
	STOCKPORT METROPOLITAN BOROUGH COUNCIL	Stockport  NHS FOUNDATION TRUST
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
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies held by:		
1. Pupil's Information		
Name of school/ early years setting :		
Name of Pupil:		
Class/Form		
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
2. Contact Information		
Pupil's Address		
	Postcode:	
Family Contact Information		
a.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	

APPENDIX 1 - IHP

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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff members name:
Is there any other follow-up care necessary?	
Who should be notified? (please tick box)	<input type="checkbox"/> Parents <input type="checkbox"/> Carers <input type="checkbox"/> Specialist <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by:

APPENDIX 1 - IHP

	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:	

APPENDIX 1 - IHP

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	

Headteacher 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:	

Supported by



INDIVIDUAL HEALTH CARE PLAN FOR A CHILD OR YOUNG PERSON IN THE EDUCATION SETTING WHO HAS DIABETES

A large, empty rectangular box with a black border, intended for a drawing or additional notes related to the health care plan.

Contents:

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This health care plan will capture the key information and actions that are required to support this child or young person (CYP) in school/ early years setting. It will have the CYP best interests in mind and ensure that school/ early years setting assesses and manages risks to the pupils' education, health and social well-being and minimize disruption in the school/ early years setting day. It should be reviewed at least annually.

1 Definitions

IHCP	Individual Health Care Plan
CYP	Child or Young Person
HYPO	Hypoglycaemia
CHO	Carbohydrate
BG	Blood Glucose

2 CYP'S INFORMATION

2a. Child / Young Person Details

Child's Name:		Year group:	
Hospital/NHS number:		DoB:	
Nursery/School/ early years setting /College: Post code			
Child's Address:			
Town:			
County:			
Postcode			
Type of Diabetes:	Please select		
Other medical conditions:			
Allergies:			
Date:		Document to be Updated:	

2b. Family Contact Information

Name			
Relationship			
Telephone Number	Home Work Mobile		
Email			
Name			
Relationship			
Telephone Number	Home Work Mobile		
Email			
Name			
Relationship			
Telephone Number	Home Work Mobile		

Email	
-------	--

2c. Essential Information Concerning This Child /Young Persons Health Needs

Contacts		Contact Number
Children's Diabetes Nurses:		
Key Worker:		
Consultant Paediatrician:		
General Practitioner:		
Link Person in Education:		
School/ early years setting email contact:		
Class Teacher:		
Health Visitor/School Nurse:		
SEND Co-ordinator:		
Other Relevant Teaching Staff:		
Other Relevant Non-Teaching Staff:		
Head teacher:		

This CYP has DIABETES, requiring treatment with (*check which applies*):

Multi-dose regime i.e. requires insulin with all meals:	<input type="checkbox"/>
Insulin Pump Therapy:	Please select
3 injections a day (no injections in school/ early years setting):	<input type="checkbox"/>
2 injections a day (no injections in school/ early years setting):	<input type="checkbox"/>
Other - please state:	

Pupils with Diabetes will have to attend clinic appointments to review their condition. Appointments are typically every 3 months, but may be more frequent .These appointments may require a full day's absence. Education authority staff should be released to attend the necessary diabetes training sessions, in accordance with national guidance.

3 MONITORING BLOOD GLUCOSE LEVELS

The CYP has a blood glucose monitor, so they can check their blood glucose (BG). BG monitoring is an essential part of daily management; where ever possible CYP should be encouraged to take responsibility for managing their own medicines and BG equipment in school/ early years setting. They should be allowed to carry their equipment with them at all times and their equipment must not be shared.

(*Check which applies*)

BG checks to be carried out by a trained adult, using a Fastclix / Multiclix device.	<input type="checkbox"/>
This CYP requires supervision with blood glucose monitoring.	<input type="checkbox"/>

This CYP is independent in BG monitoring.	<input type="checkbox"/>
---	--------------------------

This procedure should be carried out:

- In class or if preferred, in a clean private area with hand washing facilities.
- Hands to be washed prior to the test.
- Blood glucose targets pre meal - mmol/L and - mmol/L 2 hours after meals
(NICE guidelines 2015 recommend BG levels of 4-7 mmol/L pre meal and 5-9 mmol/L post meals)
- Lancets and blood glucose strips should be disposed of safely.

There are a wide range of different blood glucose meters available, some have a built in automated bolus calculator.

4 INSULIN ADMINISTRATION WITH MEALS

Check if applies ☐ if not, go to section 5

(Check which applies)

Insulin to be administered by a suitably trained adult, using a pen needle that complies with national and local sharps policy	<input type="checkbox"/>
Supervision is required during insulin administration	<input type="checkbox"/>
This young person is independent, and can self-administer the insulin	<input type="checkbox"/>
This CYP is on an insulin pump (see further information below and section 8.2 page 8)	<input type="checkbox"/>

The child or young person requires variable amounts of quick acting Insulin, depending on how much they eat.

(Check which applies)

They have a specific Insulin to carbohydrate (CHO) ratio (I:C)	<input type="checkbox"/>
They are on set doses of insulin	<input type="checkbox"/>

This procedure should be carried out:

- In class, or if preferred in a clean private area with hand washing facilities
- Should always use their own injection device; or sets.
- All used needles should be disposed of in accordance with the school/ early years setting's local policy

5 INSULIN ADMINISTRATION

Delivered via pen device: ☐ Delivered via insulin pump: ☐

Insulin Name	Time	Process
Please select		
Other:		
Insulin Name	Time	Process
Please select		
Other :		
Insulin Name	Time	Process
Please select		

Other :		
Insulin Name	Time	Process
Please select		
Other :		
Insulin Name	Time	Process
Please select		
Other :		

NOTE: See 8 ☐

6 SUGGESTED DAILY ROUTINE

	Time	Note
Arrive School/ early years setting		
Morning Break		
Lunch		
Afternoon Break		
School/ early years setting finish		
Other		

Please refer to 'Home-school' communication diary ☐Please refer to School planner ☐

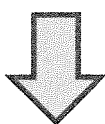
7 SPORTING ACTIVITY/ DAY TRIPS AND RESIDENTIAL VISITS

Governing bodies should ensure that risk assessments, planning and arrangements are clear to ensure this CYP has the opportunity to participate in all sporting activities. School/ early years setting should ensure reasonable adjustments as required.

