

*Falconer's Hill  
Infant School*



Policy on Medical  
Needs and  
Supporting Pupils  
with  
Medical Conditions

September 2025

Review date: September 2028

### Introduction/Summary

This policy outlines FHIS approach to supporting children with medical conditions and is written with reference to Section 100 of the *Children and Families Act 2014* and the *Statutory Guidance for Supporting Pupils at Schools with Medical Conditions* December 2015.

FHIS is an inclusive community that welcomes and supports pupils with medical conditions and/or disabilities. It is a school that endeavours to provide the same opportunities to pupils with medical conditions as to all others, and where a positive and caring approach to such pupils' needs is strongly promoted by the Senior Leadership Team and all staff.

At FHIS, we will help to ensure that children with medical conditions can:

- Be happy;
- Feel safe;
- Feel loved
- Enjoy and achieve.

The school leadership ensures that all staff understand their duty of care to children. In particular, staff understand that duty in the event of an emergency, and know what to do when one occurs.

The school aims to manage and understand all its pupils' medical conditions to the best of its ability, knowing that some are potentially life threatening. It understands the importance of medication and care as directed by healthcare professionals and by parent(s) or carer(s).

All relevant staff regularly receive training on the impact that medical conditions can have on our pupils.

The INCLUSION MANAGER and Senior Leadership Team are responsible for this policy and its implementation, and can be contacted through [admin@fhis.inmat.org.uk](mailto:admin@fhis.inmat.org.uk)

### Our principles of inclusivity

- 1) FHIS is welcoming and supportive of pupils with medical conditions, and endeavours to provide them with the same opportunities and access to activities (both school-based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because reasonable adjustments for their medical condition have not been made. <sup>1</sup>
- 2) The school listens to the views of parents, carers and pupils, ensuring that pupils with medical conditions feel safe at school and confident in receiving an appropriate level of care that meets their medical needs.

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<sup>1</sup> However, in line with safeguarding duties, we must ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. The school therefore does not have to accept a child in school at times where it would be detrimental to the health or educational wellbeing of that child or others to do so.

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- 3) The school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided for such children.
- 4) We understand that all children with the same medical condition will not have the same needs. All children at the school with complex or long-term medical conditions therefore have an Individual Healthcare Plan (IHP) except where agreed with the school nurse/pediatric team. We may use the school's templates for more common conditions or adapt these with support from the school nurse for more complex conditions [See the templates – Appendices A & B].
- 5) We recognize that the duties on schools in the Children and Families Act (2014) and the Equality Act (2010) relating to children with disabilities and/or medical conditions are anticipatory. This means that we must try to foresee likely obstacles relating to medical conditions/disabilities and make plans for individual children so that they are not excluded or otherwise treated unfairly.
- 6) This policy should be read alongside our broader FHIS policies on the equality and inclusion of all learners and our policy on safeguarding the health and well-being of all children in the school – both available on the school website [www.fhis.inmat.org.uk](http://www.fhis.inmat.org.uk)

### Staff training and awareness

- 1) Staff understand the medical conditions present among the pupils at this school and that they may have serious implications, adversely affecting a child's quality of life and their ability to learn. We train relevant staff on the most common medical conditions in the school both during their induction and through regular whole-school awareness training.
- 2) Staff understand that symptoms such as limited concentration or frequent tiredness may be due to a pupil's medical condition. Teachers will refer pupils with medical conditions who are not achieving their educational potential to the Special Educational Needs Co-ordinator, who will arrange to discuss the issue with parent(s) or carer(s).
- 3) Staff understand that having a long-term medical condition increases the likelihood of mental health difficulties.
- 4) Staff understand their common law duty of care to pupils and are trained in what action to take in an emergency. In particular:
  - a. All school staff, including temporary or supply staff, are aware of which children have medical conditions, and know what action to take in any medical emergency specific to each child in their care.
  - b. All staff have their training on what to do in emergencies regularly refreshed.
- 5) All Teaching Assistants at FHIS are trained in first aid. When their first aid qualification expires, arrangements are made for that member of staff to attend a refresher course. All staff are familiar with normal precautions for avoiding infection and follow basic hygiene with spillages of blood and other body fluids.
- 6) Most staff are trained annually in the administration of EpiPen's. Staff who have children with EpiPen's in their class would be prioritized.

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- 7) The school leadership ensures that all staff providing specific support to a pupil with a medical condition have received suitable training and have confidence to provide the child with the care and support needed to fulfill the requirements set out in the pupil's IHP. Training may be provided by a specialist nurse, the School Nurse, or other suitably qualified healthcare professionals, and the parent(s) or carer(s).
- 8) The school ensures that there are reasonable numbers of staff trained to administer the medication and meet the care needs of any individual child. We thereby ensure that there are sufficient numbers of staff trained to cover absences, staff turnover and other contingencies.
- 9) Records of all staff training undertaken, including the names of which staff are trained to meet the care needs of which pupils, are kept up to date in a central register.

### Emergencies

- 1) All staff understand and are trained in the school's general emergency procedures.
- 2) All staff receive training on what to do in medical emergencies relating to the most common serious medical conditions at this school. This training is regularly refreshed.
- 3) Every Individual Healthcare Plan (IHP) includes explanation of what help that child needs in an emergency, and all relevant staff will be trained to provide that help. The IHP - or equivalent if the IHP has not yet been agreed - for each child is kept in a clearly identified and accessible place, so that it can be consulted in an emergency. A copy of the IHP will also accompany the pupil on any school trip or off-site outing. The IHP will accompany the pupil should they need to attend hospital, and includes parental permission for sharing it within an emergency setting.
- 4) If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until their parent or carer arrives, or accompanies the child taken to hospital by ambulance. Except in very exceptional circumstances sanctioned by the head teacher, staff will not take a pupil to hospital in their own car. Any daily records that may be relevant to treatment will accompany the child to the hospital or be sent there immediately afterwards.
- 5) If an emergency occurs off-site, for example on a school trip, the class teacher or trip leader should remain with the majority of the pupils while support staff go to the hospital with the injured or sick pupil(s).
- 6) The school reviews all medical emergency incidents to see if they could have been avoided or prevented, and makes changes to policy and practice according to these reviews.
- 7) There is a visible photo sheet for children with allergies and asthma, and further photo sheets that summarise plans relating to specific children's conditions and actions to take in an emergency, and is displayed in prominent locations, including classrooms, the kitchen/dining hall and the staff room.

### Accidents

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- 1) All significant accidents are recorded on Handsam platform by either the Headteacher or a member of the SLT.
- 2) All classrooms contain a First Aid Kit and a Kit is taken on all school trips.
- 3) Children attend the First Aid Station (Bumps and Bruises bench) after any significant accident.
- 4) Wipes are used to clean cuts and grazes, and ice-packs are used for bumps and bruises.
- 5) During break times, a specified member of staff will remain on First Aid duty at the First Aid Station (Bumps and Bruises Bench) on the playground. Children in the playground may be sent by a supervising adult to the First Aid Station to receive treatment or further appraisal. Children will always be supervised in this area.
- 6) Any child who suffers an accident involving their head will be given a printed letter to take home at the end of the day in order to inform parent(s) or carer(s). This will be shared on Seesaw.
- 7) Copies of head bump letters are filed in accident book and kept for a minimum of 2 years. Staff are encouraged to make a record of any child that has more accidents or illnesses than might be expected.

