



## **Education & Children's Services**

### **Supporting Children and Young People with Healthcare Needs in Schools**

#### **Administration of Medicine in Schools Guidance**

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Throughout this guidance the use of the term school refers to schools and educational establishments. The term headteacher refers to the headteacher of a school or the leader of an establishment.

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## **CHAPTER 1 INTRODUCTION**

### **Purpose of Guidance**

- 1.1 Any child or young person at school in Scotland may require healthcare support or the administration of medication. Healthcare support or medication may be required for the management of short or long term conditions or in response to an emergency situation, such as an allergic reaction. A positive response by the school to a child or young person's healthcare needs will not only benefit the child or young person directly, but can also positively influence the attitude of the whole class.
- 1.2 A number of developments have been taken into account in the production of these guidelines as follows:
  - Current medical thinking places considerable importance on children and young people being enabled to control their own medication, wherever possible.
  - The legislative framework and policies in Scotland for inclusion have led to more children or young people with additional support needs and/or medical conditions being educated in mainstream schools.
  - An increase in the incidence of childhood asthma and developments in its management have led to growing numbers of children being prescribed self-administered medication.
  - The number of children and young people developing anaphylactic allergies to certain foods such as nut allergies has increased.
  - Updated Scottish Government guidance for schools on the use of emergency medicines, including Salbutamol Inhalers and Adrenaline-Auto Injectors (AAIs).

Schools may not be able to accede to all requests for assistance from parents. The headteacher will have the final decision on whether a request can be reasonably met. It is important that schools have clear guidelines in relation to administration of medication and that parents, carers, staff and young people are aware of these guidelines.

- 1.3 This guidance is to help schools to develop effective management systems to support individual child or young persons with healthcare needs and enable them to play a full part in the life of the school. Its advice will apply equally to local authority primary, special and secondary schools. Further information is available within the [Administration of Medicine in Early Learning and Childcare Settings Guidance.](#)

## **Principles**

- 1.4 School staff providing healthcare to children and young people should receive appropriate training from a health professional or other accredited source in the care they are providing. They should not be expected to provide such care unless training and support is provided and is subject to appropriate clinical governance.
- 1.5 There is no legal or contractual duty on school staff to administer medicine or supervise a child or young person taking it. This is a voluntary role. Perth and Kinross Council's Employer Liability Insurance provides full cover for all school staff who volunteers to administer medication within the scope of their employment.
- 1.6 Assistance with intimate care may be needed at any time, by children in all sectors and at all levels. Schools should have arrangements in place to deal with these needs quickly and with respect for children's privacy, dignity, rights and preferences.

## CHAPTER 2 RIGHTS AND RESPONSIBILITIES

- 2.1 Supporting the medical needs of children and young people at school is the statutory responsibility of NHS boards and the day to day management and support of these needs may be met by staff in schools. While the arrangements for such support should always seek to include the children and young people affected, it may also include a range of individuals and agencies. Arrangements should be in place to monitor and review the effectiveness of the partnership working and ensure that services work effectively and improve outcomes for children and young people.
- 2.2 Children and young people should be supported in developing their ability to meet their own needs and become as independent as they are able to. In doing this, it is important that the responsibility and accountability of all those involved is clearly defined and that each person involved is aware of what is expected of them and where to seek further support and advice.

### Children and young people's rights

- 2.3 All children and young people have a right to an education and suitable health services. Children and young people have a number of rights in relation to their own education and healthcare.

For example:

- Children and young people under 16 have capacity to consent to 'any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending them, they are capable of understanding the nature and possible consequences of the procedure or treatment'. There is no presumption of maturity at age 12.
- Education authorities are under a duty to seek the views of children about the decisions that affect them, including decisions around their healthcare needs and take these into account alongside their parent's or carer's view.
- Young people have the right to request an assessment of their additional support needs and have their views considered and taken into account in decisions about their learning and support.
- Young people have the right to formal processes for resolving disagreements.

### Responsibilities

#### Children and young people

- 2.4 Children and young people should be supported by those around them to understand their medical conditions and be aware of their Health Care Plans or Asthma Plan as appropriate. Where they are able to do so they should be involved in their healthcare planning and give their consent for the administration of emergency medicine at the required level.

**See Appendix 1 Forms**

- Form 1 [Health Care Plan](#);
- Form 2 [Parental request for child or young person to self-administer medication](#);
- Form 3 [Parental request for school staff to administer medication](#);
- Form 4 [Asthma Plan](#);
- Form 5 [Asthma Plan – child friendly version](#).

**Parents and carers**

- 2.5 Parents and carers are responsible for making sure that their child attends school when well enough to do so. They also have the same responsibilities and rights as young people do for themselves in regard to seeking support of their child. They should be supported to work in partnership with their child, the school health nurses and school staff to reach an agreement about how their child's needs will be met.
- 2.6 Parents and carers should provide their child's school with sufficient information about their child's health, care and treatment. This includes informing the schools of medication required and notifying them if there are any changes to this. Parents and carers should provide the school with the appropriate, clearly labelled medication and ensure that medication is in date.
- 2.7 Some parents and carers may have difficulty understanding or supporting the child or young person's medical condition themselves. General Practitioners (GPs) may be able to provide additional assistance in these circumstances. Parents and carers also have the right to use a supporter or advocate in conversations or meetings with an education authority in regard to the authority's functions under the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended) in relation to their child.

**NHS Tayside**

- 2.8 There are many health care professionals who may be involved in assessing and meeting a child or young person's health care needs. These may include
  - a: General Practitioner (GP); Community Paediatrician, a specialist doctor; school or specialist nurse; therapy services, including speech therapy, physiotherapy, occupational therapy, psychological services and dietician.

**Education and Children's Services (ECS)**

- 2.9 Education authorities have a duty to publish information about their arrangements in place for additional support for learning, including arrangements for identifying, providing support and reviewing the additional support needs of their child or young persons including those arising from the healthcare needs of all children and young people. Perth and Kinross ECS will bring this Guidance to the attention of all headteachers. On an annual basis ECS will promote raising awareness of medical conditions through the online modules available. ECS will liaise with NHS Tayside to co-ordinate training provision to staff in schools as appropriate.

## **Education Authority indemnification/insurance**

2.10 Perth and Kinross Council hereby indemnifies and holds harmless all staff at the school from, and against all actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any act or omission by them, in the administration of the medication to the child or young person, provided always that the member of staff has acted within the remit of their authority and without malice.

## **Schools**

2.11 The day to day responsibility of supporting the healthcare needs of children and young people in schools is likely to fall to education support staff or healthcare support staff, working in partnership with the children and young people concerned, their parents, the school management team, teachers and the school health nurses.

2.12 It is the responsibility of the headteacher and the school management team to ensure that appropriate arrangements are in place to meet the healthcare needs of children and young people in their school.

2.13 The headteacher will need to agree with the parents exactly what support the school can provide for a child with health care needs. Where there is concern about whether the school can meet a child or young person's needs, or where the parents' expectations appear unreasonable, the headteacher can seek advice from the school nurse, GP or other medical professionals and, if appropriate, the education authority.

2.14 There is no legal or contractual duty on school staff to administer medicine or supervise a child or young person taking it. This is a voluntary role. Perth and Kinross Council's Employer Liability Insurance provides full cover for all school staff who volunteers to administer medication within the scope of their employment. Staff who play a direct role in supporting the health and wellbeing needs of an individual child or young person must have access to relevant information which includes information about their healthcare needs.

2.15 The headteacher will:

- ensure that all staff are aware of the actions required to deal with children and young people and the use of prescribed emergency medicines;
- ascertain the training needs of staff in their establishment on an annual basis. It is likely that staff who volunteer to care for complex healthcare needs will need special training and headteachers will ensure that this is provided;

## **All school staff**

2.16 All school staff have an enhanced duty of care to the children and young people. As such, they should be aware of how to respond to an emergency situation. It is not expected that staff will routinely administer medication or support children and young people's healthcare needs.

## **Sharing information and confidentiality**

2.17 Headteachers and members of staff should treat medical information confidentially and agree with the parents or carers and child or young person if appropriate, who should access their medical information.

## CHAPTER 3 SUPPORT AT SCHOOL LEVEL

### The role of headteachers

3.1 The headteacher is responsible for:

- supporting the healthcare needs of children and young people in the school;
- identifying and organising awareness raising and/or training in regard to supporting healthcare needs and administering medication;
- establishing emergency procedures at the school including a main point of contact in the school health nurses;
- holding details of any prescribed centrally held inhalers, adrenaline auto-injectors (AAIs), or defibrillators for use in emergency situations at the school;
- the storage of and access to medication in the school;
- the arrangements in place to ensure that staff are informed and kept up to date about children and young people's healthcare needs at school.
- ensuring first aid protocols are in place. Further PKC first aid guidance can be accessed here: [PKC First Aid Guidance](#) , [PKC First Aid Record](#).

### Training and Awareness Raising

3.2 NHS boards and education authorities work collaboratively to ensure that all staff have appropriate understanding to enable them to respond to both the educational and health needs of children and young people for whom they are or may be responsible.

3.3 Individualised training may be provided by the relevant healthcare professionals or third sector organisation that provides or delivers the training. Training may also be delivered by third sector or private organisations with the appropriate responsibility or accreditation for providing suitable training.

3.4 General awareness raising training of common conditions is available to ensure that staff in schools have a basic understanding of these, can recognise symptoms and seek appropriate support. Common medical conditions include, for example, asthma, diabetes, epilepsy, eczema and allergic reactions (including anaphylaxis).

Supporting Children's Health provides a recommended online [Asthma Module](#).  
Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

The following websites provide further information around allergies:

- <http://www.cyans.org.uk/> Children and Young People Allergy Network Scotland
- [www.allergyuk.org](http://www.allergyuk.org) National charity providing support, advice and information
- [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) Supporting people at risk of severe allergies

The Childcare Strategy Team ensure the following training is provided:

- First Aid Training - PKC Health & Safety Team
- Asthma - NHS
- Adrenaline Auto-Injectors (AAIs), commonly known as Epi-pens - NHS

Please check the [ECS Learning Hub](#) for available courses.

- 3.5 The school management team and school health nurses should be aware of the arrangements in place for staff training and resources for raising awareness. They must be satisfied that training gives staff with sufficient knowledge, understanding and confidence appropriate to their role.

### **Identifying and supporting healthcare needs in schools**

- 3.6 Many children and young people are likely to require support with healthcare needs at school at some time in their school life, in most cases this will be for a short period only. In these circumstances it is the responsibility of parents and carers to provide their child's school with sufficient information about their child's health, care and treatment. Staff in schools will ensure that this information is complete and the appropriate consents are sought for the healthcare support that is required. ([Appendix 1 Forms](#))
- 3.7 All staff in school will know the school's procedures for responding to an emergency situation including how to access first aid support and emergency services if required. Where a child or young person is taken to hospital by ambulance they should be accompanied by a member of staff who should remain with the child or young person until a parent or carer arrives. The member of staff should take details of the child or young person's healthcare needs and/or details of any medication taken that day.
- 3.8 Generally, staff will not take children or young people to hospital by car, however, there may be circumstances where it is agreed with emergency services that this is the best course of action. In such circumstances and wherever possible the member of staff will be accompanied by another adult and have vehicle insurance which covers public liability. If a member of staff has business insurance for their vehicle this is preferential.

### **Individual Health Care Plans ([Appendix 1 Forms: Form 1](#))**

- 3.9 An individual Health Care Plan is to identify the level and type of support that is required to meet a child or young person's healthcare needs at school. Planning procedures should be proportionate and take into account the best interests of the child or young person. More detailed planning and co-ordination will often be required for those with longer term or complex healthcare or medical needs, and should be managed via an individual Health Care Plan.

3.10 Where it is identified that an individual Health Care Plan is required, the school management team, parents or carers and the individual child or young people are required to draw this up. Other health practitioners may also provide input if they are involved in supporting that child's healthcare or wellbeing needs, whether at school or home, to ensure a continuum of support is in place. The plan should always be tailored to identify and address the individual needs of the child or young person and may include:

- details of any diagnosed condition or symptoms;
- the impact that the condition or symptoms has to the individual;
- details of any medication, dosage, side effects and storage information;
- the healthcare support or procedures;
- whether any learning support is required;
- special requirements e.g. dietary needs, pre-activity precautions, access to facilities and other reasonable adjustments etc.;
- who is responsible for providing the support;
- arrangements for staff cover;
- what to do, and who to contact, in an emergency;
- training needs for the support, how often these should be reviewed and who will deliver the training;
- consent;
- arrangements for support if a child or young person needs to attend regular hospital appointments or spend time in hospital;
- how often and when the plan should be reviewed.

### **Dealing with medicines safely**

3.11 Medication should only be taken to school when absolutely essential. Parents, carers and young people, if appropriate, are responsible for supplying information about any medication that needs to be taken at school and for letting the school know of any changes to the prescription or the support needed. The school should seek written consent that the medication may be administered. ([Appendix 1 Forms](#))

3.12 Schools should ensure that medication is not stored in large quantities and parents or carers provide weekly/monthly/termly supplies, as appropriate in the original manufacturer or pharmacy dispensed container or box. Where medicine is stored the parent or carer should ensure the container is clearly labelled with the name of the child, dose of the drug and frequency of administration. Some medicines may be harmful to anyone to whom they are not prescribed and particular care needs to be taken where a school stores controlled drugs such as methylphenidate.

### **Self-management**

3.13 It is good practice to allow children and young people to manage their own medication from a relatively early age and schools should encourage and support this. Where required, facilities should be provided to allow for this to ensure privacy.

3.14 There should be an assessment of the child's or young person's capability to manage their health needs and carry their medication from the relevant healthcare professional. This should identify actions to help support children and young people, if possible and appropriate, to progressively manage their medical or health needs over time. It may be required to supervise children and young people who self-medicate or manage their health needs routinely, particularly if there is a risk of negative implications to their health or education. The Scottish Government has provided information on children's capacity to make decisions in the [Children's Advocacy Guidance](#). The NHS has further guidance on capacity and consent: [NHS Assessing Capacity](#) and [NHS Consent to treatment - Children and Young People](#). A young person aged 16 or over does not need parental consent for medical treatment or interventions unless there is a reason to believe that they lack capacity.

### **Access to medication**

3.15 Where a child or young person is managing medication themselves they should not normally be expected to give up their medication for storage. In allowing children and young people to retain medication, an assessment must be made of the potential risk to others, with actions put in place to manage those risks appropriately.

3.16 Where individual children and young people do not hold their own medication, they must know where it is stored. Medication should always be accessible at the point of need. However, it is also important to make sure that medicine is only accessible to those for whom it is prescribed.

3.17 Some medicines need to be refrigerated. The temperature of refrigerators containing medication needs to be monitored regularly. Medicines can be kept in a refrigerator containing food but should be in an airtight container supplied by the parent or carer and clearly labelled. If a school has to store large quantities of medicines then a lockable medical refrigerators might be preferable.

3.18 If the school locks away medication, all school staff, and where appropriate, individual children and young people, should know where to obtain keys to access the locked cabinet or fridge.

3.19 Schools may also need to make special arrangements for any prescribed emergency medication that children and young people require. See chapter 5 Emergency Medication.

### **Administering medication**

3.20 Where it is considered that medication will need to be administered at school medication should always be supplied by the parents or carers to the school in its original packaging including any patient information leaflet. They may, therefore, need to obtain a separate prescription for medication to be taken and

held at school. The parent or carer should also ensure that they provide clear instructions about how long the medication needs to be taken, and any other relevant information that isn't provided on the label or patient information leaflet.

3.21 If a member of staff is in any doubt about administering medication they should check with the headteacher, parent/carer or a medical practitioner before doing so. Furthermore, staff administering or overseeing the administration of medication in school will ensure:

- that they are giving the right medicine to the right child or young person at the right time;
- they follow the instructions on the label and/or patient information leaflet
- the correct dosage is given, and recorded;
- they are aware of the side effects and how to deal with them (information on side effects is detailed in the patient information leaflet but if in doubt community or NHS Board employed pharmacists can advise);
- parents and carers are informed immediately if too much medication is given or given to the wrong child. Advice must be sought from healthcare professionals to establish any impact and next steps;
- the medication has been stored and handled as per the label or other instruction;
- they have checked the medication has not passed its expiry date;
- a signed record is completed each time medication is given to any child or young person. (Appendix 1 Form 7 [Record of medication dispensed to child or young person](#)).

3.22 Wherever practical the dosage and administration should be witnessed by a second adult. In some school situations this will not be possible and children, young people and their parents should be involved in decisions about managing any situations that may arise via standard written consent forms or an individual Health Care Plan.

3.23 When medicine is being administered, the child or young person's privacy should be considered.

3.24 Some children or young people may not be able to communicate when they need their medication. Staff need to be able to identify when children need their medication and follow agreed procedures.

3.25 If there are likely to be any problems encountered with the administration of medication at school, or the provision of medication is not straight forward, this should be discussed and planned for through an individual Health Care Plan.

3.26 Headteachers must record any near-miss incidents relating to the Administration of Medication to the Health, Safety and Wellbeing Team through ERIC. Further information on [Incident Reporting](#) is available through this link where the Incident Report Form and Incident Report Form Guidance can be accessed.

## **Paracetamol (and the use of other non-prescription medicines in schools)**

- 3.27 Children and young people in schools sometimes ask for painkillers (analgesics) or other non-prescribed medication at school such as antihistamines. However schools are not permitted to hold non-prescribed medication. If a child or young person suffers regularly from acute pain or symptoms, such as a headache, period pain or hayfever, parents may provide the school with non-prescribed medication alongside clear and appropriate instructions and consent for the medication to be administered ([Appendix 1 Forms](#)).
- 3.28 Staff should supervise the child or young person, record details of the medication taken, and inform the parents in writing on the day the medication is taken. Alternatively parents (or where appropriate the young person) may ask for the medication to be prescribed by a GP.
- 3.29 Sometimes young people with the maturity and capacity to carry and self-manage their own non-prescribed medication and symptoms should be allowed to do so. In such circumstances it is recommended that only medication that can be purchased by a pharmacy should be carried and that children and young people carry as little medication as possible in the original pack or bottle, normally only enough for a single school day (although this may not be possible for liquids or sprays). Blister packs, for example, can be cut to ensure only a single day's medication is carried.
- 3.30 Children under 16 years should not be given or permitted to take aspirin, unless prescribed by a doctor. Further, codeine should not be provided to children under 12 years as it is associated with a risk of respiratory side effects, and is not recommended for young people (12 to 18 years) who have problems with breathing.

## **Refusing medication**

- 3.31 If a child or young person refuses to take medication, school staff should not force them to do so. If the child is below the age of legal capacity, or is not considered to have capacity, the school must inform the parent or carer that their child has refused to take medication as a matter of urgency. (Refer to section 3.14 Self Management for further information around children's capacity). If the parents or carers cannot be contacted, school staff should seek urgent advice from the relevant healthcare professional about the impact of the child or young person refusing their medication. If necessary, the school should call the emergency services for an ambulance. A record should be kept when medication is refused and covering action taken. ([Appendix 1 Forms](#)) In the case of long term conditions or treatments the school health nurses may wish to contact the relevant healthcare professionals for advice and take account of this in the child's Health Care Plan.

## **Disposal of medication**

- 3.32 Staff should not dispose of medication. Date expired medicines or those no longer required for treatment should be returned directly to the parent or carer to return to a pharmacy for safe disposal. Staff are responsible for ensuring, in advance, timely replacement or removal of date expired medicines. Medication that is in use and in date should be collected by the parent or carer at the end of each term.
- 3.33 Where this isn't possible, schools are required to dispose of medication in a safe and appropriate manner in accordance with current waste management legislation. This will normally mean that medication is sent to a community pharmacy. To do this legally, schools must register as a professional carrier and transporter of waste with the Scottish Environment Protection Agency (SEPA). Registration is free and can be done online at the [SEPA Website](#). Clinical or healthcare waste, including needles for example, should be disposed of in line with the arrangements in place for the disposal of such waste.

## **Hygiene and infection control**

- 3.34 All staff should be familiar with standard infection control precautions for avoiding infection and must follow basic hygiene procedures such as handwashing. Where advice on infection control is required, school staff should consult [PKC Infection Control Guidance](#). Staff should have access to protective disposable gloves and follow safety protocols in the Infection Control Guidance when dealing with spillage of blood or other body fluids and disposing of dressings or equipment.

## **Intimate care**

- 3.35 Intimate care encompasses areas of personal care, which most people usually carry out for themselves but some are unable to do so because of their additional support needs or impairment or medical condition. It may also apply to certain invasive medical procedures such as assisted feeding. Support to meet a child or young person's intimate care needs should be covered as part of the individual Health Care Plan.
- 3.36 Appropriate training should be put in place for staff who provide intimate care. Staff must protect the rights and dignity of the child or young person as far as possible, even in emergencies. For further information on toileting guidelines and procedures refer to [PKC Toileting Guidance](#). This guidance must be adhered to at all times.
- 3.37 Some children and young people may have individual protocols which must be taken into account when planning to support them. Further guidance is being developed by ECS on Use of Touch. Check [ERIC School Related Information](#) for Use of Touch Guidance.

## CHAPTER 4 REASONABLE ADJUSTMENTS

### The need to make reasonable adjustments

- 4.1 Staff in schools and healthcare professionals must make reasonable adjustments to ensure that children and young people with healthcare needs are enabled to participate in the opportunities that learning provides. This includes school trips, sporting activities and work placements.

#### School trips

- 4.2 All children and young people are entitled to and should be encouraged to take part in all school activities including PE, sport, excursions, work placements and vocational pathways delivered through school-college partnerships.
- 4.3 Sometimes the school may need to take additional safety measures for these activities. Consideration should be given to the appropriate lines of communication in an emergency. Arrangements for taking any necessary medication will also need to be taken into consideration. Where appropriate any restrictions on these activities should be agreed within the individual Health Care Plan.
- 4.4 Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular child or young person. If staff are concerned about how to provide for a child or young person's safety, or the safety of other children or young people on a trip, they should seek medical advice from the relevant healthcare professional or the child's GP.

For further information on school trips see PKC guidance [Planning, managing and evaluating your excursion](#).

#### Sporting activities

- 4.5 Most children or young people with healthcare needs can participate in extra-curricular sport or in the PE curriculum. However, some activities may need to be modified or precautionary measures may need to be taken, e.g. children with asthma may need to take their reliever inhaler before exercise. All staff should be aware of and have access to information concerning children and young people with specific health needs. Any medically advised restrictions to a child or young person's ability to participate should be noted in the Health Care Plan, Asthma Plan or Parental request for child or young person to self-administer medication.

#### Work placements and vocational pathways delivered through school-college partnerships

- 4.6 When a work placement has been arranged it is the responsibility of the work placement organiser to ensure that the placement is suitable for the individual with a particular medical condition. Similar considerations apply when a child or

young person attends another establishment for part of their course. In both circumstances the school management team should ensure that organisers are aware of relevant medical conditions, all reasonable adjustments are in place and ensure that a risk assessment is carried out so that the individual's needs are met appropriately and proportionately. Young people should also be encouraged to share relevant medical information with employers.

- 4.7 When young people attend college as part of the arrangements made for their education, schools should liaise with the college to ensure that any are supported in line with the policy framework, taking account of the Scottish Funding Council's annual guidance to the sector.

### **School transport**

- 4.8 ECS arrange home to school transport where legally required to do so. It is the responsibility of ECS to provide safe transport and appropriately trained staff. In doing so, consideration needs to be given to specific healthcare needs and a means of communication such as the use of mobile phones if considered necessary.
- 4.9 Again, these arrangements should be covered in an individual Health Care Plan, considered as part of any risk assessment and are covered by the duty to make reasonable adjustments.

## CHAPTER 5 ASTHMA, ANAPHYLAXIS ALLERGIC REACTIONS AND PRESCRIBED EMERGENCY MEDICINES

### Asthma

- 5.0 Immediate access to reliever inhalers is vital. Within the school children and young people are encouraged to carry their prescribed reliever inhaler as soon as the parent, healthcare professional and teacher agree they are mature enough. The reliever inhalers of younger children are kept in a visible and easily accessible place within the classroom. Inhalers are to be clearly marked and show an expiry date.
- 5.1 Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler. The school will hold this separately in case the child or young person's own inhaler runs out, is lost or forgotten. All inhalers must be labelled with the child or young person's name by the parents or carers. The parents or carers accept responsibility for maintaining appropriate up-to-date medication.
- 5.2 All school staff will let children or young people take their own medicines when they need to and in accord with the information above.
- 5.3 School staff will be aware of which children and young people have asthma. They should remind those whose asthma is triggered by exercise to take their reliever inhaler before any activity and undertake a warm-up. Each child or young person's inhaler will be labelled and be accessible at the site of the lesson. If a child or young person needs to use their inhaler during a lesson they will be encouraged to do so.
- 5.4 There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve children or young people with asthma as much as possible in after school clubs.
- 5.5 School staff and active school co-ordinators are provided with training available through the [ECS Learning Hub](#) and are aware of the potential triggers for children or young people with asthma when exercising, ways to minimise these triggers and what to do in the event of an asthma attack. Supporting Children's Health provides a recommended online [Asthma Module](#).

### Anaphylaxis Allergic Reaction

- 5.6 Anaphylaxis is a life-threatening systemic allergic reaction. It can be triggered by a broad range of allergens. The most common allergens are certain foods, drugs, and venom, including wasp and bee stings.
- 5.7 The onset of anaphylaxis can be very fast. Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline can result in fatal outcomes. An intramuscular injection of adrenaline in the outer thigh is the

treatment of choice for someone having an anaphylactic reaction. At the first signs of a severe reaction the individual should use an Adrenaline Auto-Injector (AAI), commonly known as an epi-pen, then call for emergency medical help.

- 5.8 Children and young people should have two Adrenaline Auto-Injectors (AAIs) available at all times. This is particularly important for people who also have allergic asthma as they are at increased risk of a severe anaphylactic reaction.
- 5.9 Schools should ensure that all AAI devices, including those belonging to a younger child, are kept in a safe and suitably central location: for example, the school office or staffroom to which all staff have access at all times, but in which the AAI is out of the reach and sight of children. They must not be locked away in a cupboard or an office where access is restricted. This should not be located more than 5 minutes away from where they may be needed.

### **The use of prescribed emergency medication**

- 5.10 All children and young people who require emergency medication should have their inhaler or AAI device available immediately and a spare inhaler or AAI device, which should be held by the school, provided on prescription for the individual child or young person.
- 5.11 Prescribed Salbutamol inhalers and spacers may be kept as part of an asthma kit, which may include:
  - prescribed salbutamol metered dose inhalers;
  - two plastic spacers compatible with the inhaler;
  - instructions on using, cleaning, testing and storing the inhaler and spacer;
  - manufacturer's information and a checklist of inhalers, identified by their batch number and expiry date, on which monthly checks recorded;
  - a note of the arrangements for replacing the inhaler and spacers;
  - a form to record when the inhaler has been used;

### **Staff training and awareness raising**

- 5.12 All staff working in schools should have a general awareness of providing support to children and young people with asthma and allergies. All staff should know:
  - some children or young people may not be able to communicate when they need their medication;
  - the signs and symptoms of an asthma attack. ([Appendix 5](#));
  - the signs and symptoms of an anaphylaxis allergic reaction ([Appendix 6](#));
  - how to check if a child is diagnosed with asthma, is on the asthma register and holds their own inhaler;
  - how to check if a child is at risk of anaphylaxis and holds their AAI;
  - how to access information from a child's individual care plan or other written record about the management of their condition;

- where the child's own inhaler or AAI should be kept and how to access their spare device;
- be able to support an individual to administer their salbutamol inhalers;
- who is trained to administer their AAI;
- who to contact for further help and advice.

**The child or young person should never be sent to collect their own inhaler or AAI out-with the classroom.**

- 5.13 Staff may volunteer to be trained to support children and young people in managing their asthma or allergies, including how to respond in the event of an emergency.

Those staff should undertake specific training to be able to:

- be able to recognise when emergency action is required;
- respond to a request for help from another member of staff;
- administer (or support an individual to administer) salbutamol inhalers;
- clean the mouthpiece of the inhaler after each use (spacers should not normally be reused to reduce the risk of cross infection and may be given to the child to take home if another spacer is available);
- administer (or support an individual to administer) AAIs;
- undertake specific training regularly;
- update records regarding the use of an inhaler or AAI and pass on this information onto parents and carers.

The eLearning module <https://www.supportingchildrenshealth.org/asthma-module/> is available for staff. This is not a substitute for direct training.

## Appendix 1 FORMS

Form 1	<a href="#">Health Care Plan</a>
Form 2	<a href="#">Parental request for child or young person to self-administer medication</a>
Form 3	<a href="#">Parental request for school staff to administer medication</a>
Form 4	<a href="#">Asthma Plan</a>
Form 5	<a href="#">Asthma Plan – child friendly version</a>
Form 6	<a href="#">Delivery of medication to school</a>
Form 7	<a href="#">Record of medication dispensed to child or young person</a>

**FORM 1: HEALTH CARE PLAN FOR A CHILD OR YOUNG PERSON WITH MEDICAL NEEDS**

Name of child or young person:	DOB:	School:	Class:	
<b>Medical condition:</b>				
<b>CONTACT INFORMATION</b>				
<b>Family contact 1</b>	Name:	Address:		
	Phone number (Home):	Phone number (Work):		
	Relationship to child or young person:			
<b>Family contact 2</b>	Name:	Address:		
	Phone Number (Home):	Phone Number (Work):		
	Relationship to child or young person:			
<b>GP, specialist or hospital clinic</b>	Name:	Phone Number:		
	Name:	Phone Number:		
<b>PLAN PREPARATION AND DISTRIBUTION</b>				
Prepared by	Name:		Designation:	Date:
Distributed to	Parent/carer:	GP:	Clinic:	Other:
<b>Describe the child or young person's medical condition and details of its impact on child or young person in school:</b>				
<b>Medication:</b>		<b>Details of dose:</b>		
<b>Method and time of administration:</b>				
<b>Daily care requirements (e.g. before sport; dietary; therapy; nursing needs):</b>				
<b>Action to be taken in an emergency:</b>				

**Follow up care:**

**Members of staff trained to administer medication for this child or young person:  
(Please state if different for off-site activities/school trips)**

**Briefing of staff by health practitioner**

**Name of staff member:**

**Type of training received:**

**Date training was completed:**

**Training provided by:**

I confirm that [redacted] has received the training detailed above and is competent to:

- (i) administer the medication prescribed
- (ii) carry out the procedure described above  
*(delete as appropriate)*

**Trainer's signature:**

**Date:**

I confirm that I have received training detailed above.

**Trainee's signature:**

**Date:**

Suggested date for refresher training:

**HOW WE USE YOUR PERSONAL INFORMATION**

The information provided by you will be used by Perth & Kinross Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law.

For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection); email [dataprotection@pkc.gov.uk](mailto:dataprotection@pkc.gov.uk) or phone 01738 477933.



**FORM 2: PARENTAL REQUEST FOR CHILD OR YOUNG PERSON TO SELF-ADMINISTER  
MEDICATION**

This form must be completed by parents or carers

## **HOW WE USE YOUR PERSONAL INFORMATION**

The information provided by you will be used by Perth & Kinross Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law.

For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection); email [dataprotection@pkc.gov.uk](mailto:dataprotection@pkc.gov.uk) or phone 01738 477933.

Parents and/or carers should ensure that their child is aware of their responsibility for:

- carrying medication in school
- making sure the medication is secure and is only used by them
- reporting to a member of staff immediately if they finds that the medication has been lost or stolen.



### FORM 3: PARENTAL REQUEST FOR SCHOOL STAFF TO ADMINISTER MEDICATION

School staff will not give your child medicine unless:-

- you complete and sign this form and
- the Headteacher has agreed that school staff can administer the medicine

<b>Child or young person's name</b>	
<b>Date of birth</b>	
<b>Address</b>	
<b>Condition or illness</b>	
<b>MEDICATION</b>	
<b>Name/type of medication (as described on the container)</b>	
<b>Prescribed by</b>	GP, Hospital, Other (specify):
<b>Name of prescriber</b>	
<b>Address of prescriber</b>	
Written instructions from a medical professional are required. The written instruction on the medication is normally sufficient if it is the original pharmacy label as this matches the prescription from the GP.	
<b>Date dispensed (Parent must ensure that in date and properly labelled medication is supplied)</b>	
<b>Length of time medicine will cover or expiry date of medication</b>	
<b>Full directions for use</b>	
<b>Timing</b>	
<b>Special precautions</b>	
<b>Possible side effects</b>	

<b>Procedures to take in an emergency</b>	
<b>CONTACT INFORMATION</b>	
<b>Name</b>	
<b>Daytime telephone number</b>	
<b>Relationship to child</b>	
I accept responsibility for:	
<ul style="list-style-type: none"> <li>• delivering the medicine(s) personally to you, and to replace wherever necessary.</li> <li>• ensuring that medication is correctly labelled in the original pharmacy packaging and has not passed any 'use by' date.</li> <li>• providing a clearly labelled airtight container</li> <li>• checking whether the school holds emergency medication that is appropriate for my child and have indicated if this is suitable in the form above.</li> <li>• advising you immediately of any change of treatment prescribed by any doctor or hospital.</li> </ul>	
I understand the terms of the Staff Indemnity:	
<p>The Local Authority hereby indemnifies and holds harmless all staff at the school from, and against all actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any act or omission by them, in the administration of the medication to the child or young person, provided always that the member of staff has acted within the remit of their authority and without malice.</p>	
<b>Signature(s)</b>	
<b>Date</b>	
<b>Relationship to child</b>	
<b>SCHOOL AGREEMENT</b>	
<b>Name of staff volunteers</b>	
<b>NHS comments</b>	
<b>Signed:</b>	<b>Date:</b>
<i>(Headteacher/named member of staff)</i>	

## **HOW WE USE YOUR PERSONAL INFORMATION**

The information provided by you will be used by Perth & Kinross Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law.

