taken during School/ Early Years Setting Hours	
Name/type of medication (As described on the container):	
Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school/ early years setting?	
Are there are any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	(Tick as appropriate) ☐ Yes ☐ No ☐Yes, with supervision by: Staff member's name:

Medication expiry date:	
8. Regular Medication taken outside of School/ Early Years Setting Hours (For background information and to inform planning for residential trips)	
Name/type of medication (as described on the container):	
Are there any side effects that the school/ early years setting needs to know about that could affect school/ early years setting activities?	
9. Members of Staff Trained to Administer Medications for this Pupil	
Regular medication:	
Emergency medication:	
10. Any Other Information Relating to the Pupil's Healthcare in School/ Early Years Setting?	
Parental and Pupil Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my CYP's care and education (this includes emergency services). I understand that I must notify the school/ early years setting of any changes in writing.	
Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent/Carer) (If pupil is below the age of 16)	
Print Name:	
Date:	
Healthcare Professional Agreement	
I agree that the information is accurate and up to date.	
Signed:	

Print Name:	
Job Title:	
Date:	

Permission for Emergency Medication	
☐ I agree that I/my CYP **can** be administered my/their medication by a member of staff in an emergency ☐ I agree that my CYP **cannot** keep their medication with them and the school/ early years setting will make the necessary medication storage arrangements ☐ I agree that I/my CYP **can** keep my/their medication with me/them for use when necessary	
Name of medication carried by pupil:	
Signed (Parent/Carer)	
Date	
School/ Nursery Staff Agreement	
It is agreed that (name of CYP): ☐ will receive the above listed medication at the above listed time (see part 7). ☐ will receive the above listed medication in an emergency (see part 6). This arrangement will continue until: (Either end date of course of medication or until instructed by the pupil's parents/carers).	
Signed (Headteacher):	
Print Name:	
Date:	

APPENDIX 17

STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport NHS
NHS Foundation Trust

Form 1b - Individual Health Plan - Epilepsy

For pupils diagnosed with Epilepsy at school/ early years setting who need rescue medication

Date form completed:	
Date for review:	

Reviewed by	**Date (dd/mm/yyyy)**	**Changes to Individual Health Plan**
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Copies held by:	

1. Pupil's Information	
Medical Condition:	
Name of school/ early years setting :	
Name of Pupil:	
Class/Form	
Date of Birth:	☐ Male ☐ Female

2. Contact Information	
Pupil's Address:	Postcode:

Family Contact Information		
a.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	
b.	Name:	

	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	
Specialist Contact		
Name:		
Phone:		
Consultant		
Name:		
Phone:		

Medical Condition Information	
3. Details of Pupil's Medical Conditions - Seizure Description	
Type 1	
Type 2	
Type 3	
Triggers or things that make this pupil's condition/s worse:	
4. Routine Healthcare Requirements (for example, dietary, therapy, nursing needs or before physical activity)	
Routine Requirements	
Record any seizures on the daily seizure record	
5. What to do in an Emergency	
Emergency Procedures	
6. Emergency Medication (Please complete even if it is the same as regular medication)	
Name/type of medication (as described on the container):	
Describe what signs or symptoms indicate an emergency for this pupil:	

Dose and method of administration (how the medication is taken and the amount)	
Are there any contraindications (signs when medication should not be given)?	
Are there any side effects that the school/ early years setting needs to know about?	
Self-administration:	Can the pupil administer the medication themselves? (Tick as appropriate) ☐ Yes ☐ No ☐Yes, with supervision by: Staff member's name:
Is there any other follow-up care necessary?	
Who should be notified?	☐ Parents ☐ Carers ☐ Specialist ☐ GP
7. Regular Medication taken during School/ Early Years Setting Hours	
Name/type of medication (As described on the container):	
Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school/ early years setting?	
Are there are any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	(Tick as appropriate) ☐ Yes ☐ No ☐Yes, with supervision by:

	Staff member's name:
Medication expiry date:	
8. Regular Medication Taken Outside of School/ Early Years Setting Hours (For background information and to inform planning for residential trips)	
Name/type of medication (as described on the container)	
Are there any side effects that the school/ early years setting needs to know about that could affect school/ early years setting activities?	
9. Any other information relating to the pupil's healthcare in school/ early years settings	
Permission for Emergency Medication	
☐ I agree that I/my CYP **can** be administered my/their medication by a member of staff in an emergency ☐ I agree that my CYP **cannot** keep their medication with them and the school/ early years setting will make the necessary medication storage arrangements ☐ I agree that I/my CYP **can** keep my/their medication with me/them for use when necessary.	
Name of medication carried by pupil:	
Signed (Parent)	
Date	
School/ Nursery Staff Agreement	
It is agreed that (name of CYP): ☐ will receive the above listed medication at the above listed time (see part 6). ☐ will receive the above listed medication in an emergency (see part 7). This arrangement will continue until: (Either end date of course of medication or until instructed by the pupil's parents/carers).	
Signed	

Print Name:	
Date:	
Parental and Pupil Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school/ early years setting of any changes in writing.	
Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent/Carer) If pupil is below the age of 16)	
Print Name:	
Date:	
Healthcare Professional Agreement	
I agree that the information is accurate and up to date.	
Signed:	
Print Name:	
Job Title:	
Date:	

APPENDIX 18

RCPCH
Royal College of Paediatrics and Child Health

Allergy Action Plan

bsaci
improving allergy care

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1) ☎

2) ☎

Child's Weight: Kg

Mild-moderate allergic reaction:

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

ACTION:

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

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

AIRWAY:	Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing, wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

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

If in doubt, give EpiPen®

After giving Epipen:

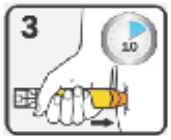
1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement **after 5 minutes, give a further EpiPen®** or alternative adrenaline autoinjector device, if available

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

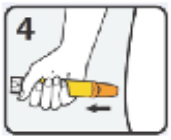
How to give EpiPen®

Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP

SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

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

Patient support groups:
http://www.allergyuk.org or www.anaphylaxis.org.uk

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www.bsacI.org Approved Oct 2013

Additional instructions:

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

This plan has been prepared by: _____

Hospital/Clinic:

☎ Date:

APPENDIX 19

bsaci improving allergy care www.bsaci.org | RCPCH | Anaphylaxis Campaign | AllergyUK

Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1) ☎

2) ☎

Child's Weight: Kg

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:

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

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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:
- Phone parent/emergency contact (if vomited, can repeat dose)

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**

AIRWAY:	Persistent cough, hoarse voice difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing, wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

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

1. **Lie child flat:** (If breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector** (eg. Jext) **without delay**
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 2nd adrenaline dose** using a second autoinjector device, if available.

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

Additional instructions:

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.

This plan has been prepared by:

SIGN & PRINT NAME: _____

Hospital/Clinic: _____

☎ Date: