

Medical Healthcare Support Protocol

Management and Administration of Medication

Purpose and Scope

This protocol meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting learners at their school with medical conditions. It is also based on the Department for Education (DfE)'s statutory guidance on supporting learners with medical conditions at school. This applies to all settings across Ambitious about Autism Schools Trust (AaAST) where medication is administered to learners.

This policy aims to ensure that:

- Learners, staff and parents/carers understand how our school will support learners with medical conditions
- Learners with medical conditions are properly supported to allow them to access the same education as other learners, including school trips and sporting activities

1. Introduction

Staff have a duty of care for the learners of AaAST. For some, this may include the administration of medication or supporting learners to self-administer medicine.

AaAST is committed to enabling learners to have as much independence and control as possible over their health and medication.

Every part of the medication process must be carried out by members of staff that have been trained in the management and administration of medication. In addition, staff must not undertake the following unless they have completed additional training:

- Epilepsy Awareness;
- Injectable drugs (and received delegated authority from the community nurse who is responsible for the learner's care);
- Administration through a Percutaneous Endoscopic Gastronomy (PEG);
- Administering EpiPen's;
- Diabetes awareness and management.

Locations of Medical rooms are as follows:

The Rise School - ground floor, off the school hall

The Rise Sixth Form – main office within the Sixth form provision

Spring School – ground floor, off the reception desk

It is the responsibility of the Lead First Aider to book members of staff onto training prior to them being involved in administering medication.

Members of staff must ensure that when they administer medicine, it is conducted in a way which respects a learner's rights, choices, dignity, and privacy.

Supporting young people with medical conditions in participating in Educational Visits can be found in the AaAST Educational Visits Policy.

2. Medical Healthcare Plans (MHPs)

The headteacher has overall responsibility for the development of Medical Healthcare Plans for learners with medical conditions. This has been delegated to the Lead First Aider.

Plans will be reviewed at least annually, or earlier if there is evidence that the learner's needs have changed.

Plans will be developed with the learner's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all learners with a medical condition will require a Medical Healthcare Plan. It will be agreed with a healthcare professional and the parents/carers when a Medical Healthcare Plan would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the learner's specific needs. The learner will be involved wherever appropriate. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

At a minimum the following documentation will be in place for learners with the following medical conditions:

- Asthma – School Asthma Card e.g. Asthma and Lung UK (appendix 1b)
- Anaphylaxis – Allergy Action Plan e.g. BSACI EpiPen; Jext (appendix 1c-1e)
- Diabetes – full healthcare plan including protocol and risk assessment (appendix 1a)
- Epilepsy – full healthcare plan including protocol and risk assessment (appendix 1f)
- Other complex medical conditions – full healthcare plan including protocol and risk assessment (appendix 1a)

The full medical healthcare plan will outline:

- The learner's details including medical condition;
- Emergency contact details and registered medical practitioner;
- Any relevant protocols for administration / healthcare support and those drawn up by medical practitioners;
- Medical risk assessment
- Medication required, administration and storage details;
- Dosage to be given;
- The learners preferred way to take the medication (if known);
- Pro re nata (PRN)¹ guidelines for administration;
- Possible side effects and signs to look for i.e. wheeziness, eyes running, itching etc;

3. Responsibilities

Those with Parental Responsibility

The responsibilities are:

Before the learner attends AaAST to have carried out the following:

¹ Medicines that are taken "as needed" are known as PRN medications. "PRN" is the Latin term that stand for "pro re nata", which means "as the thing is needed". <http://www.safemedication.com>

- Inform the school in writing of the learner's medical needs via the school admissions forms when approved for placement, and again as soon as there are any changes to these needs;
- Provide to the school office any medication required, ensuring there is a continuity of supplies by ordering repeat prescriptions when necessary, ensuring that it is fit for use, clearly labelled, in the original container and includes instructions for administration;
- Pass on to the staff any information about the side effects or adverse effects of the medication;
- Provide an up to date protocol drawn up by a medical practitioner for any PRN medication, the school will take any information from the prescribing as accurate and up to date. Any additional protocol for Emergency conditions to be shared with the school;
- Provide an up to date medical / allergen action plan written with or provided by a healthcare professional;
- Sign and return the MHP to the school;
- Ensure that a learner's prescription is up to date and is reviewed as the learner's needs or condition changes;
- Date all creams, drops, and liquids if they are first opened at home and are sent in for use at school
- Those with parental responsibility must confirm with the prescriber (Doctor / pharmacist) how long the cream, drops or liquid is meant be used for to prevent prolonged use. They must advise staff accordingly;

The Lead First Aider

The responsibilities are:

- Translate the information provided by those with parental responsibility into an individualised Medical Healthcare Plan (Appendix 1) where required. Obtaining up to date medical / allergen action plan written with or provided by a healthcare professional from those with parental responsibility;
- Complete annual reviews of individualised Medical Healthcare Plans; this should involve the existing class team and those with parental responsibility, as well as briefing the new class team prior to the start of the next academic year
- Ensure that Medication Administration Records (MARs) chart/s (Appendix 2) are in place and maintained for recording medication administration;
- Ensure that staff are trained in the administration of medication and any additional training for specific treatments e.g. epilepsy;
- Complete and maintain medication cabinet stock check (appendix 3), ensuring medications are within date, tracking and communicating with families when replacement is due;
- Manage emergency medication stock levels to ensure they are in date and replaced where required;
- Record any medication errors on the Medication Errors Form (appendix 4) and inform SLT and the Designation Safeguarding Lead of any medication errors immediately when discovered;
- Add any PRN medication logged on the PRN Administration Log (appendix 6) onto behaviourwatch at least weekly;

Estates / Operations Manager

The responsibilities are:

- Undertake half termly audits of the medication cabinet stock using the termly cabinet stock check sheet (appendix 3) and the Medication Audit Form (Appendix 5);

- Follow up all medication errors and investigate in a timely manner;
- Authorising Medical Healthcare Plan annually and as and when required (e.g. a change to a learner's medication);
- Investigating discrepancies and giving points of clarity as they arise;
- Investigating any suspected theft of medications;
- Investigating mis-administered PRN;

Staff who prepare and administer medication

The responsibilities are:

- Staff need to have undertaken all appropriate training.
- Ensuring that they have read and understood the learner's Medical Healthcare Plans and know why the learner takes the medication/s that they administer. Staff must also know the side effects, and precautions of use;
- Before a member of staff administers medication, they must ensure that they have the necessary equipment;
- The medicine must be in the original bottle; staff must check the label and ensure it is consistent with MHCP. They must check the following details: the medication is for the correct named person, the dosage, route, time and expiry date of the medication.
- Wear personal protective equipment (PPE), this should include gloves and aprons but as a minimum gloves must be worn at all times to be disposed of directly after administration;
- Medicine must only be administered to one learner at a time;
- Two members of staff will need to be present when administering medication, one member of staff will administer and one will act as a witness. Recording their initials on the Medication Administration Record (MAR) chart whenever they prepare and administer a medication. Also, to ensure completion of the record of detail and PRN logs as required;
- It is the responsibility of the staff member supporting the learner each day to ensure that medication is taken in a safe and timely manner in accordance with administration of medication and medical support plan;
- Trained staff can assist a learner with:
 - Taking tablets, capsules, and oral mixtures;
 - Applying a medicated cream or ointment;
 - Inserting drops;
 - Administering inhaled medication;
 - Administering EpiPen's;
 - Taking blood sugar levels;
 - Administering prescribed emergency medication.
- If a learner refuses, allow a 15-minute gap before trying again; if after three attempts the learner is still refusing, this must be documented as a refusal. If the staff have immediate concerns around the learner's health, then they need to contact a member of SLT as soon as concerns arise.
- Learners having an asthma attack or suspected anaphylaxis should always have their medication brought to them. The school holds spare adrenaline auto-injector (AAI) devices and salbutamol inhalers for emergency use in children whose own devices are not available (without delay) or not working. These are in the medical room and the dining hall. Parents are asked for permission to administer them in such circumstances and they are clearly labelled where consent has been provided.

- Where possible non-emergency medication administration should take place in the medical room. However, there are some incidences when the medication may be required to be administered elsewhere. These are:
 - Where there is no allocated medical room available;
 - During a period of learner escalation;
 - Where the learner is struggling with transition to the medical room;
 - Where the learner is incapacitated;
 - Where the medical room is already in use and the medication must be administered to a specific time cycle which would be affected by waiting;
 - Where the learner is being supported in the community (Learning outside the classroom) – A photocopy of the MARs sheet must be taken on community trips and administration recorded on the photocopy and returned to the Medical room folder.

4. Maintaining and storing a supply of medication

All medication supplied to AaAST to administer to a learner must be obtained from an approved supplier. Approved suppliers are:

- An appropriately licensed hospital pharmacy department;
- A community pharmacy;
- A licensed pharmaceutical wholesaler;
- An NHS supplies department.

All medication must be individually prescribed and labelled accordingly. Medication will be returned home if the name of the medication or the dosage on the label differs from that on the prescription. This medication will not be administered.

Medication is the property of the learner for whom it is prescribed to and should not be used by anyone else.

In line with advice from the British Medical Association², AaAST recognises that some medications recommended for use by children for a medical condition may be obtained over the counter (OTC) without a prescription e.g. paracetamol, ibuprofen, antihistamine. Where necessary, storage and administration of these medicines will be facilitated in school, following written permission from parents/guardians.

Prescribed medication is kept in a locked medication cabinet in the medical room, the keys to which are located in the office next to the medical room at The Rise; in the key press within the Sixth form office; In the reception office within Spring School. Only staff with a responsibility for preparing or administering medication are able to access the locked medication cabinet.

Emergency medication is kept in an accessible medical cabinet in the medical room. This is so as to avoid the risk of being unable to locate medication such as an inhaler in an emergency. The Lead First Aider is responsible for ensuring emergency medication is

Medication should be disposed when:

- It has expired;
- The course of treatment is complete;
- The learner leaves AaAST;

² <https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/prescribing-over-the-counter-medicines-in-nurseries-and-schools>

- The learner dies (not until seven days after in case the medication is required by the coroner);
- There is a refrigerator failure;
- The dosage is removed from the original container but not taken (in this case the removed dosage should be put into a separate zip lock bag sent back to the pharmacist for disposal).

In the case of a spoiled dose, the medication needs to be put in a zip lock bag that is labelled with the date of the spoil, the drug name and dose and locked in a locked drawer. The lead first aider must return all spoils to the local pharmacy for disposal at the end of each week. In these cases they must get a signed receipt from the pharmacist. Spoiled doses must be recorded on the medication errors form (appendix 4).

5. Medication Errors

All medication errors must be reported immediately to the Lead First Aider or a member of SLT. This can include:

- Medication not prepared in accordance with the Medication Support Plan/prescription.
- Medication is administered to the wrong learner.
- Medication missing or unavailable when required.
- Overdose of medication.
- Under-dose of medication.
- Medication is administered early or late.
- Staff does not sign on MARs / PRN sheet

It is essential all staff with a responsibility to prepare and administer medication understand their responsibilities to report any errors immediately they are discovered. Failure to report a known error could result in medical consequences for the learner and disciplinary action.

Appendix 1a – Medical Healthcare Plan Template

- All Staff MUST:**
- Wash hands before and after medication administration
 - Be aware of policies and work within company guidelines
 - Ensure you have the correct PPE prior to administration
 - Check medication is within it's use by date prior to administration
 - Ensure MAR chart is signed and that any refusal of medication is recorded

URGENT HEALTH NEEDS

PHOTO

DATE OF DEVELOPMENT: DATE		DATE DOCUMENT to be REVIEWED on:	
COMPLETED BY: NAME		VERSION: 1	
CROSS REFERENCE (DOCUMENTS):			
ADDRESS:		DATE OF BIRTH OF LEARNER: DOB	
MEDICAL CONDITIONS:			
<ul style="list-style-type: none"> • Xxx 			
URGENT MEDICAL NEED:	HOW IT PRESENTS		RESPONSE
Emergency medication-reason:	Dosage	Route	Medication to be administered (frequency / timings)

URGENT MEDICAL NEED:	HOW IT PRESENTS		RESPONSE
Emergency medication-reason:	Dosage	Route	Medication to be administered (frequency / timings)

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BEFORE YOU GIVE MEDICATION

- Check the name of the person you are offering medication to is the same as what is stated on the box/bottle
- Check the name of the medication is the same as what is stated on the individual's MAR chart
- Check that you are offering the medication at the correct time as stated on the individual's MAR chart
- Check that you are offering the correct dose of medication, cross check against the individual's MAR chart
- Check the route of administration
- Check that the medication is within its use by date

DAILY MEDICATION:

Drug to be administered	Dosage of medication to be administered	Route of Administration	Time to be given	Specific GP instructions (e.g. take after eating / with food)	What is the medication for	Side Effects	School / Home

PRN MEDICATION (As and when required):

Drug:	Dosage	Route of Administration	Time to be given	Specific GP instructions (e.g. take after eating / with food)	What is the medication for	Side Effects	School / Home

Storage: Medication is stored in a ziplock bag in the locked medical storage cabinet in the medical room to keep it safe while in school. The cabinet can be accessed by the lead first aider. A spare key is kept in the key cabinet. In the case of adrenaline auto-injectors (AAI) and

salbutamol inhalers, the school also holds spare devices in the medical room and the kitchen, for use in emergency where a child's own device is not available (without delay) or not working.

EMERGENCY CONTACT DETAILS:

CONTACT DETAILS PARENTS / CARERS

GP INFORMATION

Developed and Completed by:

Signature:

Date:

Managers Signature:

Date:

CONSENT: By signing the consent I agree that (please tick as applicable):

all information included in this support plan is correct and that permission is given to the college to administer the above medication. I am unaware of any adverse interactions of the medication. If the any medication type, dose or route is changed I will inform the college immediately.

(for children who have a prescribed AAI only) the school's spare AAI can be administered if my child's own AAI is not available (without delay) or not working

(for children who have a prescribed salbutamol inhaler only) the school's spare salbutamol inhaler may be administered if my child's own inhaler is not available (without delay) or not working

Signature (Person with parental responsibility):

Date:

Mangers Signature:

Date:

REVIEW DATE:

I agree that this care plan remains up to date and no amendments are needed	Signature (Person with parental responsibility):	Date:
We have made amendments to the following section of the care plan: _____ _____	Signature (Person with parental responsibility):	Date:
Mangers Signature:		Date:

Protocol

Include here how to support the learner with their medical needs and/or in an emergency

Risk Assessment

Asthma Risk Assessment

Assessment conducted by:		Job Title:	
Date of Assessment:		Review interval: Annually	
Area of Concern	Person (s) At Risk	Controls in place	Actions/Who?

Appendix 1b – School Asthma Card Template

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

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

Reliever treatment when needed

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

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

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

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

Parent/carer's signature Date

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists
Call **0300 222 5800**
WhatsApp **07378 606 728**
(Monday-Friday, 9am-5pm)
AsthmaAndLung.org.uk

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

Does your child tell you when they need medicine?

Yes No

Does your child need help taking their asthma medicines?

Yes No

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

Pollen Stress
Exercise Weather
Cold/flu Air pollution

If other please list

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

Yes No

If yes please describe

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

Dates card checked

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

To be completed by the GP practice

Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**



Appendix 1c – Anaphylaxis Allergy Action Plan - EpiPen

This child/young person has the following allergies:

Name:

DOB:



Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

- | | | |
|---|--|---|
| A AIRWAY | B BREATHING | C CONSCIOUSNESS |
| <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:

- 1** Lie flat with legs raised (if breathing is difficult, allow person to sit)
- 2** Use Adrenaline autoinjector without delay (eg. EpiPen[®]) (Dose: mg)
- 3** Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

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

Commence CPR if there are no signs of life

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

Mild/moderate reaction:

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

Action to take:

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

(If vomited, can repeat dose)

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

Emergency contact details:

1) Name:



2) Name:



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

Signed:

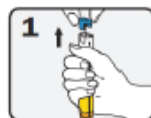
Print name:

Date:

