

First Aid & Administration of Medicines Policy (Juniors)

Federation of Boldmere Schools



Version:

July 2023

Ratified by the Governing Body:

Signed by the Governing Body:

Chair: Mr. Greg Bloom

To be reviewed:

Autumn Term 2024

FIRST AID AND ADMINISTRATION OF MEDICINES POLICY

AT

BOLDMERE JUNIOR SCHOOL

Rationale

The federation of Boldmere Schools endeavours to ensure that all its pupils achieve success in their academic work, in their relationships and in their day to day experiences at school. Some of our pupils are likely to have medical needs which may mean that additional measures are required to ensure that they are enabled to have full access to the curriculum. As a result, the impact of their medical difficulties upon their life in school will be minimised as far as possible and that all staff who work with the pupils understand the nature of their difficulties and how best to help them.

Teachers, support staff and office staff are 'in loco parentis' and may need to take swift action in an emergency, both in school and off site.

Children with specific medical needs will be catered for by working in partnership with the parents and our medical advisor/school nurse, to discuss individual needs and to set up a protocol to be followed.

Aims

- Assist parents/carers in providing medical care for their children.
- Educate staff and pupils in respect of special medical needs.
- Arrange training for staff who support pupils with medical needs, as appropriate.
- Liaise as necessary with the medical services.
- Adopt and implement local guidance in relation to medication in schools.
- Make clear responsibilities for first aid provision and the administration of medicines.
- Ensure timely and appropriate communication with regard to communicating first aid and medical concerns with parents and carers.

Organisation

On admission to the school, all parents/carers will be asked to complete a form which includes asking for full details of medical conditions, regular medication, emergency contact numbers, names of family doctor, details of hospital consultants, allergies, special dietary requirements etc. Medical information is also asked for on your child's contact card. It is essential that all medical information is kept up to date.

We will only accept medicines in school where essential, i.e. where it would be severely detrimental to a child's health if the medicine was not to be taken during the school day. Our approach is to encourage parents to administer medicines before and after school, and just before bedtimes. Parents/carers are encouraged to refer to their GP on issues of dosage with this in mind.

School will accept and administer medicines that have been supplied by a registered doctor. The medicines must be provided in the original container (as dispensed by the pharmacist) and include prescriber's instruction for administration. These medicines must be given to the school office who will make arrangements for them to be administered. We will not accept medicines that have been removed from their original container nor make changes to dosage on parental

instruction. If the supply of medicine needs replenishing, this should be done in person by the parent/carer.

At the school's discretion, we will also administer non-prescription medication subject to the following criteria:

- The parent makes the request in writing using the form provided by the school, available from the school office.
- The request to administer is to address an acute health issue.
- The parent supplies the 'over the counter' medication for their child only.
- Only original bottles will be accepted and medication must be 'in-date'.
- The requested dose & frequency is clearly stated by the parent, and consistent with the dosage guidance permitted on the bottle.
- Medication will be stored appropriately within school and all administration will be recorded.
- Medicine must be collected by the parents, from the school office, and will not be put into a child's bag with the exception of an inhaler.

Record Keeping

Records will be maintained of all medications brought into and administered with the school (kept in the office).

The Medication Book will:

- Show the name of the person for whom the medicine was supplied.
- Give the name of the medicine supplied
- Details the quantity of amount supplied
- Details amount administered each time
- Note the expiry date

Book entries must:

- Be made in ink
- Be dated and timed
- Show the name and address of the person for whom the medicine was obtained.
- Show the name of the person who accepted the medication.
- Show the name of the person for whom the medicine was prescribed.
- Show the form in which it was supplied (e.g. liquids, capsules, tablets).

Epipens and Inhalers

- All staff are expected to familiarise themselves with the children in their care who may require Epipen medical assistance.
- Details of all serious medical conditions, i.e. those requiring a care plan, and allergies are clearly displayed in the staffroom.
- All staff are expected to familiarise themselves with the location of Epipens in the school (Main Office).