### Administering medication at school (including occasional medicines for children with short-term health conditions)

- 1) Where there is an IHP in place for a child, FHIS recognises the vital importance of that child's medication and medical care being administered only as detailed in their Plan.
- 2) The school will not give medication (prescription or non-prescription) to any child without a parent's written consent. Medicines must therefore be accompanied by such written consent, and, where prescribed, by their original prescription or prescription label and container (except for insulin, which may be inside an injector pen or pump). Neither Aspirin nor Paracetamol will ever be given to a child by the school unless prescribed by a doctor.
- 3) Medicines are only administered in school when it would be detrimental to the child's health or school attendance not to do so. Usually, we would expect this to be with a doctor's prescription, except in exceptional circumstances. Wherever clinically possible, therefore, parent(s) and carer(s) should ask for medicines to be prescribed in dose frequencies that allow them to be taken outside of school hours. Any dosage requirements under 4 doses per day will not be administered at school.
- 4) We will never accept unverified instructions from a child, no matter how sensible they are. If a child has brought medicine into school without a parental consent form, we will remove it from them and immediately telephone their parent/carer.
- 5) When administering medication, we always check the maximum dosage and when the previous dosage was given. Parents will always be informed after medication has been given, and if any side effects were noted. Children who need to use their asthma pump only occasionally are monitored and if the use is increasing parent(s) or carer(s) are informed.

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- 6) If a pupil refuses to take their medication, agreed procedures in any IHP are followed and a parent or carer is notified immediately.
- 7) All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so. Members of staff, however, are encouraged to take on the voluntary role of administering medication wherever this is needed and with the precondition that adequate training is provided.
- 8) In some circumstances, medication will only be administered by a specified staff member and/or witnessed by a second adult.

### Sending children home due to illness

- 1) The class teacher and office staff will make a decision (sometimes in consultation with the parent) as to whether a child should be sent home, and the office will then contact a parent or carer and arrange for the child to be collected.
- 2) The school follows National Health Service Guidance [<http://www.nhs.uk>] on the length of time a child is required to stay home after a contagious illness. We recognise the importance of protecting all children from infection, particularly those with reduced immunity and/or heightened risk due to a medical condition.

### Storage of medication and medical equipment

- 1) FHIS ensures that all relevant staff understand what constitutes an emergency for an individual child with a known medical condition and that emergency medication/equipment is readily available wherever the child is in the school, or during off-site activities.
- 2) The school stores controlled drugs (as defined in the Misuse of Drugs Act, 1971) securely, but so that the staff person responsible for administration can always gain access. Staff can administer a controlled drug to a pupil once they have received specialist training. Records are kept of all drug quantities stored and any doses used.
- 3) All medications, including asthma pumps, are stored safely and are used only by those for whom they are prescribed. The school will store medication that is in date and in accordance with its storage instructions. Wherever possible, it should be labeled with its original container/prescription; otherwise it should be clearly labeled with the pupil's name, the medication's name, the expiry date and the

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instructions for administration, including dose and frequency. (The exception to this is insulin, which must still be in date, but may be stored inside an injector pen or pump.)

- 4) Parents are asked to collect all medications/equipment at the end of each school term, or as soon as they are about to expire and to provide new and in-date medication whenever necessary or at the start of each new term. Staff in the reception office have responsibility for ensuring that this takes place. Out-of-date medication will be returned to the parent for safe disposal. It is the parent / carers responsibility to ensure the school has in-date medication(s).
- 5) The school collects and disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child, wherever necessary, on off-site visits.

### Record keeping / Individual Healthcare Plans (IHPs)

- 1) All parents are asked whether their child has any medical conditions and/or disabilities on the enrolment form.
- 2) FHIS may use an IHP to record and clarify the support each individual pupil needs around their medical condition. The IHP is developed by the parent(s) or carer(s), the pupil (where appropriate), the Special Educational Needs Co-ordinator other relevant school staff, a specialist nurse and/or other relevant healthcare professionals where necessary.
- 3) As soon as the school is notified that a new or existing pupil has a medical condition of sufficient seriousness, procedures commence for the making of an IHP (usually starting with the completion of a standard form by the responsible healthcare professionals and the parent(s) or carer(s)). Where there is not a formal diagnosis, the Head Teacher will make an evidence-based judgement about whether an IHP may be required.
- 4) Where a standard template for asthma or allergies is not being used, an IHP for an individual medical condition might include:
  - a. information on the medical condition in relation to the individual child;
  - b. their symptoms;
  - c. what may trigger those symptoms;
  - d. instructions on access to and administration of treatment/medication;
  - e. consent for administration of treatment/medication, including any self-care;
  - f. emergency procedures, including whom to contact;
  - g. any special educational needs relating to the condition;
  - h. any social or emotional support required;
  - i. how to make sure the pupil will remain safe throughout the whole school day and during out-of-school activities or trips, following risk assessments;
  - j. who has responsibility for providing support; their training needs; cover arrangements;
  - k. who may have access to the IHP or hold a copy; parental consent for its sharing in an emergency situation.
- 5) FHIS keeps a centralized and secure register of all IHPs, and the Inclusion Leadership Team is responsible for this register.

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- 6) IHPs are regularly reviewed, at least every year or more frequently if the pupil's needs or treatment regime change. The SENDCo is responsible for ensuring that this takes place in conjunction with the School Nurse, and that each IHP is clear and up-to-date, including all its copies.
- 7) Parent(s) or carer(s) understand that they should let the school know immediately if their child's medical needs – including dosage or medicine administration instructions – change.
- 8) The parent(s) or carer(s) of the child, and specified members of staff, agreed by the parent(s) or carer(s), hold copies of the IHP in school. The school nurse will hold copies of an IHP and will distribute this to other healthcare services where necessary.
- 9) Other school staff, including temporary, supply and support staff, are made aware of the IHP for any child in their care and are told where they can access a copy. All children with allergies or other medical needs are identified on their class register, and supply staff are always given this annotated register.
- 10) FHIS makes sure that the pupil's confidentiality is protected. We seek permission from parent(s) or carer(s) before sharing a child's medical information with any person other than those listed above.
- 11) The school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff member's name. Wherever necessary, arrangements are made for these records to be routinely transferred to parent(s) or carer(s) by a method that is convenient and effective for the parent(s) or carer(s) as well as for the school administration.
- 12) If a pupil refuses medication, this is recorded and a parent or carer notified immediately.
- 13) When a child with a medical condition leaves the school, the SENDCo is responsible for overseeing the smooth transition of their IHP and medical records to the new school or setting, ensuring that staff training and other requirements are explained to those who are taking over responsibility.

### Planning for off-site trips and residential visits

- 1) FHIS actively supports the fullest possible participation of children with medical conditions in all school trips and visits.
- 2) Well in advance of any overnight, residential or extended day trip, the school may seek to gather additional information about a pupil's medical condition (if appropriate), from their parent(s) or carer(s), and/or the specialist nurse and/or other relevant healthcare professional in order to conduct a timely risk assessment and discuss plans for care requirements that are likely to arise. Health and Safety Executive guidance applies.
- 3) Arrangements for educational visits will be drawn up alongside the child's IHP. As part of this document, up to date instructions regarding medication doses and other arrangements, signed by the school and parent/carer will accompany the child where necessary.
- 4) FHIS makes sure that at least two trained members of staff are available to accompany a pupil with a medical condition on an extended off-site visit, including overnight stays and residential trips. Contingency plans are made for staff absence.

### Physical Education and other sporting activities

- 1) The school places great importance on all pupils taking part in physical activity and ensures that staff, especially our specialist PE/sports teachers, make reasonable adjustments so that activity sessions are accessible to all pupils. This includes school clubs and team sports. Pupils with medical conditions are actively encouraged to take part in these.
- 2) All relevant staff know that pupils should not be forced to take part in activities when they are unwell. They are aware of pupils who have been advised to avoid particular activities or who should take special precautions during an activity in order to stay well.
- 3) We ensure pupils with medical conditions have any necessary medication, equipment and/or food with them during physical activity.
- 4) Our specialist PE/sports staff know what action to take in an emergency, including any individual emergency instructions in a child's IHP.

### An inclusive and favourable environment

- 5) FHIS is committed to providing a physical environment accessible to pupils with medical conditions, including during after-school and out-of-school activities.
- 6) The needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, including breaks, extended activities, before and after school clubs, school productions and excursions, and residential visits. We recognise that this may sometimes mean changing activities or locations.
- 7) Staff are made aware of the potential social and emotional problems that pupils with medical conditions may experience and use this knowledge, in accordance with FHIS School's Behaviour and Anti-bullying Policy to prevent and address such problems. Both policies are available on the school website [www.fhis.inmat.org.uk](http://www.fhis.inmat.org.uk)
- 8) Teachers use opportunities in lessons to raise awareness of medical conditions and to promote a positive, inclusive environment.
- 9) If and when appropriate, pupils with medical conditions are encouraged and educated to take control of their condition and their treatment, in preparation for self-care in later life. The precondition for this is that such children first feel safe and confident in the care they receive from the school.
- 10) No child with a medical condition will be sent home more than necessary, or excluded from activities or facilities (including school dinners) because reasonable adjustments have not been made by the school. Any routine or foreseeable exclusion from activities or facilities that cannot be resolved after reasonable adjustments will be specified in the IHP.
- 11) No child will be prevented from eating, drinking or taking toilet or other breaks needed in order to manage their medical condition.

- 12) No parent or carer of a child with a medical condition will be expected to routinely attend the school in order to administer medical care.
- 13) The school is committed to identifying, reducing and wherever possible eliminating the triggers that can worsen common medical conditions or lead to medical emergencies.

#### Absences and punctuality

- 1) FHIS understands that frequent absence or lateness may be due to a pupil's medical condition and therefore will not penalize pupils for a poor attendance record where this is clearly the main cause.
- 2) The school recognizes that absences due to health problems affect children's educational attainment, their social integration and their general well-being. We therefore provide additional support for reintegration of children after a medical absence. Where such absences are regular, such special arrangements will be reflected in a child's IHP. The school will also provide home learning materials for any child who is absent for an extended period. The Local Authority is responsible for providing children with educational support if they are absent for 15 days or more.

#### Roles and responsibilities

##### The Governing Body:

- 1) Reviews and approves this policy annually.
- 2) Works in partnership with all relevant parties to ensure that this policy is implemented, disseminated and reviewed successfully. This involves ensuring that the school leadership regularly consults health and social care professionals, pupils, parents and carers on how well the needs of children with medical conditions are being supported at the school.
- 3) Ensures that every pupil in the school with a medical condition and/or disability is supported to enable the fullest possible participation in all aspects of school life.
- 4) Ensures that the school leadership has arranged for sufficient staff to receive suitable training, so that they are competent to take responsibility for any child with a medical condition.
- 5) Ensures that the school leadership has in place the appropriate level of insurance and liability cover provided by the Local Authority.

##### The Senior Leadership Team and Inclusion Leadership Team:

- 1) Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- 2) Encourage staff to volunteer to support children with medical conditions, including through the administration of approved medication.
- 3) Ensure that there are sufficient staff who have received suitable training and are competent to take responsibility for any child with a medical condition. This may involve additional recruitment.

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- 4) Liaise between all stakeholders, including pupils, school staff, the Special Educational Needs Co-ordinator, parents and carers, governors, the school health service.
- 5) Ensure this policy is implemented, maintained and communicated.
- 6) Ensure that information held by the school is accurate and that there are good information sharing systems in place, based around pupils' IHPs.
- 7) Ensure pupil confidentiality.
- 8) Assess the training and development needs of staff and arrange for them to be met.
- 9) Ensure that all supply teachers and new staff are aware of this policy.
- 10) Delegate a member of staff to check the expiry date of medicines kept in the school and maintain the medical conditions register.
- 11) Delegate a member of staff to review the IHP of each child with a medical condition, at least annually or whenever medical needs may change, and ensure that IHPs are always developed with the child's best interests in mind.
- 12) Monitor and review this policy at least once every two years, with input from all concerned parties.
- 13) Report to the Governing Body and other key stakeholders on the implementation of this policy.

