

Common signs of an asthma attack

- + coughing
- + shortness of breath
- + wheezing
- + feeling tight in the chest
- + sometimes younger children express feeling tight in the chest as a tummy ache.

Serious if:

- + not responding to inhaler
- + difficulty in speaking, playing, feeding
- + symptoms getting worse
- + lips are blue

✓ Do ...

- + Help the child to take their usual dose of reliever inhaler (usually blue) immediately, preferably through a spacer
- + Sit the child upright
- + Get them to take slow steady breaths
- + Keep calm and reassure them
- + Do not leave them alone

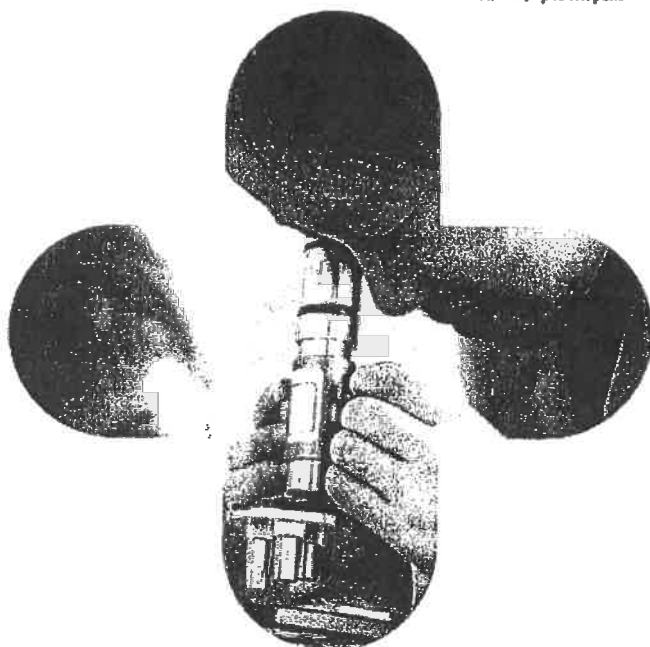
If there is no immediate improvement

- + Continue to give two puffs of reliever inhaler (one puff at a time) every two minutes, up to ten puffs

999 Call an ambulance or a doctor urgently if any of the following:

- + the pupil's symptoms do not improve
- + if the child does not start to feel better after taking the reliever inhaler as instructed
- + the pupil is too breathless or exhausted to talk
- + the pupil's lips are blue
- + you are in any doubt.

If an ambulance does not arrive within ten minutes, continue to give child two puffs of reliever inhaler (one puff at a time) every two minutes, up to 10 puffs.



Emergency procedures asthma



After a minor asthma attack

- + Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- + The parents must always be told if their child 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 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 another pupil to get another teacher/adult if an ambulance needs to be called.
- + Contact the pupil's parents immediately after calling the ambulance/doctor.
- + A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
- + Generally staff should not take pupils to hospital in their own car.

Emergency procedures diabetes



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
- + sometimes 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:

- + a glass of Lucozade, coke or other non-diet drink
- + three or more glucose tablets
- + a glass of fruit juice
- + five sweets, eg jelly babies
- + GlucoGel.

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

This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.

- + roll/sandwich
- + portion of fruit
- + one individual mini pack of dried fruit
- + cereal bar
- + two biscuits, eg garibaldi, ginger nuts
- + or a meal if it is due.

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 parent who may request that extra insulin be given.

A 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.



If the pupil still feels hypo after 15 minutes, something sugary should again be given. When the child has recovered, give them some starchy food, as above.

999

If the pupil is unconscious do not give them anything to eat or drink and call for an ambulance and contact the parents.

Seizures involving altered consciousness or behaviour

Simple partial seizures

Symptoms:

- + twitching
- + numbness
- + sweating
- + dizziness or nausea
- + disturbances to hearing, vision, smell or taste
- + a strong sense of déjà vu.

Complex partial seizures

Symptoms:

- + plucking at clothes
- + smacking lips, swallowing repeatedly or wandering around
- + the person is not aware of their surroundings or of what they are doing.

Atonic seizures

Symptoms:

- + sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Myoclonic seizures

Symptoms:

- + brief forceful jerks which can affect the whole body or just part of it
- + The jerking could be severe enough to make the person fall.

Absence seizures

Symptoms:

- + the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

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...

- + Guide the person away from danger.
- + Look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help.
- + Stay with the person until recovery is complete.
- + Keep calm and reassure the person.
- + Explain anything that they may have missed.

✗ Don't...

- + Restrain the person.
- + Act in a way that could frighten them, such as making abrupt movements or shouting at them.
- + Assume the person is aware of what is happening, or what has happened.
- + Give the person anything to eat or drink until they are fully recovered.
- + Attempt to bring them round.

999 Call for an ambulance if...

- + One seizure follows another without the person regaining awareness between them.
- + The person is injured during the seizure.
- + You believe the person needs urgent medical attention.

Emergency procedures epilepsy

epilepsy action



✓ 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.
- + 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.

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure.

Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

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
- + 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:

- + assess the situation
- + 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
- + administer appropriate medication in line with perceived symptoms.

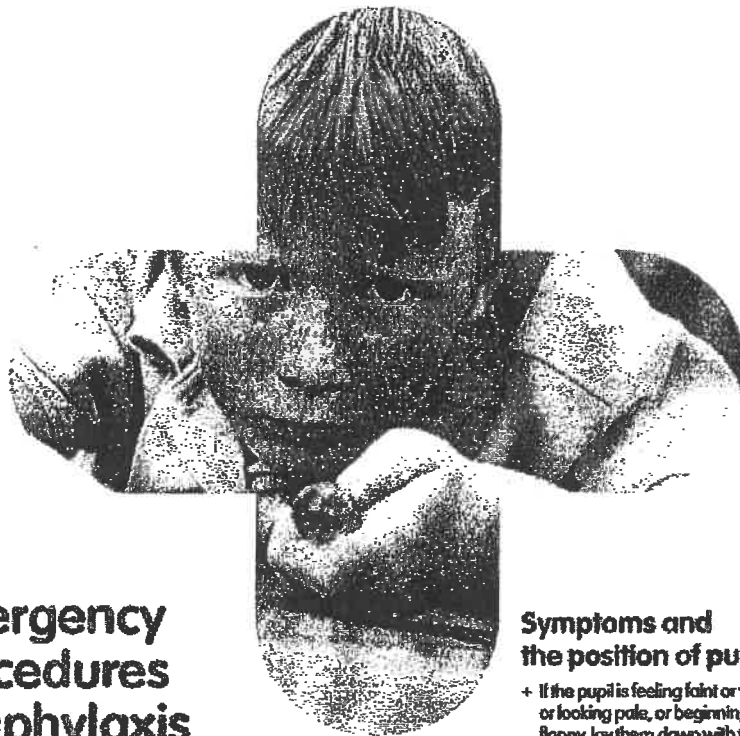
999 If they consider that the pupil's symptoms are cause for concern, call for an ambulance ...

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
- + call the pupil's parents.

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 – see below.



Emergency procedures anaphylaxis



✓ Do ...

- + 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.
- + On the arrival of the paramedics or ambulance crew the staff member in charge will inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

Symptoms and the position of pupil

- + If the pupil is feeling faint or weak, or looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up.
- + If there are also signs of vomiting, lay them on their side to avoid choking.
- + If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up.

✓ After the emergency

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

Further advice and resources

The Anaphylaxis Campaign

PO Box 275
Farnborough
Hampshire GU14 6SX
Phone 01252 546100
Fax 01252 377140
info@anaphylaxis.org.uk
www.anaphylaxis.org.uk

Asthma UK

Summit House
70 Wilson Street
London EC2A 2DB
Phone 020 7786 4900
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk

Diabetes UK

Macleod House
10 Parkway London
NW1 7AA
Phone 020 7424 1000
Fax 020 7424 1001
info@diabetes.org.uk
www.diabetes.org.uk

Epilepsy Action

New Anstey House
Gate Way Drive
Yeadon
Leeds LS19 7XY
Phone 0113 210 8800
Fax 0113 391 0300
epilepsy@epilepsy.org.uk
www.epilepsy.org.uk

Long-Term

Conditions or needs Alliance

202 Hatton Square
16 Baldwins Gardens
London EC1N 7RJ
Phone 020 7813 3637
Fax 020 7813 3640
info@ltca.org.uk
www.ltca.org.uk