- Staff will be subject to annual allergy and asthma training to include the administration of epi-pens.
- All staff are expected to familiarise themselves with those children in their care who carry or regularly use inhalers.
- Children with inhalers are expected to have been educated in their use by parents.
- Children with inhalers are expected to know their whereabouts (in their classrooms) and to take them to sports activities, fixtures, day trips and swimming.
- See Asthma policy – appendix 6 for further details.

Care plans / medical needs plans – audited and updated March/April 2022

Care plans – children with individual care plans / medical needs plans will have these displayed clearly in their respective classroom so that they are accessible to those that require this information yet at the same time respect the confidentiality of those concerned.

Additionally, care plans will also be displayed in the school staffroom to ensure that staff who are less familiar with those children have an up to date knowledge of their individual plans. The confidentiality of these will be upheld as the staff room is not a public place.

Care plans/medical needs plans should be updated regularly as changes occur and at least annually.

Staff who require individual care plans will have these kept in the main school office.

First Aid

First Aid books are completed for major injuries (large grazes etc.) and all head bumps, with slips then being sent home. The time of the injury will be written visibly on the note. Parents may also be contacted if deemed necessary, using contact details entered on the child's file in the school office. This will be at the request of the senior first aider. Minor injuries are written into the hard-backed notebook with the treatment administered and staff initials. Lunchtime first aid incidents will be shared with class teacher where treatment has been given.

In the event of a serious incident or emergency, the first course of action will be to call an ambulance. Parents will then be informed of this and arrangements for meeting their child will be made. In the event of this occurring, an Accident Report Form will be completed and returned to the Local Authority. The Head of school and Assistant Headteacher will be informed of these procedures as soon as they happen.

If deemed appropriate and with the consent of parents, there may be rare occasions when children are transported to hospital via a member of staff's own car. Arrangements for this will ALWAYS be subject to the following:

- It will have been determined that the 'wait' for the ambulance / arrival of the parent would cause further distress or concern to the injured child.
- All reasonable attempts to contact parents and or other family members will have been attempted to seek permission.
- Only staff with adequate car insurance will be permitted to transport the child.
- No individual member of staff should ever be left alone with any child and the child will never be left unsupervised at any point.

Roles and Responsibilities

Head of school and Assistant Headteacher

- Ensure that appropriate measures are taken to prevent the misuse of medicines
- Ensure the rolling programmes of first aid training for staff is up to date.
- Ensure the first aid needs of children are effectively catered for.

- Ensure adequate first aid and administration of medicine measures are in place and risk assessed for all off site trips.
- Ensure that all staff adhere to this policy.

Senior first aider

- The senior first aider will retain overall authority for determining the course of action regarding the treatment of first aid
- Where necessary, provide a second opinion in the assessment of injuries.
- Will determine when parents are advised to collect children with regard to injury or illness.
- Will ensure the appropriate replenishment of first aid boxes across the school.
- Will work alongside the assistant head teacher in ensuring that all care plans and allergy information is up to date, including for adults.
- Will retain responsibility for all adult first aid.

All Staff

- Must familiarise themselves with the school's policy and advise the Assistant Headteacher if for any reason something prevents them from following the procedures set out above.
- Must use their awareness to make judgements on whether injuries sustained as a result of an accident, require the attention of a qualified first aider.
- Must use their awareness to treat any minor injuries not deemed to require specialist first aid.
- Must refer any administration of medicine requests from parents immediately to the school office, so that appropriate arrangements can be made in line with the policy.

Off-site activities

A person who has been trained in first aid will accompany school visits taking at least one first aid kit including accident forms, along with individual pupil's medication such as inhalers, Auto injectors etc. Any pupil medication must be carried separately to the First Aid kit.

All off-site accidents should be reported in accordance to the policy for on-site accidents as well as completing relevant accident forms at the visit location.

Key Guidelines for Exclusion

Based upon Public Health England guidance and NHS guidance we adhere to the following exclusion periods depending upon the symptoms and illness.

No Exclusion head lice and nits, conjunctivitis (unless there is a fever), slapped cheek syndrome, threadworms, ringworm – once treatment has started (exclusion not normally required), hand foot and mouth (unless unwell), cold sores, coughs and colds, sore throat (unless unwell with a fever).

48 Hours

Vomiting/ Diarrhoea – after last symptom of sickness or diarrhoea
 Impetigo –until lesions are crusted & healed or 48 hours after
 Antibiotic treatment

4 Days from symptoms

*German Measles

*Measles

Chicken Pox – until vesicles have crusted over, usually 5 days.

5 Days from symptoms

*Whooping Cough – 5 days from commencing antibiotics

*Mumps – 5 days after onset of swelling

Other

*Scarlet Fever – can return 24 hours after commencing antibiotics

Scabies – after the first treatment

Tonsillitis – until feeling better

Ear infection –until feeling better

Fever – until fever has gone

***Notifiable Diseases**

There is a list of notifiable diseases, the school has a duty to keep records of any children who have suffered from any of these illnesses. Some are named in this leaflet and are shown by a ‘*’ by the relevant illness.

In these cases, we work closely with you the parents, PHE and Ofsted to ensure we follow any additional advice that may be given.

If there is an outbreak of an infectious disease and/or following advice provided by Public Health England, Boldmere Schools may increase the exclusion periods in order to manage the infection and reduce further transmission.

Covid-19

Boldmere Schools will follow measures and or guidelines for Covid-19 cases as directed by the UK Health Security Agency.

Information for Pregnant Mothers

There are a number of infections which can be harmful to the unborn baby.

These include:

Chicken Pox

*German Measles (Rubella) Slapped Cheek

*Measles

If you or your child has been at School when one of the above infections is present we advise you to see your GP/Midwife to check if you are immune and seek their professional medical advice.

As a responsible education provider we follow advice from Public Health England and we recommend that all children follow the ‘Routine childhood immunisation programme’. This reduces the risk of exposure to children in our care of infectious diseases. However, we are aware that the immunisation programme is not legislative.

Appendix 1

LISTED BELOW ARE THE FIRST AIDERS IN SCHOOL WITH 'IN DATE' FIRST AID CERTIFICATES:

BOLDMERE JUNIOR SCHOOL

PAEDIATRIC FIRST AIDERS

NAME OF STAFF MEMBER	POSITION	FIRST AID CERT EXPIRES	FIRST AID AT WORK (ADULTS)
Miss E JACKSON	TEACHER	NOV 2025	Y
Miss E DRISCOLL	TEACHER (BIB)	OCT 2024	Y
Miss K HYATT	BUSY BODIES	NOV 2025	Y
Miss C HUMPHRIES	BUSY BODIES & TA	NOV 2025	Y
Mrs J PIERCY	BUSY BODIES	MAY 2024	
Miss C NETHERCOT	BUSY BODIES & TA	OCT 2024	Y
Mrs M HIBBERT	BUSY BODIES & TA	NOV 2025	Y
Mrs V PHILLIPS	BUSY BODIES & LTS	MAY 2024	
Mrs H KAUR	BUSY BODIES & LTS	MAY 2024	
Mrs S KAUR	BUSY BODIES & LTS	OCT 2024	Y
Miss I MASTERS	BUSY BODIES & LTS	OCT 2024	Y
Miss J RIMMER	HLTA	OCT 2024	Y
Miss D GERALD	TA	OCT 2024	Y
Miss M TOY	TA	NOV 2025	Y
Miss S ATKINS	TA	NOV 2025	Y
Mrs E MURPHY	TA	SEPT 2026	Y
Miss K DEANE	LEARNING MENTOR	NOV 2025	Y
Mr P RAJPRA	FINANCE OFFICER	SEPT 2026	Y
Mrs H GREEN	RECEPTIONIST	NOV 2025	Y
Mr T WATTS	SPORTS COACH	SEPT 2026	Y
Mr C MCEWAN	TA	SEPT 2026	Y