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

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

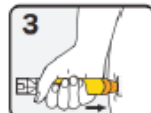
How to give EpiPen[®]



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



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



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

Additional instructions:

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

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


Sign & print name:

Hospital/Clinic:






Date:

Appendix 1d – Anaphylaxis Allergy Action Plan - JEXT



BSACI
Improving Allergy Care
through education, training and research


ALLERGY ACTION PLAN

This young person has the following allergies:

Name:

DOB:



Mild/moderate reaction:

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

Action to take:

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

Loratadine 5mg

(If vomited, can repeat dose)

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

Watch for signs of ANAPHYLAXIS




(a potentially life-threatening allergic reaction)

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

<p>A AIRWAY</p> <ul style="list-style-type: none"> Persistent cough Hoarse voice Difficulty swallowing Swollen tongue 	<p>B BREATHING</p> <ul style="list-style-type: none"> Difficult or noisy breathing Wheeze or persistent cough 	<p>C CONSCIOUSNESS</p> <ul style="list-style-type: none"> Persistent dizziness Pale or floppy Suddenly sleepy Collapse/unconscious
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IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

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




- 2 Use Adrenaline autoinjector without delay (eg. JEXT[®]) (Dose: mg)
- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:


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

Commence CPR if there are no signs of life


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

Emergency contact details:

1) Name:



2) Name:



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

Signed:

Print name:


Date:

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


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

© BSACI 10/2024


How to give JEXT[®]




1
Form fist around Jext[®] and PULL OFF YELLOW SAFETY CAP



2
PLACE BLACK END against outer thigh (with or without clothing)



3
PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4
REMOVE Jext[®]. Massage injection site for 10 seconds


Additional instructions:

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

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

Sign & print name:

Hospital/Clinic:


Date:

Appendix 1e – Anaphylaxis Allergy Action Plan

This child/young person has the following allergies:

Name:

DOB:



Mild/moderate reaction:

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

Action to take:

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

Loratadine 5mg

(If vomited, can repeat dose)

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




Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

- | | | |
|---|--|---|
| A AIRWAY | B BREATHING | C CONSCIOUSNESS |
| <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:

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


- 2** Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3** In a school with "spare" back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOINJECTOR if available
- 4** Stay with child/young person until ambulance arrives, do NOT stand them up
- 5** Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
- 6** Commence CPR if there are no signs of life

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

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

Emergency contact details:

1) Name:



2) Name:



Additional instructions:

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

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

Signed:

Print name:

Date:

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

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

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

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

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a "spare" back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. This plan has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:

PHOTO

Appendix 1f – Epilepsy Protocol Guidelines

Learner Name:	
Date of Plan and version:	
Type of Epilepsy Seizures:	
My emergency medication is:	

Seizure first Aid:

Keep calm. Provide reassurance and talk to the person they may still be able to hear you. Remove bystander. Keep airway clear. Turn on side if possible. Nothing in mouth Keep safe. Remove objects. Do not restrain. Time, observe, record what happens. Stay with person until fully recovered from the seizure and monitor breathing.

Triggers / Awareness	<ul style="list-style-type: none"> • My triggers can be ... / i do not know what my triggers are. • I am aware I am going to have a seizure when / I am never aware I am going to have a seizure
During a seizure i will...	<ul style="list-style-type: none"> • •
After my seizure I will ...	<ul style="list-style-type: none"> • •
Administer emergency medication if	<ul style="list-style-type: none"> • my seizure goes over • I have a cluster of seizures in hours
Ring 999 if...	<ul style="list-style-type: none"> • I have had any seizure at all of any length / if i have had a seizure lasting over

Key things to remember:

- Please inform the First Aid lead that the learner has had a seizure. (First Aid lead will inform parents/ home if required).
- If the learner requires to go to A&E SLT to be informed.
- After a seizure please ensure that the individual is seen by a three day first aider.
- Ensure that the seizure is documented on a seizure recording sheet.