For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection); email [dataprotection@pkc.gov.uk](mailto:dataprotection@pkc.gov.uk) or phone 01738 477933.



#### FORM 4: ASTHMA PLAN

School staff will not give your child medicine unless:-

- you complete and sign this form and
- the headteacher has agreed that school staff can administer the medicine

<b>Child or young person's name</b>	
<b>Date of birth</b>	
<b>Address</b>	
<b>Condition or illness</b>	Asthma
<b>Triggers (if known)</b>	Colds / viral infections / pollen / exercise / laughter / stress / others – please specify:
<b>MEDICATION</b>	
<b>Inhaler medication</b> (as described on the container)	
<b>Dosage</b>	
<b>Method of administration</b> (i.e. via aero chamber)	
<b>Time of administration</b> (i.e. before PE)	
<b>Where is medication kept</b>	
<b>Special precautions</b>	
<b>Expiry date of medication</b> (Parent must ensure that in date and properly labelled medication is supplied)	
<b>Possible side effects</b>	
<b>Self-administration</b>	
<b>Prescribed by</b>	GP, Hospital, Other (specify):
<b>Name of prescriber</b>	
<b>Address of prescriber</b>	
Written instructions from a medical professional are required. The written instruction on the medication is normally sufficient if it is the original pharmacy label as this matches the prescription from the GP.	

<b>Procedures to take in an emergency</b>			
<b>CONTACT INFORMATION</b>			
Name			
Daytime telephone number			
Relationship to child			
I accept responsibility for:			
<ul style="list-style-type: none"> <li>• delivering the medicine(s) personally to you, and to replace wherever necessary.</li> <li>• ensuring that medication is correctly labelled in the original pharmacy packaging and has not passed any 'use by' date.</li> <li>• checking whether the school holds emergency medication that is appropriate for my child and have indicated if this is suitable in the form above.</li> <li>• advising you immediately of any change of treatment prescribed by any doctor or hospital.</li> </ul>			
I understand the terms of the Staff Indemnity:			
<p>The Local Authority hereby indemnifies and holds harmless all staff at the school from, and against all actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any act or omission by them, in the administration of the medication to the child or young person, provided always that the member of staff has acted within the remit of their authority and without malice.</p>			
<b>Parent or carer signature(s)</b>		<b>Date</b>	
<b>Relationship to child or young person</b>			
<b>Child or young person Signature where appropriate</b>		<b>Date</b>	
<b>SCHOOL AGREEMENT</b>			
<b>Name of staff volunteers</b>			
<b>NHS comments</b>			
<b>Signed:</b>	<b>Date:</b>		
(Headteacher/named member of staff)			

## **HOW WE USE YOUR PERSONAL INFORMATION**

The information provided by you will be used by Perth & Kinross Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law.

For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection); email [dataprotection@pkc.gov.uk](mailto:dataprotection@pkc.gov.uk) or phone 01738 477933.

FORM 5: ASTHMA PLAN - CHILD FRIENDLY VERSION



# My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.



And what to do when your asthma gets worse.

Name: \_\_\_\_\_

## 1. My daily asthma medicines

- My preventer inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_.
- I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- My reliever inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_. I take \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is \_\_\_\_\_

## 2. When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than \_\_\_\_\_

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

I also take \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) every four hours.

If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?

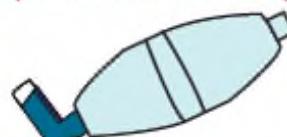


IF YES

I take:

\_\_\_\_\_ puff/s of my reliever inhaler (usually blue) beforehand.

Remember to use my inhaler with a spacer (if I have one)





# My Asthma Plan

## 3. When I have an asthma attack

### I'm having an asthma attack if:

- My reliever inhaler (usually blue) isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than \_\_\_\_\_

### My asthma triggers (things that make my asthma worse)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

### When I have an asthma attack, I should:

Sit up – don't lie down. Try to be calm.

Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) every 30 to 60 seconds (up to 10 puffs).



You and your parents can get your questions answered:

Call Asthma UK's friendly Helpline  
Monday to Friday 9am to 5pm

**0300 222 5800**

Get information at  
**www.asthma.org.uk**

### I need to see my asthma nurse every six months

Date I got my asthma plan:

\_\_\_\_\_

\_\_\_\_\_

Date of my next asthma review:

\_\_\_\_\_

\_\_\_\_\_

Doctor/asthma nurse contact details:

\_\_\_\_\_

\_\_\_\_\_

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

Make it easy for you and your family to find it when you need it

- 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 school, grandparents and babysitter (a printout or a photo).

## **FORM 6: DELIVERY OF MEDICATION TO SCHOOL**





**FORM 7: RECORD OF MEDICATION DISPENSED TO CHILD OR YOUNG PERSON**

## **Appendix 2 Emergency medication information for parents and carers**

### **Perth and Kinross Council Education and Children's Services**

#### **Guidance for parents and carers on arrangements for dealing with a child or young person requiring essential or emergency medication**

Please be aware that school staff are under no obligation to administer medication to any child. However, they may, after briefing by a health professional, volunteer to administer medication. An emergency procedure will be put in place if no staff volunteer.

Should your child have a medical condition that may require administration of medication during school hours:

The school will:

- hold medication, under secure conditions in the clearly marked storage box;
- provide parental request form for either medication administered by staff or self-administered by the child or young person;
- ensure awareness raising or training is provided by healthcare professionals in respect of the administration of medication as appropriate.

You or your trusted representative, are responsible for:

- providing consent for the administration of medication for your child;
- supplying this medication to a responsible member of staff .You should not send it to school with your child;
- maintaining up to date medication;
- providing an appropriate storage box clearly marked with your child's details;
- collecting medication at the end of day or term as appropriate;
- obtaining written instructions from a medical professional regarding the medication. The written instruction on the medication label is normally sufficient if the original pharmacy label remains attached as this matches the prescription;
- ensuring any changes to medication are communicated to school staff.

If your child requires long term or emergency administration of medication an individual Health Care Plan or Asthma Plan will be completed in consultation with you, the child/young person and a healthcare professional where appropriate. A Health Care Plan contains details of your child's medical condition, medical treatment, emergency contacts and staff volunteers.

If you have any queries about the management of your child's medical condition within school, you should contact the headteacher.

## **Appendix 3 Medicines in schools information for parents and carers**

Dear Parents and carers,

### **Medicines in Schools**

A review of procedures regarding the administration of medication in schools has recently taken place within Education and Children's Services and all schools are now required to operate within the new framework of guidance.

There is no obligation on school staff to administer medication of any kind to any child or young person, and parents are asked to note that routine medicine shall not be administered by the school. The guiding principle adopted by providers and parents should be that medicines should be taken out of school hours.

Where children or young person require regular medication to be administered or self-administered during the school day, parents should complete the relevant request form available from the school. This may include written guidance from a medical professional (your GP or Specialist) but please note the written instruction on the medication is normally sufficient if it is the original pharmacy label as this matches the prescription.

Some children or young people carry inhalers for asthma and related illness, which they self-administer at school. It is necessary that parents of children who carry their own medication complete the appropriate form so that an up-to-date record is held for each child carrying medication to school. Please contact the school for the appropriate form.

If a child or young person suffers from a chronic illness requiring long term medication or where medication may be required in an emergency situation, parents must contact the headteacher to discuss the situation. Children or young people with Asthma should have two inhalers available at all times, one should be held by the school for occasions where the child's own device has ran out or is not immediately available. For those at risk of anaphylactic reaction two prescribed Adrenaline Auto-Injectors (AAIs) must be available at all times. This is particularly important for children and young people who also have allergic asthma as they are at increased risk of a severe anaphylactic reaction.

Yours sincerely

Headteacher

## **Appendix 4 Use of emergency inhaler letter template**

### **To inform parents or carers of Emergency Salbutamol Inhaler use**

Child or young person's name:

Class:

Date:

Dear

This letter is to notify you that.....has had problems with their breathing today. This happened when .....

.....  
.....

#### **Please delete as appropriate**

A member of staff helped them to use their own asthma inhaler.

**OR**

They did not have their own asthma inhaler with them, so a member of staff helped them to use their spare prescribed asthma inhaler, held by school. They were given ..... puffs. Please contact your doctor to supply an inhaler for your child to use in school.

We strongly advise that you pass this information on to your doctor as soon as possible to see whether your child needs further medical assessment.

Yours sincerely,

## **Appendix 5 How to respond to an Asthma attack**

### **Signs of an asthma attack**

The child's reliever inhaler (usually blue) isn't helping, and/or any of the following:

- they are coughing, wheezing or short of breath;
- they say their chest feels tight or if a younger child reports that they have stomach ache;
- they are unusually quiet;
- they are unable to talk or complete sentences.

### **STEP 1: If a child is having an asthma attack the following steps should be taken**

- Stay with the child.
- Send someone to locate the child's own inhaler and spacer or
- Send someone to get the child's spare inhaler and spacer held in school.
- If possible do not move the child but allow space and privacy.

### **STEP 2: Stay calm and help them to take their inhaler**

- Encourage the child to sit in an upright position.
- Stay calm and reassure the child.
- Prime the inhaler (2 puffs into the air).
- Help the child to take two doses (2 puffs) of their inhaler, one dose at a time, shaking inhaler between doses. A spacer should be used to help ensure that the medicine reaches the lungs.
- If no better repeat 1 puff every minute for 5 minutes

### **STEP 3: Call 999 for an ambulance if**

- Their symptoms are getting worse or they are becoming exhausted.
- They don't feel better after 10 doses.
- If you are worried at any time, even if they haven't yet taken 10 puffs.
- When calling ambulance give clear details and confirm the entrance to the school if there is more than one entrance. Record all information including the time inhalers were given.

**If the ambulance takes longer than 15 minutes, repeat STEP 2 and call emergency services again.**

## **Appendix 6 How to respond to an Anaphylaxis allergic reaction**

Anaphylaxis is a life-threatening systemic allergic reaction. It can be triggered by a broad range of allergens. The most common allergens are certain foods, drugs, and venom, including wasp and bee stings.

The following symptoms are signs of a **mild to moderate** allergic reaction:

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

The following symptoms are signs of **anaphylaxis (a life-threatening allergic reaction):**

- Persistent cough.
- Swelling in the throat (altered/hoarse voice)
- Difficulty swallowing and/or a swollen tongue.
- Difficult or noisy breathing or wheezing
- Persistent dizziness. dizziness, feeling faint, tiredness (symptoms of low blood pressure)
- Becoming pale or floppy.
- Suddenly sleepy, or they become unconscious.

If in doubt about severity, or if previous reactions have been severe, the individual should use an adrenaline auto-injector.

**STEP 1:** At first signs of a severe allergic reaction use the adrenaline auto-injector.

**STEP 2:** Call 999, ask for an ambulance and state “anaphylaxis”, even if symptoms are improving.

**STEP 3:** Lie flat with the legs raised in order to maintain blood flow. If you have breathing difficulties sit up to make breathing easier.

**STEP 4:** Seek help immediately after using the auto-injector and stay with the person while waiting for the ambulance.

**STEP 5:** If the person does not start to feel better, the second auto-injector should be used 5 to 15 minutes after the first.

Check the expiry date of the adrenaline auto-injectors and obtain replacements before they expire. Expired injectors will be less effective.