Appendix 2

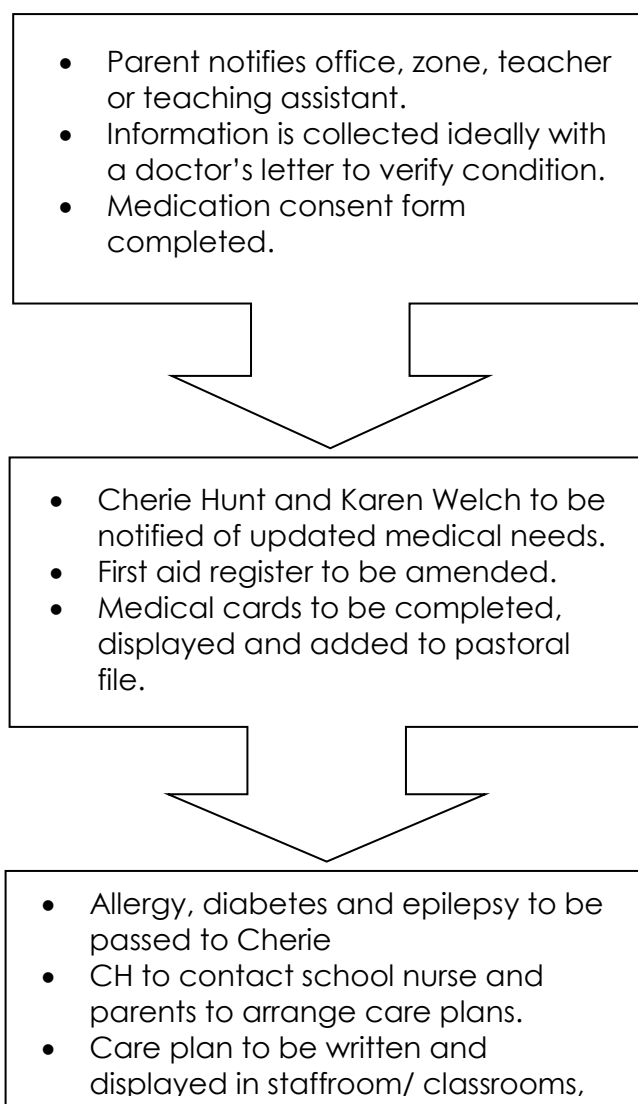
Injury	Treatment	Reporting
Allergic reaction – Diagnosed	• Sit quietly and calm child down • Remove trigger • Monitor symptoms • Administer Piriton • If anaphylactic shock is suspected administer child's Auto injector • Locate emergency Auto injector (main school office)	• Call parents to advise they're having a reaction • For anaphylactic shock call 999/112 • First aid folder, call home
Allergic reaction – First Attack	• Sit quietly and calm child down • Child who is not diagnosed to be asked if they have been in contact with common triggers • Monitor symptoms • Locate emergency school Auto injector (main school office) maybe advised to use by paramedics	• If appears to be first reaction call parents • First aid folder, call home for first attack. • For anaphylactic shock call 999/112
Asthma – Diagnosed	• Diagnosed asthmatic to be sat down and inhaler administered. 2 puffs every 2 minutes up to 10 puffs. • If attack is severe or doesn't subside call an ambulance.	• If ambulance is called contact parents • Speak to parent at the end of the day to inform of attack and inhaler being used • First aid folder
Asthma – First Attack	• Sit quietly and calm child down • Child who is not diagnosed asthmatic must not be given an inhaler. • Parents and ambulance should be called if the attack does not subside. • Locate emergency inhaler (main school office) maybe advised to use by paramedics	• If appears to be first attack call parents • First aid folder for first attack. • If ambulance is called, contact parents
Blisters	• Blisters which are open and at risk of infection should be washed and covered with a sterile dressing. • To reduce irritation and friction, a blister to be covered by a sterile dressing	• First aid folder
Choking child	• Remove any obvious blockage • Administer up to 5 back blows • Administer up to 5 abdominal thrusts • Repeat if needed	• Call 999/112 if blockage does not clear • Contact parents • First aid folder
Cuts and grazes	• If necessary wash cut to remove dirt • Use a medi wipe to clean the area • Dress with an appropriate sterile dressing • Deep or large cuts may need hospital attention and in this instance policy to be followed. • Check for any allergies if applying a plaster	• First aid folder • If a deep or large cut, contact parents
Dislocation	• Keep the child still • Immobilise and support the injured joint	• Call parents for hospital treatment or 999/112 • Complete Birmingham City Council accident report form SAF1 to be completed
Eye – foreign object in	• Pour water over an open eye to remove the object • Use tissues or bandage to wipe away what is coming on to the cheek	• Call parents if necessary • First aid folder and send Marvellous Me
Head Injury/bump	• Child to sit quietly • Cold compress to be applied and monitor until satisfied no confusion or sickness • Monitor for swelling, lump or bruise	• If bumps, swelling and bruises appear call parents • First aid folder and marvellous me if not a head injury • PARENTS TO BE CALLED WHEN INCIDENT HAPPENS if they have a bumped head
Nosebleed	• Sit down and tilt head forward • Pinch soft part of nose for up to 10 minutes with cloth or tissue. • Pinch nose for up to 30 minutes. If bleeding does not stop follow policy for transferring a child to hospital.	• First aid folder • Parents to be contacted in the event of the nose bleed lasting longer than 10 minutes.
Sickness and diarrhea	• Sit quietly • Small sips of water	• Call parents • First aid folder
Sprain or strain	• Apply ice • Elevate the joint	• Call parents if symptoms persist • First aid folder
Splinters	• Clean area • Apply sterile dressing • Remove splinter if not in too deep	• First aid folder • If splinter is large or imbedded, call parents to advise as may need medical treatment to remove
Stings and bites	• Use a card to brush the sting out • Apply ice to minimise swelling and relieve discomfort • Monitor for possible allergic reactions	• First aid folder • Call parents if allergic reaction appears and 999
Suspected	• Isolate the joint e.g. with a sling	• Call parents for hospital treatment

fracture	• Apply ice if necessary for swelling	• Birmingham City Council accident report form SAF1 to be completed
Unconscious child	• Check airways are open • Place child into recovery	• Call 999/112 • Call parents • Birmingham City Council accident report form SAF1 to be completed
Unconscious child not breathing	• Check airways are open • Tilt head back • Administer CPR using palm of one hand	• Call 999/112 • Call parents • Birmingham City Council accident report form SAF1 to be completed

Medical treatment advice from 10th Edition St John Ambulance, British Red Cross, St Andrew's First Aid – First Aid Manual

Appendix 3

Changes to a child's school medical record



Appendix 4

School Medication Consent Form

Child's Name _____

Date of Birth _____

Year Group _____

Name and strength of Medication _____

How much to give _____

When to be given _____

Any other instructions _____

Number of tablets/quantity given to school _____

NB: MEDICATION MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.

Telephone no. of parent/carers _____

Name of GP _____

GP's telephone number _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent's/Carer's signature _____ **Date** _____

Print Name _____

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

- expects and encourages parents/carers to give appropriate information to the school on their child's condition
- ensures that all staff are kept up to date with relevant medical needs training
- has an emergency salbutamol inhaler and spacer available (for emergency use only) in both the Infant and Junior school offices

In order to achieve this we will:

- regularly train all staff to have a basic awareness about asthma and the use of inhalers
- have a clear understanding of what procedures to follow if a child has an asthma attack
- maintain up to date written details of children with asthma

Management of inhalers

- If a child has been diagnosed as asthmatic, parents/ carers must notify school and will be asked to complete an Asthma Card to identify the severity of the asthma and individual triggers, symptoms. At the beginning of the school academic year when a child joins the school, parents/ carers are asked if their child has any medical conditions, including asthma, on their enrolment form.
- Children with severe asthma may also have a Care Plan written by the Birmingham Children's Heal
- Parents are asked to provide inhalers, in date and clearly labelled with their child's name, together with a spacer if used. They are asked to keep school updated with any changes to their child's treatment.
- Identified members of staff in both the Infant and Junior schools are responsible for making termly checks on medication and dates, however it is ultimately the parents responsibility.

Administering inhalers

- If a child has a mild attack, they will be encouraged and helped to use their reliever inhaler.
- Keep calm and encourage the child to sit up and slightly forward- do not hug or lie them down. Loosen tight clothing and reassure them.
- If there is no immediate improvement continue to administer one puff of reliever inhaler every 30-60 seconds up to a maximum of 10 puffs.
- Call 999 if there is no improvement in symptoms within 5-10 minutes, if the child is too breathless or exhausted to talk, if the child or young person's lips are blue or if you are in doubt.
- You can repeat one puff of reliever every 30-60 seconds if the ambulance is taking longer than 15 minutes to arrive.
- Children with asthma are encouraged to participate fully in all PE lessons. If a child requires an inhaler prior to taking part in physical activity staff will ensure this happens.
- There are qualified first aid staff in school at all time.