### The Leader of Learning for Special Educational Needs;

- 1) Contributes to the updating of this policy.
- 2) Keeps the register of which pupils have medical conditions (or current medical needs).
- 3) Identifies which pupils have learning or behavioural difficulties because of their condition.
- 4) Ensures pupils with medical conditions are being helped to keep up with their schoolwork and to fulfill their potential.
- 5) Ensures teachers make necessary arrangements if a pupil needs special consideration or access arrangements during exams or course work.
- 6) Ensures that pupils with medical conditions are never excluded unnecessarily from activities in which they wish to participate.
- 7) Co-ordinates the annual review of every IHP and ensures that each Plan and its copies are also kept up-to-date between review dates. The office staff are responsible for ensuring that all medication is stored correctly and in date.
- 8) Co-ordinates risk assessments and meetings with parent(s) or carer(s), teaching and support staff and health professionals in order to prepare for residential and other off-site trips/visits by pupils with medical conditions.

### All Teaching and Support Staff:

- 1) Must be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- 2) Understand this policy and its implications for their work.
- 3) Know which pupils in their care have a medical condition and be familiar with their IHP's content, including when certain pupils should be excused from certain activities and how particular medical conditions may impact upon learning.
- 4) Allow all pupils to have access to their emergency medication.

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- 5) Maintain effective communication with parents and carers, including informing them if their child has been unwell at school.
- 6) Ensure pupils who carry their medication/treatment with them have it whenever they are outside the classroom.
- 7) Ensure pupils have the appropriate medication or food with or near them during any exercise and are allowed to take/consume it whenever necessary.
- 8) Be conscious of whether pupils with medical conditions may be experiencing bullying or need extra social support.
- 9) Ensure pupils with medical conditions are never excluded unnecessarily from activities in which they wish to participate.
- 10) Ensure pupils who have been unwell are helped to catch up on missed work.
- 11) Ensure pupils with medical conditions receive extra help with learning when they need it.
- 12) Utilise classroom and other opportunities to promote a positive awareness about medical conditions and the principle of non-discrimination.

### The School Nurse:

- 1) Is consulted on this policy.
- 2) Notifies the school when they are told of a child with a medical condition requiring support.
- 3) Helps provide training and advice to school staff.
- 4) Sources information about where the school can access other specialist training.

### Our First Aiders:

- 1) Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school.
- 2) When necessary, ensure that an ambulance or other professional medical help is called (consulting with senior leadership where appropriate).

Note: A First Aid certificate does not, on its own, constitute sufficient training for supporting children with medical conditions.

### Monitoring and reviewing this policy

This policy has been developed following the guidance on Supporting Pupils at School with Medical Conditions, issued by the Department for Education:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Any updates to this guidance will be sought and incorporated into the policy in future.

We review this policy every two years and make adjustments as appropriate. Our review involves pupils, staff, governors and parents and carers. It may also involve the School Nurse, relevant local health services, and/or others with duties under the policy.

The views of pupils with medical conditions, and of their parent(s) or carer(s), are central to the evaluation process. If a parent or carer, or a pupil, believes that any aspect of this policy has not been properly followed, they should immediately contact the school on [admin@fhis.inmat.org.uk](mailto:admin@fhis.inmat.org.uk)

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If any stakeholder, including a parent or pupil, believes that this policy requires improvement or amendment in any way, they should contact the SENDCo or head teacher on the address above.

### Disseminating this policy

This policy is available:

- on the school website;
- as paper copies from the school office; and
- as part of induction for all new or temporary staff.

We ensure that the whole school community knows about the policy and its objectives through the school newsletter, assemblies, lessons, staff meetings and other communications.

Asthma Management Plan for School

	Name		DOB:	
	NHS Number :		Name of Emergency Contact:	
	Telephone Number 1: Telephone Number 2:		Medication expiry:	
	Date completed:		Review date:	

..... has diagnosis of asthma and takes .....puffs of ..... , ..... times a day, every day even if feeling well.

Triggers: E.G. Physical activity, seasonal change (cold weather), allergies.