Appendix 2 Medication Administration Record (MARs)

<u>Name:</u>		<u>D.o.B:</u>					<u>Medication:</u>					<u>Allergies</u>														
<u>Week</u>		<u>Monday</u>					<u>Tuesday</u>					<u>Wednesday</u>					<u>Thursday</u>					<u>Friday</u>				
		<u>Date</u>	<u>Time</u>	<u>Dose</u>	<u>Wit 1</u>	<u>Wit 2</u>	<u>Date</u>	<u>Time</u>	<u>Dose</u>	<u>Wit 1</u>	<u>Wit 2</u>	<u>Date</u>	<u>Time</u>	<u>Dose</u>	<u>Wit 1</u>	<u>Wit 2</u>	<u>Date</u>	<u>Time</u>	<u>Dose</u>	<u>Wit 1</u>	<u>Wit 2</u>	<u>Date</u>	<u>Time</u>	<u>Dose</u>	<u>Wit 1</u>	<u>Wit 2</u>
Week 1	<u>AM</u>																									
	<u>PM</u>																									
Week 2	<u>AM</u>																									
	<u>PM</u>																									
Week 3	<u>AM</u>																									
	<u>PM</u>																									
Week 4	<u>AM</u>																									
	<u>PM</u>																									
Week 5	<u>AM</u>																									
	<u>PM</u>																									
Week 6	<u>AM</u>																									
	<u>PM</u>																									
Week 7	<u>AM</u>																									
	<u>PM</u>																									
Week 8	<u>AM</u>																									
	<u>PM</u>																									

Appendix 3 Medication Stock Check Sheet

To be completed by Lead First Aider for all medication stock received. The Site/Operations Manager must review the stock check half termly as part of the audit process.

<u>Name:</u>		<u>Date of Birth:</u>				<u>Allergies:</u>						
<u>Medication Name</u>	<u>Expiry Date</u>	<u>Stock</u>	<u>Date</u>		<u>Quantity Received</u>	<u>Date</u>	<u>Total</u>	<u>Amount Administered</u>	<u>Amount Destroyed/Returned</u>	<u>Total</u>	<u>Date</u>	<u>Signature</u>
Example	23/12/23	20 x 10mg	15/09/21	+	10 x 10mg	19/10/21	30 x 10mg	18 x 10mg	0	12 x 10mg	21/10/21	
				+								
				+								
				+								
				+								
				+								
				+								
				+								
				+								
				+								

<u>Checked By:</u>	<u>Autumn Term 1</u>	<u>Autumn Term 2</u>	<u>Spring Term 1</u>	<u>Spring Term 2</u>	<u>Summer Term 1</u>	<u>Summer Term 2</u>
<u>Name</u>						
<u>Signature</u>						
<u>Date</u>						

Appendix 4 – Medication Errors Record

To be completed by authorised staff:

- Staff trained in medication administration
- Lead / Deputy First Aiders
- Members of SLT

One form per medication error

Medication errors must be followed up immediately they are found or disclosed by a member of staff.

Medication errors fall within the school Safeguarding Policy and must be passed onto the Designated Safeguarding Lead or other Member of SLT available on the same day they are found.

**Medication Error Include:
Storage
Preparing
Administering
Over/Under Dose
Inaccurate recording
on MARS sheet.**

Date error found / disclosed	Type of error Describe in detail	Date of error	Immediate action to be take (e.g. 999/contact parents/GP)	Follow up (e.g. staff training / policy review)	Conclusion	Completed signed and dated

Completed by:		Signature:		Date:	
SLT Member:		Signature:		Date:	

Appendix 5 – Record of Medication Audit

To be completed at each medication audit (1 per half term) by the Site / Operations Manager and stored in electronic Medication Audit Folder. If there are no issues arising or action required a NIL RETURN should be entered in the box below.

The Trust Business and Operations Manager must be informed after the audit if there are issues arising or a NIL RETURN.

- Stock reviewed against stock check sheet
- Reviewed completion of MARs Sheet
- Learner Healthcare Plans up to date
- Learners Medical / Allergens / Dietary Information visible/accessible
- First Aiders list up to date, visible / accessible

Date of Audit	Issues Arising from Audit	Action taken immediately after the audit	Follow up action required	Conclusion

Completed by:		Signature:		Date:	
SLT Member:		Signature:		Date:	