Safety and Storage of Asthma Inhalers

- Immediate access to reliever medicines is essential. All prescribed inhalers are stored in the children's classrooms in airtight containers, clearly labelled with the child's name and Asthma Card inside
- Inhalers are taken along to all physical activities and school trips. Teaching staff will be responsible for the storage of inhalers.
- It is key to note that the medication used for the relief of asthma is very safe. If too much medication is taken, the child may feel shaky, however this will soon wear off. If a non-asthmatic child uses an inhaler they will not harm themselves.

School Environment

- The school endeavours to ensure that the environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has definitive no- smoking policy. We do not use chalk within the classroom environment and to prevent dust mites rooms are regularly wet dusted.

Staff training

All teaching and support staff along with lunchtime play leaders are trained in;

- recognising asthma attacks (Annex 1)
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering salbutamol inhalers through a spacer
- making appropriate records of asthma attacks

All training is delivered by Birmingham School Health Support Service on an annual basis.

School Emergency Asthma Kits

- Since the 1st October 2014 schools have been able to keep an emergency asthma kit in school. We have one at both the Infant and Junior schools, kept in the school offices.
- The kit is for one use in an emergency when the child's own inhaler is lost, broken, empty or out of date.
- Identified members of staff at both of the schools are responsible for maintaining these.
- Written parental consent is sought (letter Annex 2).
- A record book, which is kept with the kit, is completed anytime the inhaler is used.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- **Use the child's own inhaler – if not available or there is a problem ie: broken, empty, out of date, not in school use the emergency inhaler which is located in the school office**
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them

I will see my doctor or asthma nurse **at least once a year (but more if I need to)**

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents – get the most from your child's action plan

- **Take a photo** and keep it on your mobile (and your child's mobile if they have one)
- **Stick a copy** on your fridge door
- **Share** your child's action plan with their school

Learn more about what to do during an asthma attack

www.asthma.org.uk/child-asthma-attacks



If you have any questions, your parents can talk to our respiratory nurse specialists by calling 0300 222 5800 or messaging on WhatsApp on 07378 606 728 (Monday-Friday, 9am-5pm over 16 only).



The Asthma UK and British Lung Foundation Partnership is a company limited by guarantee 01863614 (England and Wales). VAT number 648 8121 18. Registered charity in England and Wales (106730), Scotland (SC038415) and the Isle of Man (1177). Registered office: 18 Mansell Street, London, E1 8AA. Last reviewed and updated 2021; next review 2024.



My asthma plan

Your asthma plan tells you what medicines to take to stay well

And what to do when your asthma gets worse



Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.



Name:

Appendix 6

This child has the following allergies:

Name: _____

DOB: _____

Photo

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 | B BREATHING | C CONSCIOUSNESS |
| <ul style="list-style-type: none"> Persistent cough Hoarse voice Difficulty swallowing Swollen tongue | <ul style="list-style-type: none"> Difficult or noisy breathing Wheeze or persistent cough | <ul style="list-style-type: none"> Persistent dizziness Pale or floppy Suddenly sleepy Collapse/unconscious |

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

- Lie child flat with legs raised (if breathing is difficult, allow child to sit)
 - Use Adrenaline autoinjector **without delay** (eg EpiPen®) (Dose: mg)
 - Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- *** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

- Stay with child until ambulance arrives, **do NOT** stand child up
- Commence CPR if there are no signs of life
- Phone parent/emergency contact
- 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 authorize 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: _____

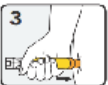
Print name: _____

Date: _____

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

© The British Society for Allergy & Clinical Immunology 6/1018

How to give EpiPen®

-  PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
-  Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
-  PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.

Additional instructions:

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 parental authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendments) 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: _____