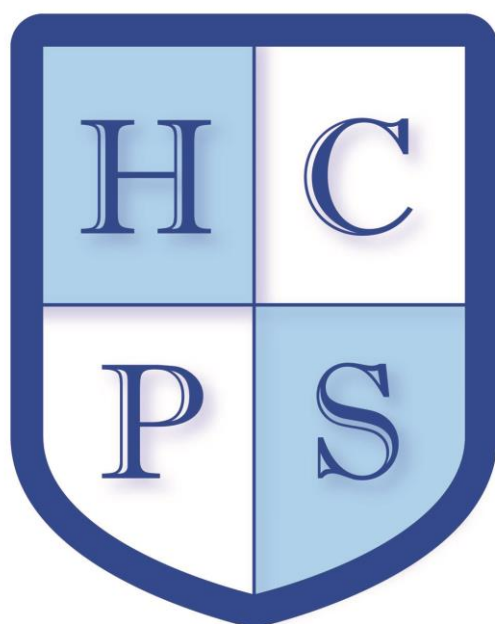


# Hunslet Carr Primary School



## Administering Medicines Policy

**High expectations**  
**Caring**  
**Positive attitude**  
**Successful**

Policy reviewed: March 2017

Next review: March 2019

*High Expectations, Caring, Positive Attitudes and Successful*

## **STRENGTHS OF OUR SCHOOL**



### **The Children**

- Are well behaved, calm and polite
- Are engaged, positive and resilient
- Are supportive and helpful towards others
- Have an input on important decisions
- Have a sense of belonging

### **The Community**

- School supports the whole family not just the child
- Recognises the importance of attendance
- Spreads our growing reputation as a good school
- Helps celebrate the children's achievements
- Supports the school on improving behaviour

### **The Curriculum**

- Is a fun curriculum that is engaging
- Maintains a strong focus on the basic skills
- Is enriched through extra-curricular activities
- Supports our most vulnerable children
- Provides a rich variety of experiences & opportunities

### **The Staff**

- Develop nurturing relationships with children
- Provide good quality teaching and learning
- Support one another to help the children
- Are consistent in how they treat children
- Identify children's SEN needs early

## **THE CURRICULUM WE HOPE TO PROVIDE**



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### **Skills**

Fluent and confident in Reading, Writing and Maths  
Communicate with confidence  
ICT skills fit for the future  
Life skills – social, money, time, cooking  
Safety skills – Swimming, healthy choices  
Problem solving skills – Patience & Resilience

### **Attitudes**

Confident, proud and independent  
The believe that 'Impossible is Nothing'  
Understand and celebrate a range of cultures  
Take responsibility for themselves & others  
Be honest and learn from their mistakes  
Respectful, caring and helpful

### **Experiences**

To have 1<sup>st</sup> hand experiences of...  
Going away on a residential trip  
Visiting a range of places of worship  
A chance to look after an animal  
Relevant trips to theatres/farms/beaches  
Taking part in public performances  
Work experiences & further education

### **Knowledge**

High school ready English & maths  
To know about local places of interest  
To know where we are in the world  
Life skills – money, time, cooking  
Information about possible careers  
To know major historical facts  
To know their own strengths

## **Purpose of the Policy**

For all people connected with the school to understand their duties regarding medicines in school and to clarify:

- who is responsible for ensuring that sufficient staff are suitably trained
- the school's commitment that all relevant staff will be made aware of medical conditions of children in their care
- procedures for writing individual healthcare plans and/or individual risk assessments (including RA for school visits and sporting events)
- procedures for managing prescription medicines which need to be taken during the school day
- procedures for managing prescription medicines on trips and outings
- a clear statement on the roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines
- a clear statement on parental responsibilities in respect of their child's medical needs
- the need for prior written agreement from parents<sup>5</sup> for any medicines to be given to a child
- the circumstances in which children may take any non-prescription medicines
- the school or setting policy on assisting children with long-term or complex medical needs
- policy on children carrying and taking their medicines themselves
- staff training in dealing with medical needs
- record keeping
- safe storage of medicines
- access to the school's emergency procedures

### **• Adoption**

The school governors at their meeting on **29<sup>th</sup> March 2017** adopted this policy. This is reviewed every two years unless necessary sooner.

### **• Objectives**

At Hunslet Carr Primary we recognise that parents have the prime responsibility for their child's health and that it is their responsibility to provide school with information about their child's medical condition. Parents should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information about specific conditions.

Since September 2002 schools and LEAs have been under a duty:

- not to treat less favourably disabled pupils or students, without justification, than pupils and students who are not disabled
- to make reasonable adjustments to ensure that disabled pupils and students are not put at a substantial disadvantage in comparison to those who are not disabled

At Hunslet Carr we are committed to these principles.

- **Staff Training**

At Hunslet Carr Primary School as part of their induction procedures, all staff will be shown where and how to administer medicine safely to children.

Where children require more specialist medical support the appropriate members of staff will receive medical training by a school nurse. The person responsible for organising this training is **Jane Wilson** the SENCo after the completion of a EHC Plan or Risk Assessment.

No member of staff will be asked to administer or should be expected to administer medicine without training. All training received should be recorded on Form 4 in our Appendix.

This policy and the guidance within it should be discussed as a whole staff team at least once a year so that all staff have a general awareness of their role in supporting children with medical needs and implementing this policy.

If staff have followed the policy and have received appropriate training then the school accepts responsibility for them administering or supervising the taking of medicine to a child and they will be insured under the school's insurance arrangements. Our insurance provider is Zurich insurance.

- **Individual Health Care Plans or Individual Pupil Risk Assessments**

At Hunslet Carr we welcome all children regardless of their circumstance including their health needs.

When children are admitted to Nursery (or another year group mid-year) the office will pass on their admission forms to **Jane Wilson**, who together with the Headteacher and Inclusion team will make a decision about whether or not an Individual Health Care Plan (HCP & Form 1 in the Appendix) or Individual Pupil Risk Assessment (IPRA) should be completed.

Where they are deemed necessary the parents should be invited to attend (see Form 6 - invitation letter in the appendix) and the forms completed. Where children are old enough their views should also be sought. The views of medical professionals should also be sought.

Once a HCP or IPRA is completed they should be scanned and placed on the child's SIMS record and a paper copy kept in their file, easily accessible within the classroom. All staff working with the child regularly should be made aware of the plan and the actions stated within it.

- **Roles and responsibilities**

This document should be read alongside the Guidance on Medication in School document that sets out clearly the roles and responsibilities that different stakeholders should take in this process.

- **Managing Medicines at school**

**For most teachers the priority of safeguarding the welfare of children in their care will mean they will be happy to administer medicine as set out in the school's policy, however support staff might have contracts or job descriptions that make the administration of medication part of their role.**

Where staff are willing, they should follow the following guidelines:-

- Parents should provide full information about their child's medical needs, including details on medicines their child needs. (Form 2)
- Medicines should only be bought to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.
- The school should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- **A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**
- **However as part of our 'loco parentis' role we may also administer mild analgesics such as Calpol if after meeting with the parents the Headteacher agrees that it would be detrimental to the child's health and education to not do so. A strict protocol will be put in place so that all parties understand what has been agreed to.**
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration with the child's name clearly shown.

**The School should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

- No child under 16 should be given medicines without their parent's written consent.
- Any member of staff giving medicines to a child should check:
  - the child's name
  - the name of the medication
  - prescribed dose
  - expiry date
  - written instructions provided by the prescriber on the label or container
- If in doubt about any procedure, staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.
- The schools should also arrange for staff to complete and sign a record each time they give medicine to a child. *Forms 2 and 3* can be used for this purpose. Good records help demonstrate that staff have exercised a duty of care. **These are found in the Medicine Cupboard.**

### **Helpful advice for parents about prescribed medicine**

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this.

It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or relabelling of medicines by parents

### **Asthma**

The school takes asthma very seriously as a large proportion of the children have the condition. Teachers should know the children with asthma in their class and ensure that they have the right inhaler with them daily. They should make sure that the right inhaler is accessible during the school day and especially during trigger points such as PE, extreme weather and on Educational Visits. The child's asthma plan (Form 7) should be kept in their tray as well as a copy in their files.

The school has recently (Dec 2016) invested in emergency Blue Inhalers that can be used in extreme circumstance with children who are suffering an asthma attack where their inhaler can't be located. This is located near the school registers.

### **Educational Visits**

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools and settings should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits.

This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children. Sometimes additional safety measures may need to be taken for outside visits.

It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Travel sickness medication is administered in the same way as other medication at Hunslet Carr – parents should fill in a form, medication should be in the original packaging, the adult administering should make a record and another adult should witness the administration.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. See DfES guidance on planning educational visits

### **Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### **Short -Term Medical Needs**

Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However such medicines should only be taken to school or an early years setting where it would be detrimental to a child's health if it were not administered during the school day.

If parents wish their children to take medicines for a short time at school they should complete Form 2 in the appendix. This form should be stored securely with the medication in the medication cupboard. After completion of the course of medication the form should be scanned and attached to the child's SIMS record and the paper copy transferred to their file in the class.

### **Long-Term Medical Needs**

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state.



Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered. The school needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written healthcare plan for such children (Form 1), involving the parents and relevant health professionals. This form should be scanned and attached to the child's SIMS record and a paper copy should be stored in the SENCo's files and the child's files in the classroom.

This can include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions and any side effects of the medicines
- what constitutes an emergency and what action to take
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

### **Self-Management**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody. However children could access them for self-medication if it is agreed that it is appropriate.

### **Refusing Medicines**

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

### **Safety Management**

All medicines may be harmful to anyone for whom they are not appropriate. Where a school or setting agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

### **Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Schools and settings should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label). Misuse of a controlled drug, such as passing it to another child for use, is an offence.

### **Storing Medicines**

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child.

Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions.

Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers. When medical needs change, parents should inform school as soon as possible and complete a new form 2.

Children should know where their own medicines are stored and who holds the key. The head is responsible for making sure that medicines are stored safely.

At Hunslet Carr Primary School all medicines are kept in the Medicine Cupboard on the Early Years Corridor. The key to which is stored in the Key box in the office.

Inside the Medicine cupboard there are two storage compartments.

- A clip lock box to store medicines at room temperature
- A fridge to store medicine that are required to be cold

From April 2017, all medicines brought to school will also be kept in a zip lock bag with the child's consent form (Form 2), a photo of the child and the prescribed medicine. This zip lock bags will provide an additional layer of security.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away.

At Hunslet Carr we encourage children to have their blue inhalers in their classroom with their Asthma Plans (See Form 7).

Epi-Pens are stored in an unlocked cupboard in the office in a named box with the child's consent form (See Form 8).

### **Access to Medicines**

Children need to have immediate access to their medicines when required. The school or setting may want to make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This should be considered as part of the policy about children carrying their own medicines.

## **Disposal of Medicines**

At the end of a course of medicine the container and left over medicine should be returned directly to the parent or carer.

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services. The sharps disposal box is in the medical room.

## **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **Emergency Procedures**

As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision.

Other children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 9.

All staff should also know who is responsible for carrying out emergency procedures in the event of need. The office staff are usually responsible for calling emergency services at Hunslet Carr. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. In remote areas a school might wish to make arrangements with a local health professional for emergency cover. The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

## **Procedures for dealing with children ingesting medicines in error**

The school expects all staff to be aware of and to follow the procedures detailed in this policy. However we are aware that no procedure can be so robust that it is not free from human error.

In the event that a child is given medicine in error the following procedures must be followed immediately:

- The most senior member of staff in school at the time should be made aware
- The most senior member of staff should ensure that the office calls NHS Direct and informs them of the error. Giving the following information
  - The name of the child who was given medicine
  - Whether the school is aware of allergies
  - The name of the medicine administered
  - The dosage/strength of the medicine administered
  - The time it was given
- At the same time as the office is calling the NHS Direct, the most senior member of staff should be phoning the parents of the child given the medicine to inform them of the error and to ask them to come into school at the earliest opportunity

## **APPENDIX I: FORMS**

- Form 1:** Individual Healthcare Plan
- Form 2:** Parental agreement for school/setting to administer medicines
- Form 3:** Record of medicines administered to all children
- Form 4:** Staff training record - administration of medicines
- Form 5:** Emergency planning - request for an ambulance
- Form 6:** Invitation to parents to contribute at EHC meeting
- Form 7:** Asthma Plan
- Form 8:** Epi-Pen Plan

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

## FORM 1 – Individual Healthcare Plan

Name of School/Setting	Hunslet Carr Primary School
Child's name	
Class Name	
Year Group	
Date of Birth	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review date	

### CONTACT INFORMATION

#### Family contact 1

#### Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

#### Clinic/Hospital contact

#### GP

Name _____	Name _____
Phone No. _____	Phone No. _____

**Who is the named member of staff responsible for providing support in school?**

--

**Describe medical needs and give details of child's symptoms, triggers, signs, treatment, facilities, equipment or devices etc**

--

**Name of medication, dose, method of administration, when to be taken, side effects. Administered by who (if self with/without supervision)**

--

**Daily care requirements: (e.g. before sport/at lunchtime)**

--

**Specific support for pupil's educational, social and emotional needs**

--

**Arrangements for school visits/trips etc**

**Other information**

**Describe what constitutes an emergency, and the action to take if this occurs**

**Who would be responsible in an emergency?**

**Who has this plan been developed with?**

**What are the staff training requirements – Who, What, When?**

**Form Copied and sent to:**

## FORM 2

### Parental agreement for school/setting to administer medicine

The school/setting will not give your child's medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine

Name of School/Setting	Hunslet Carr Primary School
Name of Child:	
Date of Birth:	
Class Name	
Year Group	
Medical condition/illness:	

### Medicine

Name/Type of Medicine (as described on the container):	
Date dispensed from the pharmacy:	
Expiry date on the medication packaging:	
Dosage and method:	
Timing:	
Special Precautions/Other instructions:	
Are there any side effects that the school/setting needs to know about?	
Self Administration:	Yes/No (delete as appropriate)
Procedures to take in an Emergency:	

**Medicines must be in their original container as dispensed by the pharmacy.**

### Contact Details

Name:	
Daytime Telephone No:	
Relationship to Pupil:	
Address:	
I understand I must deliver the medicine personally to	The school office who will store it safely.



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

Parent's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

**Confirmation of the Head's agreement to administer medicine**

It is agreed that:	[name of pupil]
Will receive:	[quantity and name of medicine]
Every day at:	[time medicine to be administered]
This will continue until:	[end date of course of medicine]
Date:	
Signed:	[Headteacher or most senior SLT member]

**Record of medicine administered to an individual pupil**

**STOP – Right Form? Right Child? Right Time? Right Medicine? Right Dose?**  
**If you are unsure ask for support or guidance from a senior member of staff.**

Date			
Time Given			
Dose Given			
Name of member of staff			
Staff initials			
Date			
Time Given			
Dose Given			
Name of member of staff			
Staff initials			
Date			
Time Given			
Dose Given			
Name of member of staff			
Staff initials			



**FORM 4**  
**Staff training record**

Name of School/Setting:	Hunslet Carr Primary School
Name:	
Type of training received:	
Date of training completed:	
Training provided by:	
Profession and title:	

I confirm that \_\_\_\_\_ *[name of member of staff]* has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

**Trainer's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I confirm that I have received the training detailed above.**

**Staff signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Suggested Review Date:** \_\_\_\_\_

## **FORM 5 - Contacting Emergency Services**

### **Request for an Ambulance**

#### **Dial 999, ask for ambulance and be ready with the following information**

1. Our Telephone Number - 0113 2713804
2. Give your location as follows - Woodhouse Hill Road, Leeds
3. State that the postcode is - LS10 2EF
4. Give exact location in the school/setting
5. Give your name
6. Give name of pupil and a brief description of pupil's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the patient

#### **Speak clearly and slowly and be ready to repeat information if asked**

Put a completed copy of this form by the telephone

## **FORM 6 – Letter inviting parents to contribute to IHCP development**

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely



# 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.

And also take \_\_\_\_\_ puff/s of my blue reliever inhaler 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 blue reliever inhaler 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 \_\_\_\_\_

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

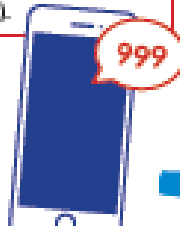
Sit up – don't lie down. Try to be calm.

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 blue reliever inhaler every 30 to 60 seconds (up to 10 puffs).



### My asthma triggers:

Write down things that make your asthma worse

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

Date I got my asthma plan:

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Date of my next asthma review:

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Doctor/asthma nurse contact details:

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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.

### 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).

### You and your parents can get your questions answered:

Call our friendly expert nurses

**0300 222 5800**  
(9am - 5pm, Mon - Fri)

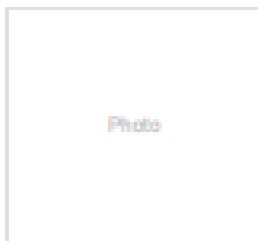
Get information, tips and ideas

**www.asthma.org.uk**

**THIS CHILD HAS THE FOLLOWING ALLERGIES:**

Name:

DOB:



Emergency contact details:

1)



2)



Child's Weight:  Kg

**How to give EpiPen®**



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



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



3 HOLD FIRMLY in place for 10 seconds



4 REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to [www.epipen.co.uk](http://www.epipen.co.uk)

Produced in conjunction with:



© The British Society for Allergy & Clinical Immunology  
[www.bsaci.org](http://www.bsaci.org) Approved Oct 2010

**Mild-moderate allergic reaction:**

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

**ACTION:**

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)



**Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):**

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

**If ANY ONE of these signs are present:**

1. Lie child flat. If breathing is difficult, allow to sit
2. Give EpiPen® or EpiPen® Junior
3. Dial 999 for an ambulance\* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**If in doubt, give EpiPen®**

**After giving EpiPen:**

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement after 5 minutes, give a further EpiPen® or alternative adrenaline autoinjector device, if available

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

**Additional instructions:**

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by:

Hospital/Clinic:

Date: 29 Sep, 2016