Specific instructions If on Insulin Pump therapy: During contact sports the pump should be disconnected (NEVER exceed 60 minutes). Please keep safe whilst	
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disconnected.	
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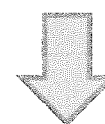
Extra Snacks are required: PRE-EXERCISE	
POST-EXERCISE	



8 HYPOGLYCAEMIA

('Hypo' or 'Low Blood Glucose')

BG: Below 4 mmol/L.



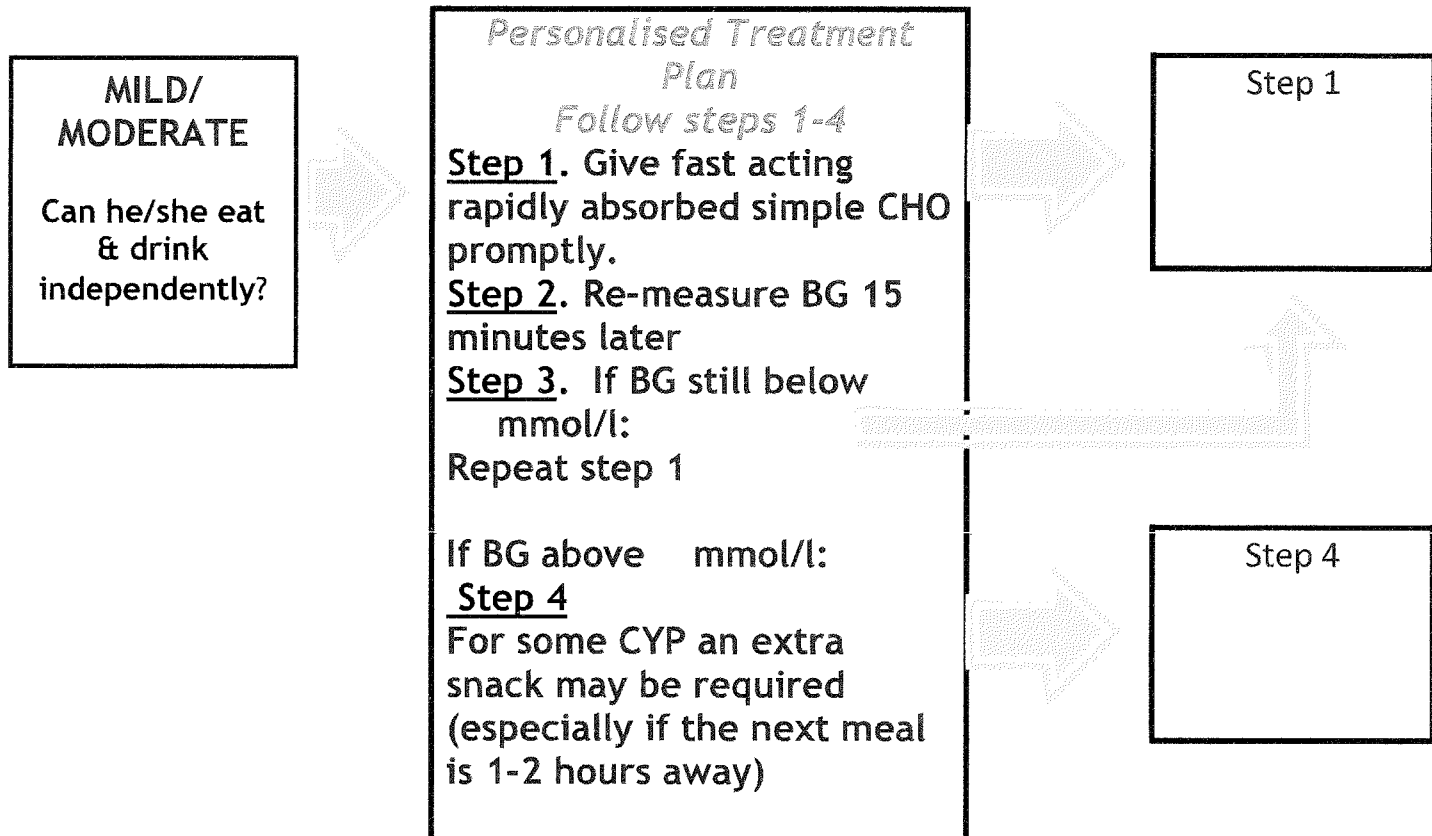
INDIVIDUAL HYPO- SYMPTOMS FOR THIS CYP ARE:	Pale	<input type="checkbox"/>	Poor Concentration	<input type="checkbox"/>	Other:
	Sudden Change of personality	<input type="checkbox"/>	Sleepy	<input type="checkbox"/>	
	Crying	<input type="checkbox"/>	Shaking	<input type="checkbox"/>	
	Moody	<input type="checkbox"/>	Visual changes	<input type="checkbox"/>	
	Hungry	<input type="checkbox"/>			

How to treat a hypo:

- If possible, check BG to confirm hypo, and treat promptly: see 8a.
- Do not send this child or young person out of class unaccompanied to treat a hypo.
- Hypos are described as either mild/moderate or severe depending on the individual's ability to treat him/her.
- The aim is to treat, and restore the BG level to above **mmol/L.** (*ISPAD guidelines recommend 5.6mmol/L*) (See 8a).


A Hypo box should be kept in school/ early years setting containing fast acting glucose and long acting carbohydrate. Staff, and the CYP should be aware of where this is kept and it should be taken with them around the school/ early years setting premises; if leaving the school/ early years setting site; or in the event of a school/ early years setting emergency. It is the parent's/carers responsibility to ensure this emergency box is adequately stocked; independent young people will carry hypo remedies with them.

8a. Treatment of Hypoglycaemia

BG below 4mmol/l

SEVERE

Is he/she
semi-
conscious;
unconscious;
convulsing or
unable to take
anything by
mouth?


Personalised Treatment Plan

- Place the CYP in the recovery position
- Nil by mouth
- DIAL 999
- In exceptional circumstances, in the availability of a trained and competent member of staff : they can administer the Glucagon/ GlucaGen Hypokit injection:
0.5mg (half dose) for less than 8 years old (or body weight is less than 25kg)
1mg (full dose): if over 8 years of age.
- Never leave him/her alone
- Contact parents/carers.
- When fully awake follow steps 1-4 above.
- A severe hypo may cause vomiting.
- On recovery the CYP should be taken home by parents/carers.

Additional information
regarding hypoglycaemia
for this CYP:

*** Consider what has caused the HYPO? ***

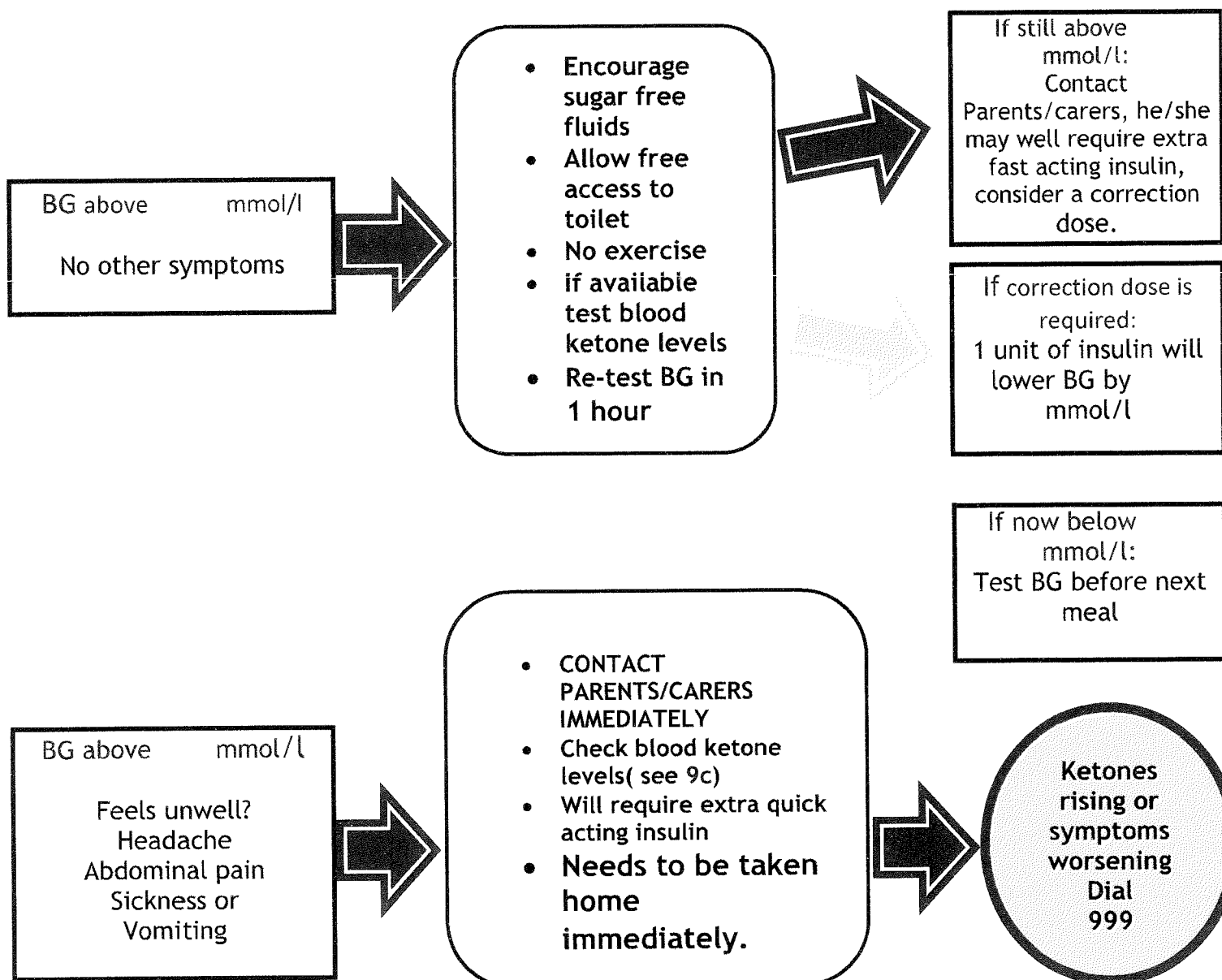
9 HYPERGLYCAEMIA (High blood glucose)

CYP who have with diabetes may experience high blood glucose (hyperglycaemia) when the blood glucose levels are above mmol/L.

*** IF THIS CYP IS ON INSULIN PUMP THERAPY PLEASE REFER DIRECTLY TO 9b ***

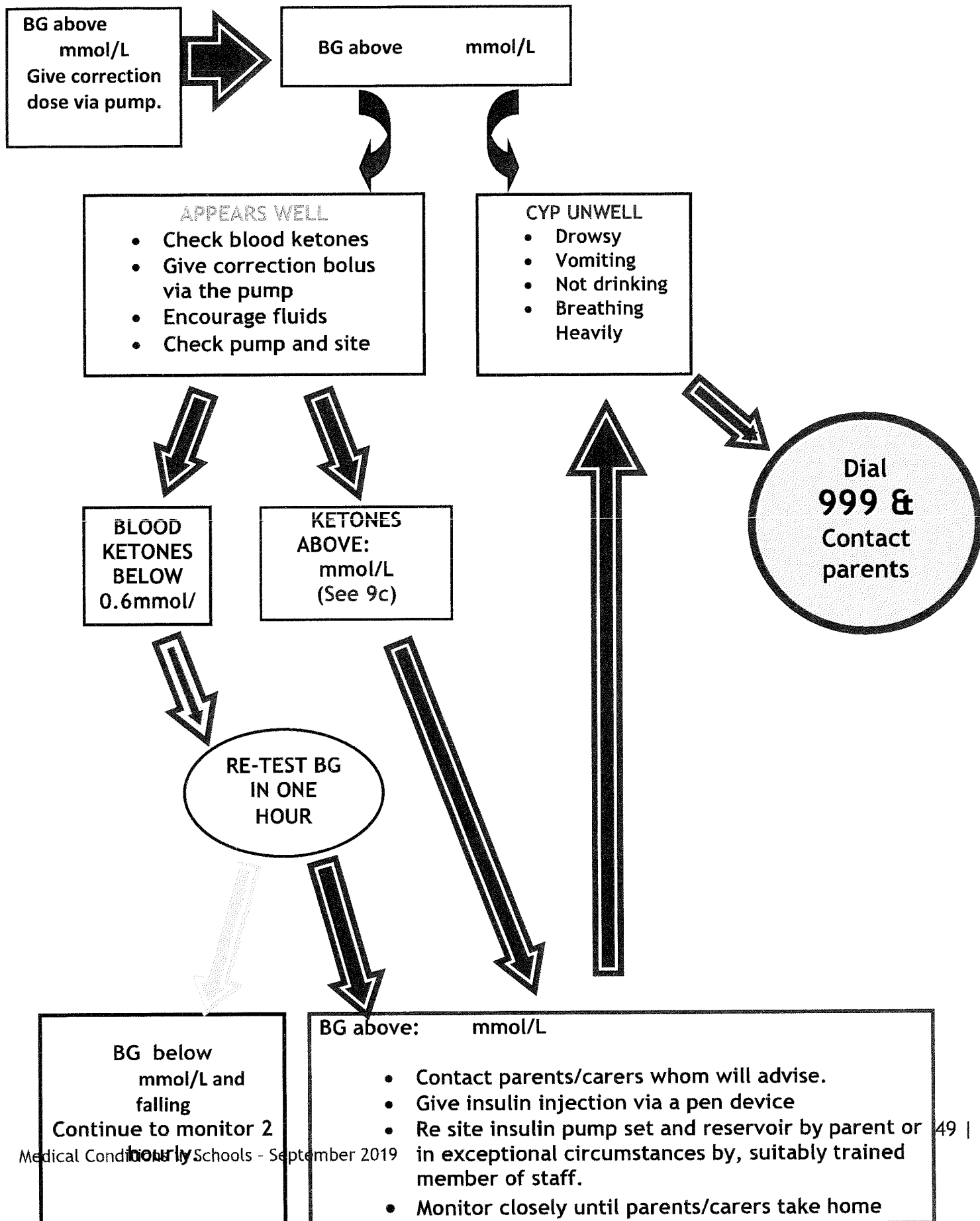
If the CYP is well, there is no need for them to be sent home, but parents/guardian should be informed at the end of the day that the CYP has had symptoms of high blood glucose

9a. Treatment of Hyperglycaemia For A CYP On Injections



Additional information regarding hyperglycaemia for this CYP:	
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9b. Treatment of Hyperglycaemia for a CYP on Pump Therapy



9c. Blood β –Ketone monitoring Guide:

- Below 0.6mmol/L Normal range
- Above 1.5mmol/L High risk - SEEK UGENT ADVICE

Additional information regarding β Blood -Ketone monitoring for this CYP:	
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- School/ early years setting to be kept informed of any changes in this child or young person's management (see page 6-7).
- The CYP with diabetes may wear identification stating they have diabetes. These are in the form of a bracelet, necklace, watch or medical alert card.
- During EXAMS, reasonable adjustments should be made to exam and course work conditions if necessary, this should be discussed directly with this CYP.
This CYP should be allowed to take into the exam the following: blood glucose meter, extra snacks; medication and hypo treatment.
- Specific extra support may be required for the CYP who has a long term medical condition regarding educational, social and emotional needs- for example, during periods of instability, during exams, catching up with lessons after periods of absence, and counselling sessions.



Please use the box below for any additional information for this CYP, and document what is specifically important for him/her:

--

This IHCP has been initiated and updated in consultation with the CYP, family; diabetes specialist nurse and a member of staff from the educational setting.

Date	Name	Signatures	
Young person			
Parents/carers			

APPENDIX 1B - EPILEPSY

	STOCKPORT METROPOLITAN BOROUGH COUNCIL	Stockport  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
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies held by:		
1. Pupil's Information		
Medical Condition:		
Name of school/ early years setting :		
Name of Pupil:		
Class/Form		
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
2. Contact Information		
Pupil's Address:		
	Postcode:	
Family Contact Information		
a.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	

APPENDIX 1B - EPILEPSY

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	
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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:	

APPENDIX 1B - EPILEPSY

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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:
Is there any other follow-up care necessary?	
Who should be notified?	<input type="checkbox"/> Parents <input type="checkbox"/> Carers <input type="checkbox"/> Specialist <input type="checkbox"/> 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 any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	(Tick as appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:

APPENDIX 1B - EPILEPSY

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	
<input type="checkbox"/> I agree that I/my CYP can be administered my/their medication by a member of staff in an emergency <input type="checkbox"/> I agree that my CYP cannot keep their medication with them and the school/ early years setting will make the necessary medication storage arrangements <input type="checkbox"/> 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	
Headteacher Agreement	
It is agreed that (name of CYP): <input type="checkbox"/> will receive the above listed medication at the above listed time (see part 6). <input type="checkbox"/> 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 (Headteacher)	
Print Name:	
Date:	
Parental and Pupil Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved	

APPENDIX 1B - EPILEPSY

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 1C

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

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)

Emergency contact details:

1)



2)

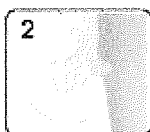


Child's Weight: Kg

How to give EpiPen®



1. Hold EpiPen® around the EpiPen® and PULL OFF BLUE SAFETY CAP.



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



3. HOLD FIRMLY in place for 10 seconds.



4. 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 2012

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 a alternative adrenaline autoinjector device, if available

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

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 1C

Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

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)

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 AAI in schools.

Signed:

(PRINT NAME)

Date:

How to give Jext®



Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



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



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



REMOVE Jext®. Massage injection site for 10 seconds

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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 SACRAMENTAL 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.

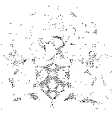

This plan has been prepared by:

SIGN & PRINT NAME: _____

Hospital/Clinic: _____



Date:

	STOCKPORT METROPOLITAN BOROUGH COUNCIL	Stockport  NHS Foundation Trust
Form 1d - Individual Health Plan - Asthma 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
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies held by:		
1. Pupil's Information		
Medical Condition:		
Name of school/ early years setting :		
Name of Pupil:		
Class/Form		
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> 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)	

APPENDIX 1D - IHP ASTHMA

	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 (Asthma UK Guidelines)		
Common signs of an Asthma attack:	<ul style="list-style-type: none"> ° Coughing ° Shortness of Breath ° Being unusually quiet ° Wheezing ° Tightness in the chest ° Difficulty in speaking full sentences 	
	<p>KEEP CALM – DO NOT PANIC</p> <p>ENCOURAGE THE CHILD TO SIT UP AND FORWARD – DO NOT HUG THEM OR LIE THEM DOWN</p> <p>MAKE SURE THE PUPIL TAKES ONE PUFF OF THEIR RELIEVER INHALER (USUALLY BLUE) USING THEIR SPACER</p> <p>ENSURE TIGHT CLOTHING IS LOOSENEED</p> <p>REASSURE THE PUPIL</p> <p>ONE PUFF OF THEIR RELIEVER EVERY MINUTE UP</p>	

APPENDIX 1D - IHP ASTHMA

	<p>TO 10 TIMES, OR UNTIL THEIR SYMPTOMS IMPROVE.</p> <p><u>CALL 999 URGENTLY IF:</u> THEIR SYMPTOMS DO NOT IMPROVE AFTER 10 PUFFS THEY ARE TOO BREATHLESS TO TALK THEIR LIPS ARE BLUE OR IF IN ANY DOUBT</p> <p>CONTINUE TO GIVE 1 PUFF EVERY MINUTE OF THEIR INHALER UNTIL THE AMBULANCE ARRIVES.</p>
--	---

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:	<p>Can the pupil administer the medication themselves? <i>(Tick as appropriate)</i></p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name: </p>
Is there any other follow-up care necessary?	
Who should be notified?	<input type="checkbox"/> Parents <input type="checkbox"/> Carers <input type="checkbox"/> Specialist <input type="checkbox"/> GP

7. Regular Medication taken during School/ Early Years Setting Hours

APPENDIX 1D - IHP ASTHMA

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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	
<input type="checkbox"/> I agree that I/my child can be administered my/their medication by a member of staff in an emergency	
<input type="checkbox"/> I agree that my child cannot keep their medication with them and the school/	



APPENDIX 1D - IHP ASTHMA

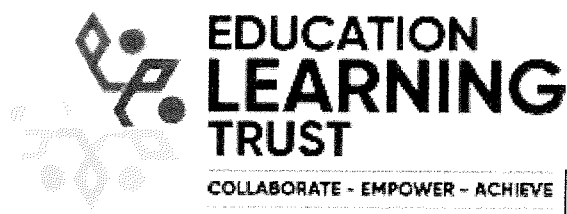
early years setting will make the necessary medication storage arrangements <input type="checkbox"/> I agree that I/my child can keep my/their medication with me/them for use when necessary.	
Name of medication carried by pupil:	
Signed (Parent/Carer)	
Date	
Headteacher Agreement	
It is agreed that (name of Pupil): <input type="checkbox"/> will receive the above listed medication at the above listed time (see part 6). <input type="checkbox"/> will receive the above listed medication in an emergency (see part 7). This arrangement will continue until: <i>(Either end date of course of medication or until instructed by the pupil's parents/carers).</i>	
Signed (Headteacher)	
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) <i>If pupil is below the age of 16)</i>	
Print Name:	
Date:	
Healthcare Professional Agreement	
I agree that the information is accurate and up to date.	
Signed:	
Print Name:	

APPENDIX 1D - IHP ASTHMA

Job Title:	
Date:	

Managing Medical Conditions in Schools Form 3a - Medical Permission & Record - Individual Pupil

 STOCKPORT <small>STOCKPORT NHS FOUNDATION TRUST</small>		Stockport  <small>Stockport NHS Foundation Trust</small>
Form 3a - Medication Permission & Record – Individual		
Name of School:	Gatley Primary School	
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 Signature:		
Print name:		
Parent Contact Number:		



Gatley Primary School

Parental agreement for school/setting to administer medicine

The school/setting has a policy that staff on a voluntary basis can administer medicine, however, the school/setting is unable to give your child medicine unless you complete and sign this form.

Name of child _____

Date of birth _____

Class _____

Medical condition/illness _____

Medicine

Name/type of medicine (as described on the container) _____

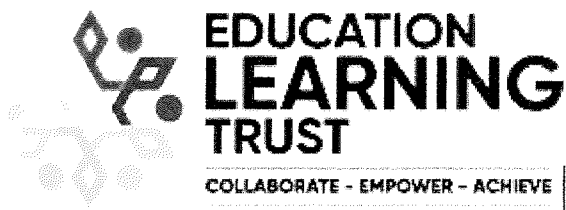
Date dispensed _____

Expiry date _____

Dosage and method _____

No. of Days to be administered/Times (Please note that the school cannot guarantee that medicines are

administered at a specific time although all efforts will be made to do so) _____



Special precautions _____

Are there any side effects that the school needs to know about? _____

Self administration **Yes/No** (delete as appropriate)

Procedures to take in an emergency _____

Contact details

Name _____

Daytime telephone number _____

Relationship to child _____

I understand that I must deliver the medicine personally to the school office.

I understand that I must notify the school/setting in writing of any changes.

Signed _____ Date _____

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

Verbal Consent from Parent/Guardian for school to administer 6+ CALPOL – please complete fully (Pink)

Name of Child		
Class:	Age:	
Name of Parent / Guardian:	Relationship to young person:	
Telephone number contacted on:	Date & Time of phone conversation:	
State illness / medical reason for call:		
Questions to be read out and answered by parent/carer: All must be read out and response recorded	YES	NO
<i>Has the young person ever had problems with PARACETAMOL / CALPOL? If yes, refer to GP</i>		
<i>Has the young person had any doses of PARACETAMOL / CALPOL in the last 24 hours, if so at what time & what dose given? Leave 4 hours between doses</i>	YES	NO
<i>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). If yes - do not give any Calpol</i>	YES	NO
Please state what dose Parent / Guardian specifies (please refer to bottle or label as guidance and before administering) 6+ CALPOL		
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">ML</div>	
Parent/Guardian is fully aware why you wish to give Paracetamol and what dose will be administered - please tick:		
	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>	

<u>Declaration</u> by the person contacting the Parent / Guardian:		
I have completed the above assessment questionnaire and assessed that there are no contradictions / reason why medicine cannot be administered.		
Signature		
Declaration by the person administering the medicine:		
I have checked that dose specified against the bottle and confirm it is age appropriate. <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>		
I have administered the medicine as follows:		
Dose	Date	Time
Signature		
Follow up <i>ParentMail</i> sent – office only <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>		

Verbal Consent from Parent/Guardian for school to administer INFANT CALPOL – please complete fully (White)

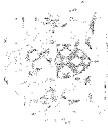

Name of Child		
Class:	Age:	
Name of Parent / Guardian:	Relationship to young person:	
Telephone number contacted on:	Date & Time of phone conversation:	
State illness / medical reason for call:		
Questions to be read out and answered by parent/carer: All must be read out and response recorded	YES	NO
Has the young person ever had problems with PARACETAMOL / CALPOL? <i>If yes, refer to GP</i>		
Has the young person had any doses of PARACETAMOL / CALPOL in the last 24 hours, if so at what time & what dose given? Leave 4 hours between doses	YES	NO
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). If yes - do not give any Paracetamol / Calpol	YES	NO
Please state what dose Parent / Guardian specifies (please refer to bottle or label as guidance and before administering) INFANT CALPOL		
		ML
Parent/Guardian is fully aware why you wish to give Paracetamol / Calpol and what dose will be administered - please tick:		



<u>Declaration</u> by the person contacting the Parent / Guardian:		
I have completed the above assessment questionnaire and assessed that there are no contradictions / reason why medicine cannot be administered.		
Signature		
Declaration by the person administering the medicine:		
I have checked that dose specified against the bottle and confirm it is age appropriate. 		
I have administered the medicine as follows:		
Dose	Date	Time
Signature		
Follow up ParentMail sent – office only 		

Verbal Consent from Parent/Guardian for school to administer PIRITON / ANTIHISTAMENE—complete fully (Yellow)

Name of Child			
Class:		Age:	
Name of Parent / Guardian:		Relationship to young person:	
Telephone number contacted on:		Date & Time of phone conversation:	
State illness / medical reason for call:			
Questions to be read out and answered by parent/carer: All must be read out and response recorded		YES	NO
<i>Has the young person ever had problems with PIRITON / ANTIHISTAMENE? If yes, refer to GP</i>			
<i>Has the young person had any doses of PIRITON / ANTIHISTAMENE in the last 24 hours, if so at what time & what dose given? Leave 4 hours between doses</i>		YES	NO
<i>Has the young person had any OTHER MEDICATION in the last 4 hours that might react with Piriton / Antihistamene? If yes or in doubt - do not give any Piriton/Antihistamene</i>		YES	NO
Please state what dose Parent / Guardian specifies (please refer to bottle or label as guidance and before administering) PIRITON / ANTIHISTAMENE		<div style="border: 1px solid black; padding: 5px; display: inline-block;">ML</div>	
Parent/Guardian is fully aware why you wish to give Piriton / Antihistamene and what dose will be administered - please tick:		<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>	

<u>Declaration</u> by the person contacting the Parent / Guardian:		
I have completed the above assessment questionnaire and assessed that there are no contradictions / reason why medicine cannot be administered.		
Signature		
Declaration by the person administering the medicine:		
I have checked that dose specified against the bottle and confirm it is age appropriate. <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>		
I have administered the medicine as follows:		
Dose	Date	Time
Signature		
Follow up <i>ParentMail</i> sent – office only <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>		

 STOCKPORT <small>METROPOLITAN BOROUGH COUNCIL</small>		Stockport <small>NHS Foundation Trust</small>					
Form 3b – Record of Medication							
Date	Pupil's Name	Time	Name of Medication	Dose Given	Any Reactions	Signature of Staff Member	Print Name

 STOCKPORT METROPOLITAN BOROUGH COUNCIL		Stockport  NHS Foundation Trust	
Form 4 – Staff Training Record			
Name of School:			
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:	

OFF-SITE VISITS PARENTAL APPROVAL PRO-FORMA

This Form is to be returned by (date):	Friday 20 th May
School or Youth Centre:	Gatley Primary School
Course or Activity:	Kingswood Residential
Date of Course/Activity:	29 th June to 1 st July

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

Medical Information	<i>Please indicate</i>
Does your son/daughter have any illness or physical disability? If so please describe: _____ _____ _____	Yes / No
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: If so, please give brief details: _____ _____	Yes / No
Is he/she allergic to any medication? If so, please give brief details: _____ _____ _____	Yes / No
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. _____ _____ _____	
I give permission for paracetamol (Calpol) to be administered to my son/daughter if deemed necessary	Yes/No
I give permission for antihistamine (Piriton) to be administered to my son/daughter if deemed necessary	Yes/No

Home Contact Information	
Name:	
Address:	
Home Telephone No.	
Work Telephone No.	
Mobile Telephone No.	
Emergency contact information if different from that above	
Name:	
Address:	
Tel No.	
Mob No.	

Name of Family Doctor	
Telephone Nos.	
Address:	

Parental Declaration	
<p>I give permission for my daughter/son _____(insert name) to take part in the above activity as described, including all organised activities</p> <p>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.</p> <p>I hereby authorised any accompanying member of staff of the school to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit.</p> <p>I understand the extent and limitations of the insurance cover provided.</p>	
Signed Parent/Guardian:	
Date:	

How to Administer BUCCOLAM

How to administer BUCCOLAM®▼ (midazolam oromucosal solution)

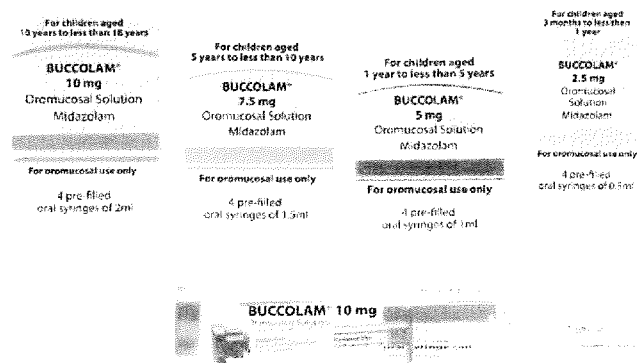
About BUCCOLAM® (midazolam oromucosal solution)

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:



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.

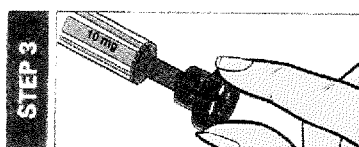
Your doctor or nurse will tell you how long to wait after the start of a seizure before you should give BUCCOLAM.



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.



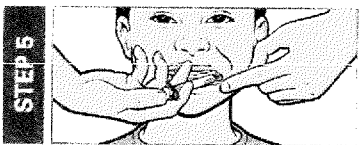
Take one plastic tube, break the tamper-proof seal and remove the syringe containing BUCCOLAM.



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.



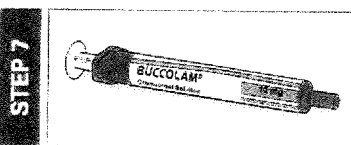
To administer BUCCOLAM, cushion the patient's head with something soft. If the patient is already seated, you may find it easier to support their head against your body, leaving your hands free to administer BUCCOLAM.



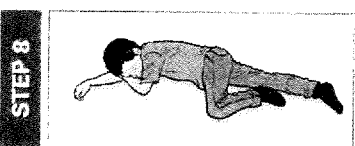
Gently pull back the patient's cheek, just enough to put the end of the syringe into the side of their mouth, between the gum and cheek (buccal cavity). Angle the syringe to ensure that the end is well within the buccal cavity.



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.



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.



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.

Guidance for school/ early years 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 inhaler (See Medical Conditions in School policy on Office on Line on the link below).

<https://scwd.stockport.gov.uk/cypd/content/Forms/forms.aspx?bid=95>

School/ early years setting processes should be based on the guidance which can be found at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_school_October_2014.pdf

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 CYP 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 - new guidance on overuse of reliever inhalers from Asthma UK

Staff should be made aware that a CYP using their reliever (usually blue) inhaler more than three times a week or suddenly using their reliever inhaler more than they normally do has asthma that may not be under control and 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 for a CYP and potentially save their life. Parents/carers are likely to have greater peace of mind about sending their CYP 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 a CYP having an asthma attack.

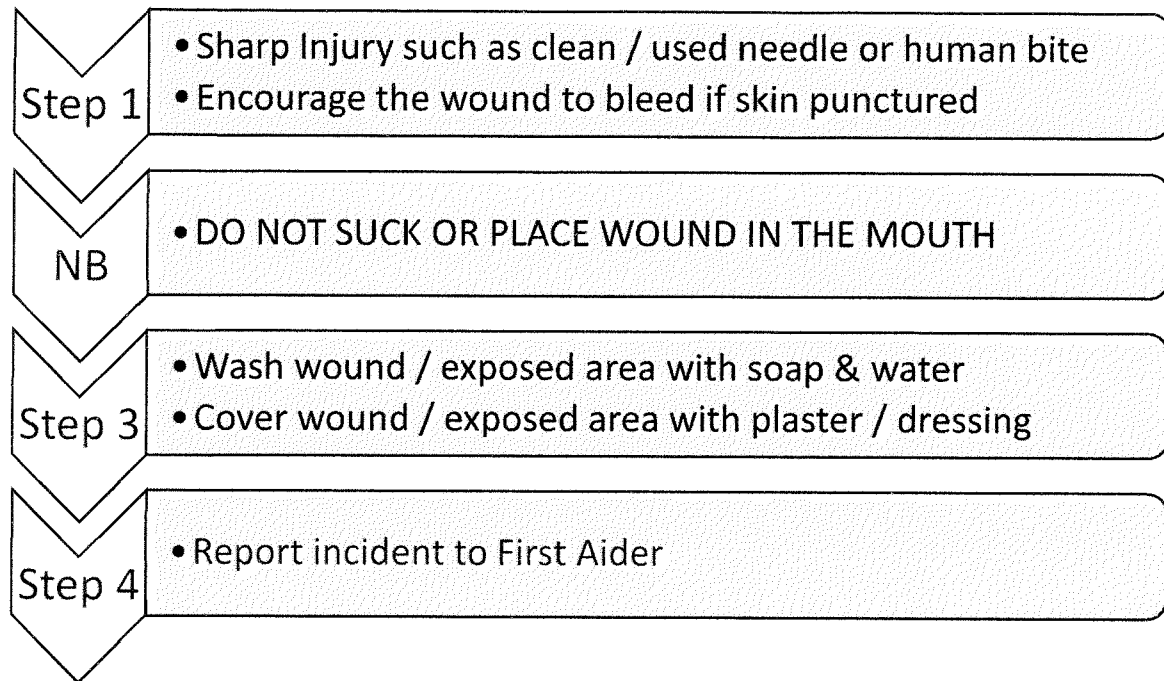
Purchasing inhalers and spacers

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.

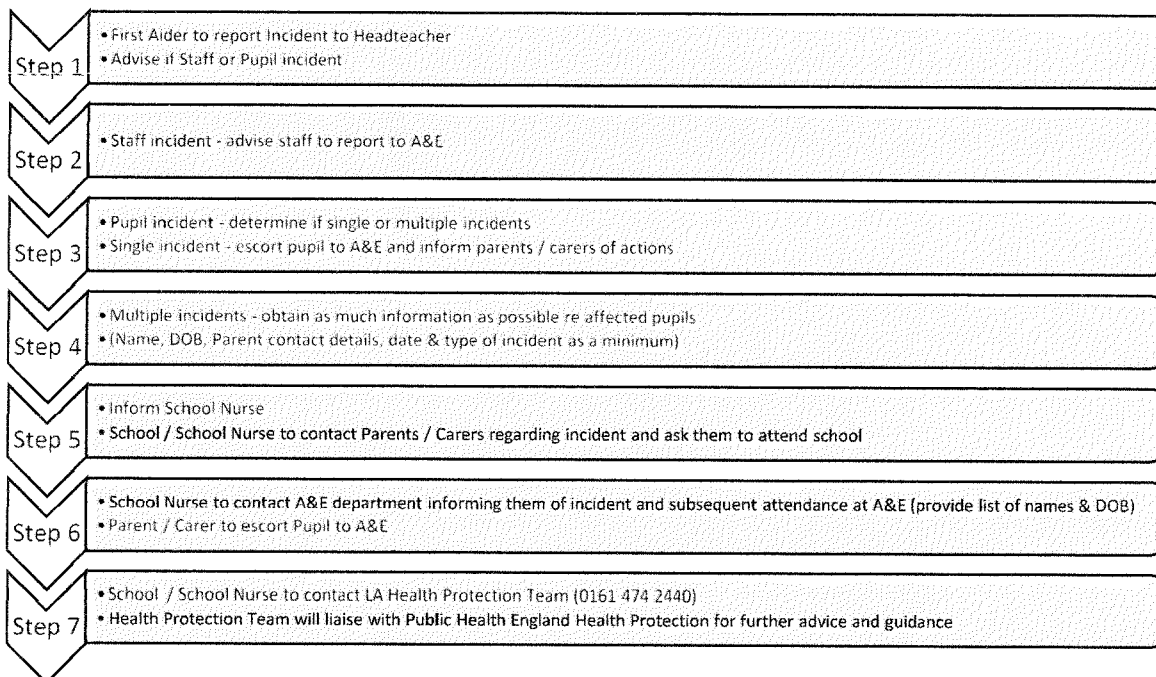
Further support and training

Asthma awareness training is available free of charge from your school nurse.

Management of Needlestick / Sharp Injuries



First Aider / Headteacher Actions



Asthma Emergency Procedures

Common signs of an asthma attack:

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

Do . . .

- + keep calm
- + encourage the pupil to sit up and slightly forward – do not hug them or lie them down
- + make sure the pupil takes one puff of their reliever inhaler (usually blue) immediately – preferably through a spacer
- + ensure tight clothing is loosened
- + reassure the pupil.

If there is no immediate improvement

- + Continue with reliever inhaler one puff every minute for 10 minutes.

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.

Ensure the pupil takes one puff of their reliever inhaler every minute until the ambulance arrives.

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
- hertle 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:

- 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/ early years setting
- 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.

Symptoms and the position of pupil

- If the pupil is feeling faint or weak, 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.

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 should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

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.

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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 | + glazed eyes |
| + trembling or shakiness | + pallor |
| + sweating | + mood change, especially angry or aggressive behaviour |
| + anxiety or irritability | + lack of concentration |
| + fast pulse or palpitations | + vagueness |
| + tingling | + 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, e.g. jelly babies
- + GlucoGel.

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

After 10 – 15 minutes recheck the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate.

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, e.g. garibaldi, ginger nuts
- + or a meal if it is due.

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

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

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
- + 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.

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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.

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.

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.

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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.

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