Department for Students, Schools and Families

Sanctuary Buildings
Great Smith Street
London SW1P 3BT
Phone 0870 000 2288
Text phone/Minicom 01928 794274 Fax
01928 794248 info@dcsf.gsi.gov.uk
www.dcsf.gov.uk

Council for Disabled Students

National Students's Bureau 8
Wakley Street
London EC1V 7QE
Phone 020 7843 1900
Fax 020 7843 6313
cdc@ncb.org.uk
www.ncb.org.uk/cdc

National Students's Bureau

National Students's Bureau 8
Wakley Street
London EC1V 7QE
Phone 020 7843 6000
Fax 020 7278 9512
www.ncb.org.uk

Medical Conditions at School website

<http://www.medicalconditionsatschool.org.uk>

Form 1: Contacting Emergency Services

	Request for an ambulance. Dial 999, ask for ambulance and be ready with the following information.
1	Your telephone number: 01706 234500
2	Give your location: Bacup & Rawtenstall Grammar School
3	State what the postcode is: BB4 7BJ
4	Give the exact location on site.
5	Give your name.
6	Give the name of the student and a brief description of the student's symptoms. If the student has a life threatening condition (e.g. is having an anaphylactic attack) tell the operator the student has ANAPHYLAXIS. This will prioritise the response from the emergency services.
7	Inform ambulance control of the best entrance and state that the crew will be met and taken to the casualty.

Please speak slowly and clearly and be ready to repeat information, if asked.

Put a completed copy of this form by the telephone.

Dear Parent

Please complete the attached form if you wish your child to have access to the homely remedy products we store in school. We also need your consent to administer First Aid.

If you wish the School Nurse to hold any medication (over the counter or prescribed) for your child, please contact Mrs Baines directly for further advice and management smb@brgs.org.uk

Parental/Carer Consent to Administer First Aid and Homely Remedy products in School

Childs name

Childs date of birth.....

Form.....

I give consent to administer

	Yes	No
FIRST AID		
DEEP FREEZE COLD GEL		
DEEP FREEZE COLD SPRAY		
BURN DRESSINGS		
STERILE WOUND CLEANSING WIPES		
PLASTERS		
STERILE EYE WASH		
COLD/HOT PACKS		

In accordance with the school policy. I understand and accept that this is a service that the school is not obliged to undertake.

Parent/guardian signature.....

Print Name.....

Date.....

This consent will last for the duration of the student's attendance at BRGS unless we hear to the contrary.

Form 3

Ref smb/0711

Dear Parent

Re: The Healthcare Plan

Thank you for informing us of your child's medical condition. As part of accepted good practice we are asking all parents of children with a medical condition to help us by completing a school Healthcare Plan for their child. Please complete the plan, with the assistance of your child's healthcare professional if necessary, and return it to school. If you would prefer to meet someone from the school to complete the Healthcare Plan or if you have any questions then please contact us on 01706 234500 and ask for Mrs Baines (School Nurse).

Your child's completed plan will store helpful details about your child's medical condition, current medication, triggers, individual symptoms and emergency contact numbers.

The plan will help school staff to better understand your child's individual condition.

Please make sure the plan is regularly checked and updated and the school is kept informed about changes to your child's medical condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

I look forward to receiving your child's Healthcare Plan.

Thank you for your help.

Yours sincerely

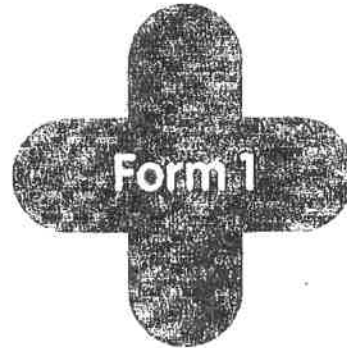
Susan Baines (RGN/RSCN/BSc(Hons))

School Based Nurse

Date form completed _____

Date for review _____

Copies held by _____



Healthcare Plan

For pupils with medical conditions at school

1. Pupil's information

Name of school _____ Name of pupil _____

Class/form _____ Date of birth _____ male female

Member of staff responsible for home-school communication

SUSAN BAINES (SCHOOL NURSE)

2. Contact information

Pupil's address _____

Postcode _____

Family contact 1

Name _____

Phone (day) _____ Mobile _____

Phone (evening) _____ Relationship with child _____

Family contact 2

Name _____

Phone (day) _____ Mobile _____

Phone (evening) _____ Relationship with child _____

GP

Name _____ Phone _____

Specialist contact

Name _____ Phone _____

f1.1

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 hours:

Outside school hours:

5. What to do in an emergency

6. Regular medication taken during school hours

Medication 1

Name/type of medication
(as described on the container):

.....
.....
.....

Dose and method of administration
(the amount taken and how the medication
is taken, eg tablets, inhaler, injection)

.....
.....

When it is taken (time of day)?

.....

Are there any side effects that
could affect this pupil at school?

.....
.....

Are there any contraindications
(signs when this medication should not be given)?

Self-administration: can the pupil
administer the medication themselves?
 yes no yes, with supervision by:

Staff member's name

Medication expiry date

f1.3

Medication 2

Name/type of medication
(as described on the container):

.....
.....
.....

Dose and method of administration
(the amount taken and how the medication
is taken, eg tablets, inhaler, injection)

.....
.....

When it is taken (time of day)?

.....

Are there any side effects that
could affect this pupil at school?

.....
.....

Are there any contraindications
(signs when medication should not be given)?

Self-administration: can the pupil
administer the medication themselves?
 yes no yes, with supervision by:

Staff member's name

Medication expiry date

7. 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 needs to know about?

.....
.....
.....

Self-administration: can the pupil administer the medication themselves?

yes no yes, with supervision by:

Staff members name

.....
.....
.....

Is there any other follow-up care necessary?

.....
.....
.....

Who should be notified?

Parents Specialist GP

3. Regular medication taken outside of school 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 needs to know about that could affect school activities?

9. Members of staff trained to administer medications for this pupil

Regular medication _____

Emergency medication _____

10. Specialist education arrangements required

(eg, activities to be avoided, special educational needs)

11. Any specialist arrangements required for off-site activities

(please note the school will send parents a separate form prior to each residential visit/off-site activity)

12. Any other information relating to the pupil's healthcare in school?

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 of any changes in writing

Signed

Date

Pupil

Print name

Signed

Date

Parent (if pupil is below the age of 16)

Print name

Healthcare professional agreement

I agree that the information is accurate and up to date.

Signed

Date

Print name

Job title

Permission for emergency medication

- I agree that I/my child can be administered my/their medication by a member of staff in an emergency
- I agree that my child cannot keep their medication with them and the school will make the necessary medication storage arrangements
- I agree that I/my child can keep my/their medication with me/them for use when necessary

Name of medication carried by pupil

Signed

Date

Parent/guardian (or pupil if above age of legal capacity)

Head teacher agreement

It is agreed that (name of child)

- 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).

Healthcare plan

For pupils with medical conditions at school on residential trips

Trip details:

Dates:

Name of pupil:	
Date of birth:	
Gender:	

Contact information

Pupil's address:	
------------------	--

Family contact 1

Name:	
Telephone (day):	
Telephone (evening):	
Mobile:	
Relationship to child:	

Family contact 2

Name:	
Telephone (day):	
Telephone (evening):	
Mobile:	
Relationship to child:	

GP

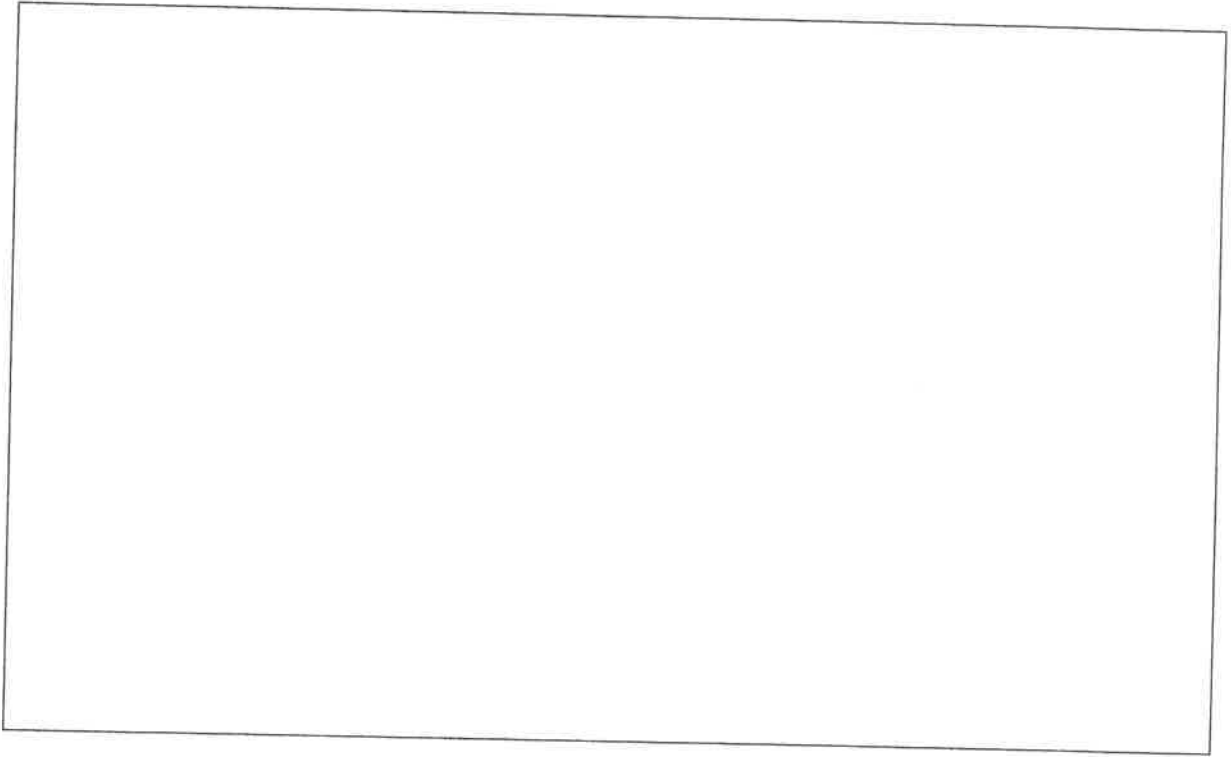
Name:	
Telephone:	

Specialist contact

Name:	
Telephone:	

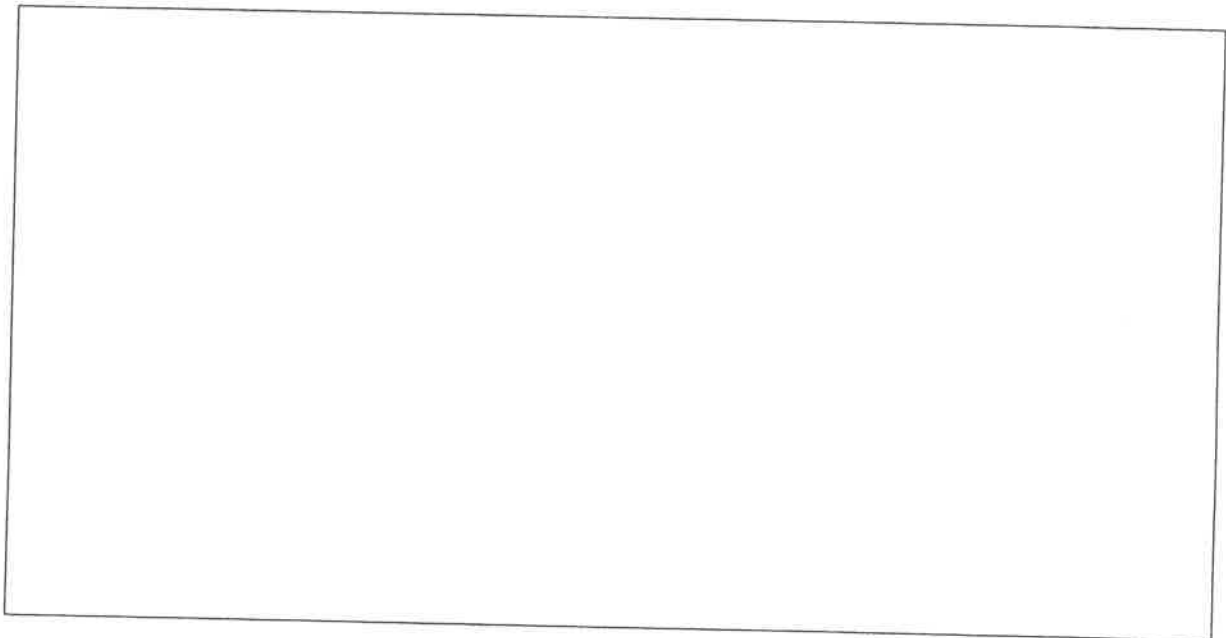
Details of pupil's medical condition:

Signs and symptoms, triggers etc

A large, empty rectangular box with a thin black border, intended for writing details of the pupil's medical condition, including signs, symptoms, and triggers.

Healthcare requirements (if applicable):

Any assistance or monitoring required to help manage child's condition

A large, empty rectangular box with a thin black border, intended for writing healthcare requirements, such as assistance or monitoring needed to manage the child's condition.

Emergency situations:

What is considered an emergency?	
What are the symptoms?	
What are the triggers?	
What action must be taken? eg emergency medication etc	
Any follow-up action?	

Medication:

Name of medication	Dose	When (time of day)	Method of administration

Please indicate any side-effects

Are there any contraindications (when this medication should not be given)?

Can your child administer their own medication? Yes/No/Yes with supervision

Please ensure all medication is in its original packaging

Any additional information:

--

Parental and pupil agreement

I agree that the medical information contained in this plan may be shared with individuals involved in my child's care for the duration of the trip (including emergency services). I understand that I must inform the school of any changes in writing

Child (Print name)	
Child (Signature)	
Date	
Parent/Carer (Print name)	
Parent/Carer (Signature)	
Date	



Bacup and Rawtenstall Grammar School

Glen Road, Waterfoot, Rossendale, Lancashire BB4 7BJ

Telephone: (01706) 234500

E-mail: enquiries@brgs.org.uk www.brgs.org.uk

Headmaster: Mr A B Porteous M.A.(Cantab)

FORM 4

Ref: SMB181214

Dear Parent

Following an amendment in the management of medicines regulation we are now allowed to hold a salbutamol inhaler in school for use in emergencies. The emergency inhaler will only be used for students with asthma with written parental consent.

To comply with the new regulations I am writing to all parents of students who have been diagnosed with asthma and have been prescribed an inhaler. If you wish your child to have access to the emergency inhaler please complete the asthma care plan and consent form attached

Many thanks for your help and support

Mrs Susan Baines

School Based Nurse (RGN/RSCN/BScHons)

Deputy Head: Mr T J Elkington B.Ed., M.Phil.

Assistant Heads: Mr R Clarke B.A. (Hons), Miss J E Dougherty B.A. (Hons), M.A., Mr D F Morris B.Sc. (Hons), Mr P Reeves B.Sc. (Hons), M.A., Mr C Williamson B.A. (Hons)

Development Director: Miss E C Gauntlett M.A. (Oxon)

School Business Manager: Mrs J Goy (CSBM, MCIPS, MAAT)

Guidance on the use of emergency salbutamol inhalers in schools

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Bacup and Rawtenstall Grammar School

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....

.....

.....

Telephone:

E-mail:

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone home

Telephone mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

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

Reliever treatment when needed

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

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

Expiry dates of medicines checked

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

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

Parent/carer's signature

Date

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

Yes No

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

Yes No

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

Does your child need to take medicines before exercise or play?

Yes No

If yes, please describe below

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

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

Yes No

If yes please describe below

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

Dates card checked by doctor or nurse

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

What to do if a child is having an asthma attack

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



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am - 5pm; Mon - Fri)

www.asthma.org.uk



Dear Parent

In 2017, the law was changed: **the Human Medicines (Amendment) Regulations 2017 now allows schools to obtain, without a prescription, “spare” AAI (Adrenaline Auto-Injector) devices for use in emergencies**, if they so wish. “Spare” AAI(s) are in addition to any AAI devices a pupil might be prescribed and bring to school. The “spare” AAI(s) can be used if the pupil’s own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

“Spare” AAI devices can be used for any pupil known to be at risk of anaphylaxis, so long as the school have medical approval for the “spare” AAI to be used in a specific pupil, and the child’s parent/guardian has provided written authorisation.

A number of different brands of AAI are available in different doses depending on the manufacturer. Schools are advised to hold a single brand of AAI device to avoid confusion in administration and training. At present, the majority of our students with anaphylaxis are prescribed **EMERADE 300mcg** adrenaline auto-injector, therefore this will be the brand we will hold. This will be reviewed annually.

Please complete the allergy action plan, including the parental consent section to enable school staff who are appropriately trained, to administer the spare auto injector in an emergency situation

Thank you for your continued support

Yours Sincerely

Susan M Baines

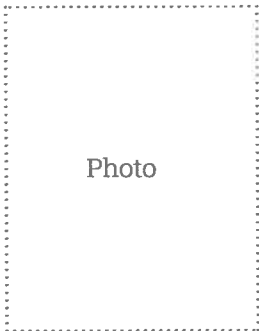
School Nurse (RGN/RSCN/BSc(Hons))

Email: smb@brgs.org.uk

This child has the following allergies:

Name:

DOB:



Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

A AIRWAY

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

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

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

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

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



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

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

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

AFTER GIVING ADRENALINE:

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

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

Emergency contact details:

1) Name:



2) Name:



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

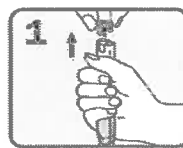
Signed:

Print name:

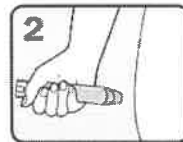
Date:

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

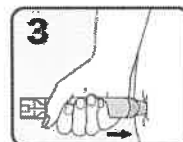
How to give EpiPen®



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



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



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

Additional instructions:

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

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

Sign & print name:

Hospital/Clinic:



Date:

Form 7

Bacup and Rawtenstall Grammar School

Consent for school nurse to administer prescribed medication

Date.....

Name..... DOB.....

Address.....

.....

Form..... Emergency telephone no.....

Name and strength of medication.....

Expiry date.....

Dose to be given.....

Any other instructions.....

Number of tablets/quantity to be given to school.....

Note: Medicines must be in the original container

Name and phone no of GP.....

.....

I confirm that the above information is correct and I will inform school in writing if there is any change in dosage or frequency, or the medication is stopped.

Signature..... Relationship.....

Print name.....

Date.....

HOMELY REMEDIES POLICY

Definition

A homely remedy is a product that can be obtained, without a prescription, for the relief of a minor, self-limiting ailment.

Any organisation that purchases such products is legally required to have a 'Homely Remedy' policy that refers to each product they store.

When to administer a homely remedy

The school restricts homely remedies to a documented list of products used for the relief of specific symptoms. This list has been formulated by the School Nurse.

All Homely Remedy medications will be given according to manufacturer's guidelines which cover:

- The medical conditions licensed to be treated by that medication
- The dose to be used
- Exclusions set out by the manufacturer
- Any drug interactions

Some medicines may interact with medicines that a GP has prescribed and appropriate checks should be made prior to administration if concerned (e.g referral to a current British National Formulary). Parents are aware that they should inform the School Nurse if their child is prescribed any medication at any time.

Procedure

A list of all those pupils whose parents have **not** given consent for homely remedies to be given will be kept on the inside of the locked medicine cupboard in the Medical Room. This list should be consulted prior to administration. Confirmation of this can also be found on the pupil's 'Medication Consent Form' filled out on the pupil's admission to the School.

When issuing a medication the following procedure should be followed:-

- The reason for giving the medication should be established.

- The contraindications of giving the medication should be known or checked.
- Whether the student has taken any medication recently, and if so what.
- Whether the student has taken the medication before, if not, whether the student is allergic to any medication.
- The medication is in date.
- The student should be seen to take the medication by the person issuing it.
- The student's name, the reason for the medication, the medication issued, the dosage, the date and the time should be noted immediately in the relevant medical record/ book.

Recording of administration of homely remedies

It is essential that all medicines that are given to pupils/ staff are recorded to maintain accurate records and avoid possible overdosing. The School Nurse will record this information.

Storage of homely remedies

Homely remedies will be kept in a locked medicine cupboard in the Medical Room. They will be separated from any named prescription medicines. Expiry dates will be checked regularly.

Parental Consent for Homely Remedies

Students can only be administered a homely remedy if parental consent has been obtained in advance. Parents will be sent a letter which lists the homely remedies available and they will be requested to select which medicines they consent to.

The School Nurse will be responsible for the administration of medication on the school site. First Aid staff are able to administer homely remedies, apart from Paracetamol and loratidine, providing they follow the correct procedure and record appropriately. The record sheet will be kept in the cupboard with the homely remedy products.