Medication kept in school:	Is spacer required	<input type="checkbox"/>
EMERGENCY MEDICATION	<u>SALBUTAMOL</u>	

- Deliver 2 puffs of salbutamol (blue inhaler) if ..... is**
- Coughing or wheezing a lot
  - Breathing hard and fast/Shortness of breath
  - Unable to finish sentences



If no improvement give a further 2 puffs of the blue inhaler every 2 minutes (up to 10 minutes) until .....feels better.



If no improvement after 10 puffs or if you are worried at any time call **999** for an ambulance and inform emergency contact on details above.



If they are waiting for an ambulance for longer than 15 minutes, repeat process up to 10 puffs.

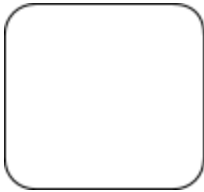
*This Care Plan has been written and agreed by the following and it can be shared on a need to know basis:*

	Print name:	Signature:	Date:
Parent			
School SENCO			
Health Professional			

Healthcare Plan for a Pupil with Medical Needs relating to Allergies

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(for children that do not have a care plan provided by their consultant)



Name		DOB:	
NHS Number :		Name of Emergency Cont	
Telephone Number 1: Telephone Number 2:		Medication expiry:	
Date completed:		Review date:	

### Severe Allergic reaction to:

.....is usually fit and well but if in contact with an allergen, she/he may experience the following symptoms.



### Medication

The school will hold (under secure conditions) appropriate medication clearly marked with child's name. The medication will show an expiry date. The parents are responsible for maintaining up to date (non-expired) medication.

1 bottle of **PIRITON** – .....Mls to be given if mild allergic reaction is suspected.

2 **EPIPENS** to be kept in school office – follow administration directions overleaf if severe allergic reaction suspected.

This Care Plan has been written and agreed by the following and it can be shared on a need to know basis:

	Print name:	Signature:	Date:
Parent			
School SENCO			
Health professional			

**EPIPEN ACTION**

Treatment: Administer EPIPEN in upper outer thigh.

Epipen should then be removed and kept safe and handed to paramedic on arrival. Call

999 and request an ambulance.

Message to be given - Child's name  
Anaphylactic reaction State  
require paramedic

If no improvement after 5 minutes administer second dose of Epipen. If

no pulse or child stops breathing commence CPR

**Who is responsible in an Emergency: TRAINED STAFF**

To administer Epipen

**Do**



*Epipen should be removed and kept safe and handed to paramedic on arrival. If no improvement after 5 minutes administer second dose of Epipen.*

*Patient must go to A&E because relapse can occur within a few hours and/or further management may be required.*

**Don't**

*Use Epipen to practice emergency administration.*

*Remove **BLUE** safety cap until ready to use Epipen.*

*Place fingers over **ORANGE** tip.*

*Attempt to inject into vein or buttocks.*

*Inject into extremities, as adrenaline causes local vasoconstriction.*

*Leave patient until paramedics arrive*

**Follow up care**

- *must go to A&E because relapse can occur within a few hours and/or further management may be required.*

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- *The administration of this medication is safe for .....and even if it is given through misdiagnosis it will do her no harm.*
- *On arrival of the emergency services the teacher in charge will advise them of medication given.*
- *After the incident a debriefing session will take place with all staff and parents involved.*

# *Falconer's Hill Infant School*

Ashby Road,  
Daventry,  
Northamptonshire,  
NN11 0QF

W: [www.fhis.inmat.org.uk](http://www.fhis.inmat.org.uk)

Date:

I request that the school staff administer this prescribed **MEDICINE** (please enter medicine's name),

\_\_\_\_\_ as per the instructions on the  
prescription \_\_\_\_\_ bottle, \_\_\_\_\_ to \_\_\_\_\_  
child, \_\_\_\_\_ in class  
\_\_\_\_\_ at the following times: \_\_\_\_\_.

I recognise that the school cannot be held responsible for any of the side-effects detailed on the leaflet provided.

Parent/Carer's Name \_\_\_\_\_

Signature \_\_\_\_\_

Administered By Staff:

Date:	Time:	Dose (ml)	Name: