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Form 1 - Individual Health Plan

For pupils with complex medical needs at school

Date form completed:		
Date for review:		
Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies held by:		
1. Pupil's Information		
Name of School:		
Name of Pupil:		
Class/Form		
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
2. Contact Information		
Pupil's Address		
	Postcode:	
Family Contact Information		
a.	Name:	

Phone (Day):	
Phone (Evening):	
Mobile:	
Relationship with child/young person:	

b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with child/young person:	

GP

Name:	
Phone:	

Specialist Contact

Name:	
Phone:	

Medical Condition Information**3. Details of Pupil's Medical Conditions**

Signs and symptoms of this pupil's condition:	
Triggers or things that make this pupil's condition/s worse:	

**4. Routine Healthcare Requirements
(For example, dietary, therapy, nursing needs or before physical activity)**

During school hours:	
Outside school hours:	
5. What to do in an Emergency	
Signs & Symptoms	
In an emergency, do the following:	

6. Emergency Medication (Please complete even if it is the same as regular medication)	
Name/type of medication (as described on the container):	
How the medication is taken and the amount:	
Are there any signs when medication should not be given?	
Are there any side effects that the school needs to know about?	
Can the pupil administer the medication themselves? (please tick box)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff members name:
Is there any other follow-up care necessary?	
Who should be notified? (please tick box)	<input type="checkbox"/> Parents <input type="checkbox"/> Carers <input type="checkbox"/> Specialist <input type="checkbox"/> GP
7. Regular Medication taken during School Hours	
Name/type of medication (As described on the container):	

Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school?	
Are there are any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	<p>(Tick as appropriate) Yes, with supervision by:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Staff member's name: <input type="checkbox"/></p>

Medication expiry date:	
8. Regular Medication taken outside of School Hours (For background information and to inform planning for residential trips)	
Name/type of medication (as described on the container):	
Are there any side effects that the school needs to know about that could affect school activities?	
9. Members of Staff Trained to Administer Medications for this Pupil	
Regular medication:	
Emergency medication:	
10. Any Other Information Relating to the Pupil's Healthcare in School?	
Parental and Pupil Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my child/young person's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.	
Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent/Carer) (If pupil is below the age of 16)	
Print Name:	
Date:	
Healthcare Professional Agreement	

I agree that the information is accurate and up to date.	
Signed:	
Print Name:	
Job Title:	
Date:	

Permission for Emergency Medication	
<input type="checkbox"/> I agree that I/my child/young person can be administered my/their medication by a member of staff in an emergency <input type="checkbox"/> I agree that my child/young person cannot keep their medication with them and the school will make the necessary medication storage arrangements <input type="checkbox"/> I agree that I/my child/young person can keep my/their medication with me/them for use when necessary	
Name of medication carried by pupil:	
Signed (Parent/Carer)	
Date	
Headteacher Agreement	
It is agreed that (name of child/young person): <input type="checkbox"/> will receive the above listed medication at the above listed time (see part 7). <input type="checkbox"/> will receive the above listed medication in an emergency (see part 6). This arrangement will continue until: (Either end date of course of medication or until instructed by the pupil's parents/carers).	
Signed (Headteacher):	
Print Name:	
Date:	



Supported by



INDIVIDUAL HEALTH CARE PLAN FOR A CHILD OR YOUNG PERSON IN THE EDUCATION SETTING WHO HAS DIABETES



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This health care plan will capture the key information and actions that are required to support this child or young person (CYP) in school. It will have the CYP best interests in mind and ensure that school assesses and manages risks to the pupils' education, health and social well-being and minimize disruption in the school day. It should be reviewed at least annually.

1 Definitions

IHCP	Individual Health Care Plan
CYP	Child or Young Person
HYPO	Hypoglycaemia
CHO	Carbohydrate
BG	Blood Glucose

2 CHILD/YOUNG PERSON'S INFORMATION

2a. Child / Young Person Details

Child's Name:		Year group:	
Hospital/NHS number:		DoB:	
Nursery/School/College: Post code			
Child's Address: Town: County: Postcode			
Type of Diabetes:	Please select		
Other medical conditions:			

Allergies:			
Date:		Document to be Updated:	

2b. Family Contact Information

Name			
Relationship			
Telephone Number	Home Work Mobile		
Email			
Name			
Relationship			
Telephone Number	Home Work Mobile		
Email			
Name			
Relationship			
Telephone Number	Home Work Mobile		
Email			

2c. Essential Information Concerning This Child /Young Persons Health Needs

Contacts		Contact Number
Children's Diabetes Nurses:		
Key Worker:		
Consultant Paediatrician:		
General Practitioner:		
Link Person in Education:		

School email contact:		
Class Teacher:		
Health Visitor/School Nurse:		
SEN Co-ordinator:		
Other Relevant Teaching Staff:		
Other Relevant Non-Teaching Staff:		
Head teacher:		

This CYP has DIABETES, requiring treatment with (*check which applies*):

Multi-dose regime i.e. requires insulin with all meals:	<input type="checkbox"/>
Insulin Pump Therapy:	Please select
3 injections a day (no injections in school):	<input type="checkbox"/>
2 injections a day (no injections in school):	<input type="checkbox"/>
Other - please state:	

Pupils with Diabetes will have to attend clinic appointments to review their condition. Appointments are typically every 3 months, but may be more frequent. These appointments may require a full day’s absence. Education authority staff should be released to attend the necessary diabetes training sessions, in accordance with national guidance.

3 MONITORING BLOOD GLUCOSE LEVELS

The CYP has a blood glucose monitor, so they can check their blood glucose (BG). BG monitoring is an essential part of daily management; where ever possible CYP should be encouraged to take responsibility for managing their own medicines and BG equipment in school. They should be allowed to carry their equipment with them at all times and their equipment must not be shared.

(*Check which applies*)

BG checks to be carried out by a trained adult, using a Fastclix / Multiclix device.	<input type="checkbox"/>
This child/young person requires supervision with blood glucose monitoring.	<input type="checkbox"/>
This CYP is independent in BG monitoring.	<input type="checkbox"/>

This procedure should be carried out:

- In class or if preferred, in a clean private area with hand washing facilities.
- Hands to be washed prior to the test.
- Blood glucose targets pre meal - mmol/L and - mmol/L 2 hours after meals
(*NICE guidelines 2015 recommend BG levels of 4-7 mmol/L pre meal and 5-9 mmol/L post meals*)
- Lancets and blood glucose strips should be disposed of safely.

There are a wide range of different blood glucose meters available, some have a built in automated bolus calculator.

4 INSULIN ADMINISTRATION WITH MEALS

Check if applies if not, go to section 5

(Check which applies)

Insulin to be administered by a suitably trained adult, using a pen needle that complies with national and local sharps policy	<input type="checkbox"/>
Supervision is required during insulin administration	<input type="checkbox"/>
This young person is independent, and can self-administer the insulin	<input type="checkbox"/>
This CYP is on an insulin pump (see further information below and section 8.2 page 8)	<input type="checkbox"/>

The child or young person requires variable amounts of quick acting Insulin, depending on how much they eat. (Check which applies)

They have a specific Insulin to carbohydrate (CHO) ratio (I:C)	<input type="checkbox"/>
They are on set doses of insulin	<input type="checkbox"/>

This procedure should be carried out:

- In class, or if preferred in a clean private area with hand washing facilities Should always use their own injection device; or sets.
- All used needles should be disposed of in accordance with the school’s local policy

5 INSULIN ADMINISTRATION

Delivered via pen device: Delivered via insulin pump:

Insulin Name	Time	Process
Please select		
Other:		
Insulin Name	Time	Process
Please select		
Other :		
Insulin Name	Time	Process
Please select		
Other :		

Insulin Name	Time	Process
Please select		
Other :		
Insulin Name	Time	Process
Please select		
Other :		

NOTE: See 8

6 SUGGESTED DAILY ROUTINE

	Time	Note
Arrive School		
Morning Break		
Lunch		
Afternoon Break		
School finish		
Other		

Please refer to 'Home-school' communication diary

Please refer to School planner

7 SPORTING ACTIVITY/ DAY TRIPS AND RESIDENTIAL VISITS

Governing bodies should ensure that risk assessments, planning and arrangements are clear to ensure this CYP has the opportunity to participate in all sporting activities. School should ensure reasonable adjustments as required.

Specific instructions If on Insulin Pump therapy: During contact sports the pump should be disconnected (NEVER exceed 60 minutes). Please keep safe whilst disconnected.	
---	--

Extra Snacks are required: PRE-EXERCISE	
POST-EXERCISE	



8 HYPOGLYCAEMIA

(‘Hypo’ or ‘Low Blood Glucose’) **BG: Below 4 mmol/l.**



INDIVIDUAL HYPO-SYMPTOMS FOR THIS CYP ARE:	Pale	<input type="checkbox"/>	Poor Concentration	<input type="checkbox"/>	Other:
	Sudden Change of personality	<input type="checkbox"/>	Sleepy	<input type="checkbox"/>	
	Crying	<input type="checkbox"/>	Shaking	<input type="checkbox"/>	
	Moody	<input type="checkbox"/>	Visual changes	<input type="checkbox"/>	
	Hungry	<input type="checkbox"/>		<input type="checkbox"/>	

How to treat a hypo:

- If possible, check BG to confirm hypo, and treat promptly: [see 8a.](#)
- Do not send this child or young person out of class unaccompanied to treat a hypo.
- Hypos are described as either mild/moderate or severe depending on the individual’s ability to treat him/her.
- The aim is to treat, and restore the BG level to above **mmol/L.** (*ISPAD guidelines recommend 5.6mmol/L*) [\(See 8a\).](#)

A Hypo box should be kept in school containing fast acting glucose and long acting carbohydrate. Staff, and the CYP should be aware of where this is kept and it should be taken with them around the school premises; if leaving the school site; or in the event of a school emergency. It is the parent’s/carers responsibility to ensure this emergency box is adequately stocked; independent young people will carry hypo remedies with them.

8a. Treatment of Hypoglycaemia

BG below 4mmol/l

**MILD/
MODERATE**

Can he/she eat & drink independently?



Personalised Treatment Plan
Follow steps 1-4

Step 1. Give fast acting rapidly absorbed simple CHO promptly.

Step 2. Re-measure BG 15 minutes later

Step 3. If BG still below mmol/l:
Repeat step 1

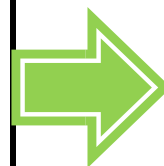
If BG above mmol/l:
Step 4
For some CYP an extra snack may be required (especially if the next meal is 1-2 hours away)



Step 1



Step 4



SEVERE

Is he/she semi-conscious; unconscious; convulsing or unable to take anything by mouth?



Personalised Treatment Plan

- Place the CYP in the recovery position
- Nil by mouth
- DIAL 999
- In exceptional circumstances, in the availability of a trained and competent member of staff : they can administer the Glucagon/ GlucaGen Hypokit injection:
0.5mg (half dose) for less than 8 years old (or body weight is less than 25kg)
1mg (full dose): if over 8 years of age.
- Never leave him/her alone
- Contact parents/carers.
- When fully awake follow steps 1-4 above.
- A severe hypo may cause vomiting.
- On recovery the CYP should be taken home by parents/carers.

Additional information regarding hypoglycaemia for this CYP:

*** Consider what has caused the HYPO? ***



9 HYPERGLYCAEMIA (High blood glucose)

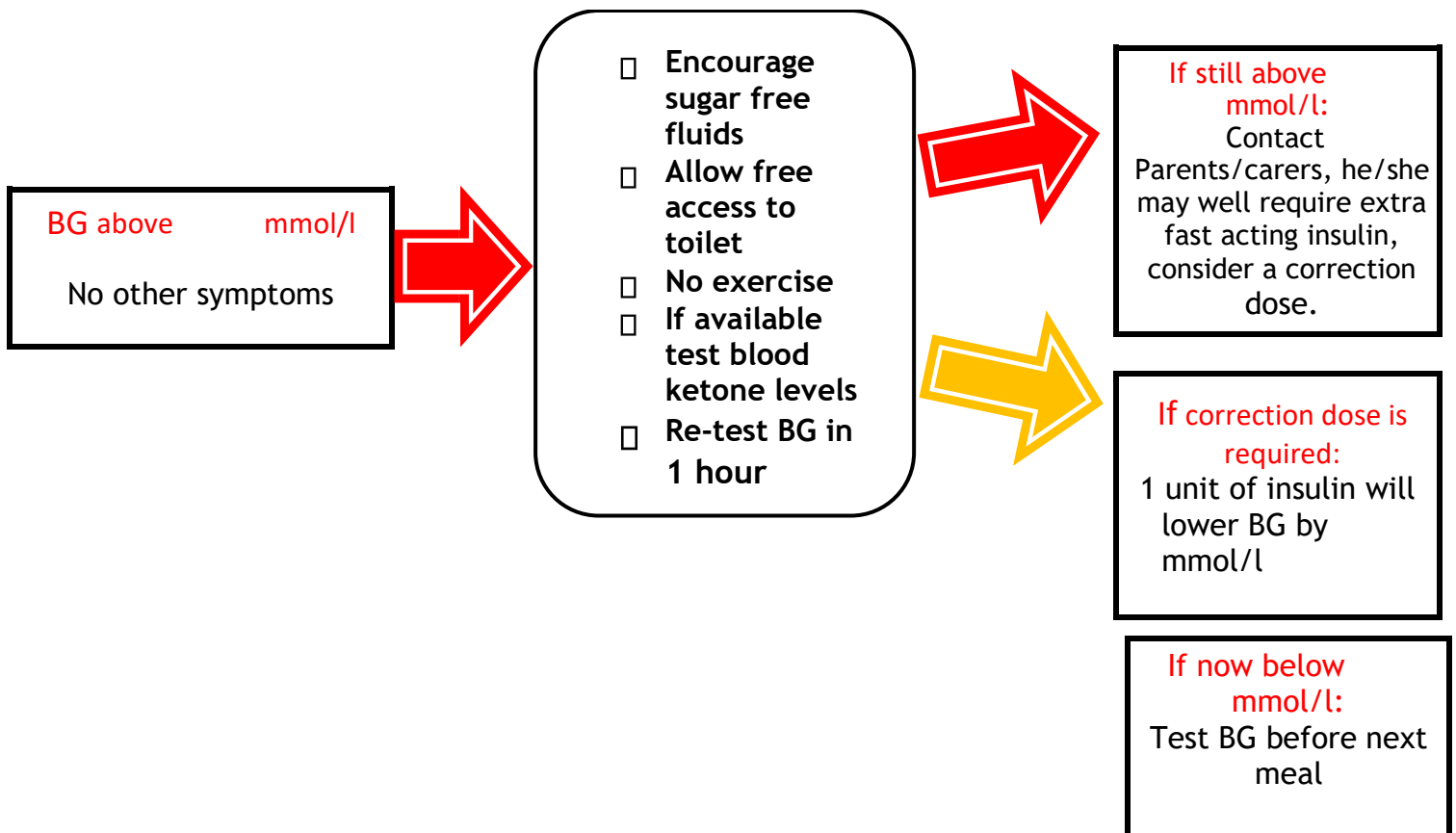


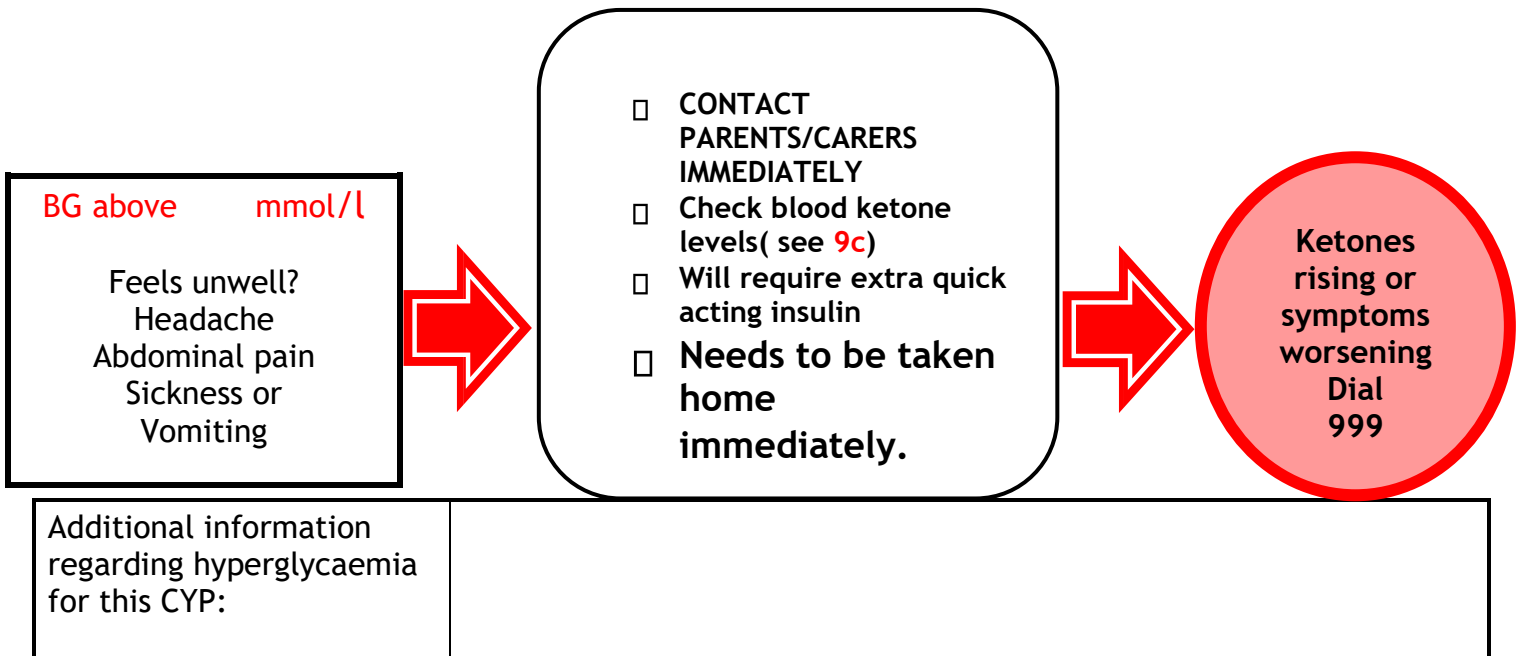
Children and young people who have with diabetes may experience high blood glucose (hyperglycaemia) when the blood glucose levels are above **mmol/L**.

*** IF THIS CYP IS ON INSULIN PUMP THERAPY PLEASE REFER DIRECTLY TO 9b ***

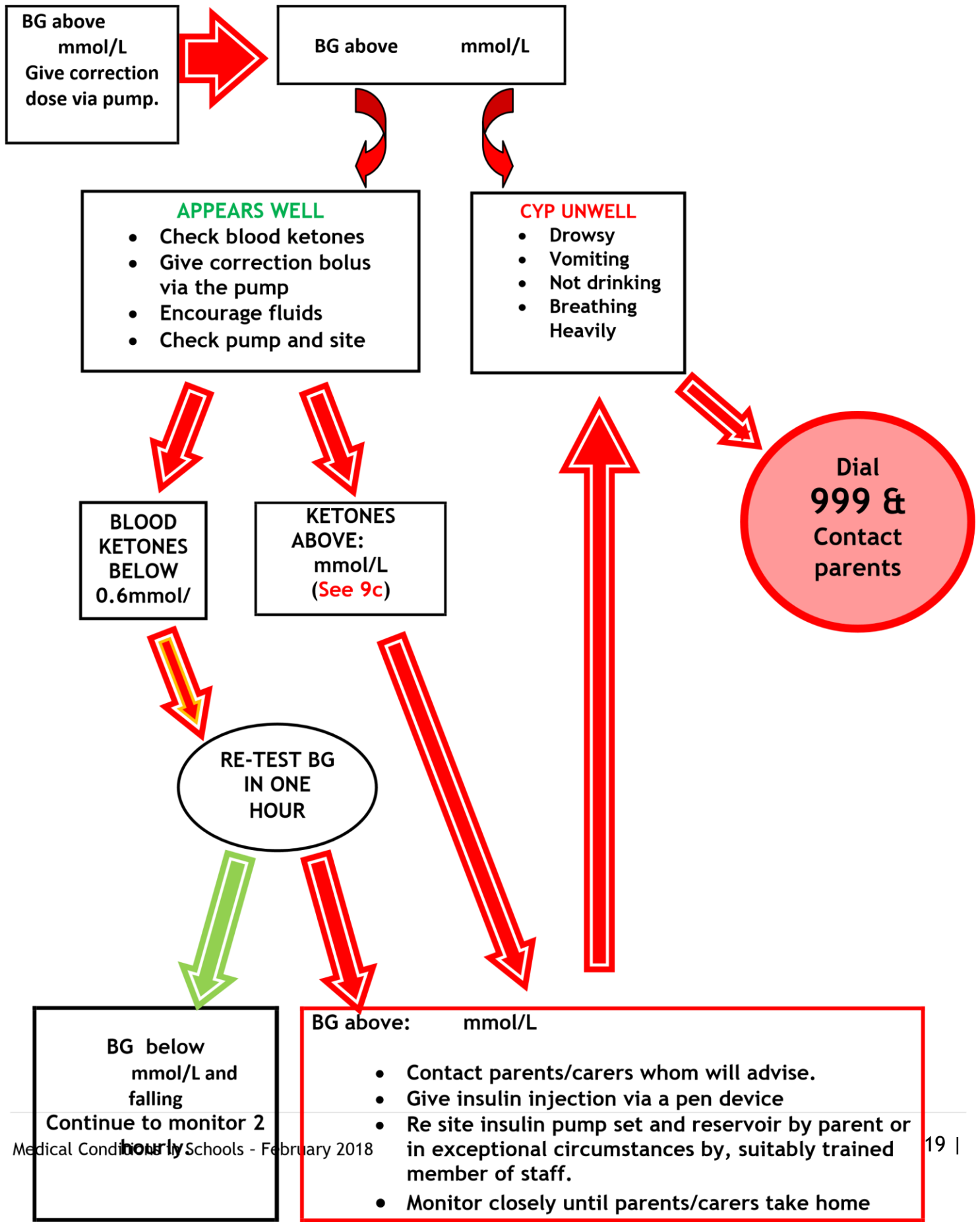
If the child/young person is well, there is no need for them to be sent home, but parents/guardian should be informed at the end of the day that the child/young person has had symptoms of high blood glucose

9a. *Treatment of Hyperglycaemia For A Child/Young Person On Injections*





9b. Treatment of Hyperglycaemia for a Child/Young Person on Pump Therapy



9c. Blood β -Ketone monitoring Guide:

- **Below 0.6mmol/L** **Normal range**
- **Between 0.6-1.5mmol/L** **Potential problems - SEEK ADVICE** □ **Above 1.5mmol/L**
High risk - SEEK UGENT ADVICE

Additional information regarding β Blood -Ketone monitoring for this CYP:	
---	--

- School to be kept informed of any changes in this child or young person’s management (see page 6-7).
- The CYP with diabetes may wear identification stating they have diabetes. These are in the form of a bracelet, necklace, watch or medical alert card.
- During EXAMS, reasonable adjustments should be made to exam and course work conditions if necessary, this should be discussed directly with this CYP.
This CYP should be allowed to take into the exam the following: blood glucose meter, extra snacks; medication and hypo treatment.
- Specific extra support may be required for the CYP who has a long term medical condition regarding educational, social and emotional needs- for example, during periods of instability, during exams, catching up with lessons after periods of absence, and counselling sessions.

Please use the box below for any additional information for this CYP, and document what is specifically important for him/her:

This IHCP has been initiated and updated in consultation with the CYP, family; diabetes specialist nurse and a member of staff from the educational setting.

Date	Name	Signatures	
Young person			

Parents/carers			
Parents/carers agreement to administration of medicine as documented on page 3 and 4			
Diabetes Nurse Specialist:			
School Representative:			
Health visitor/ School Nurse:			

The following should always be available in school, please check:

	<input type="checkbox"/>	<i>Insulin pen and appropriate pen needles.</i>	<input type="checkbox"/>
<i>Gluco gel/ Dextrogel</i>	<input type="checkbox"/>	<i>Cannula and reservoir for pump set change</i>	<input type="checkbox"/>
<i>Finger prick device, BG monitor and strips</i>	<input type="checkbox"/>	<i>Spare battery</i>	<input type="checkbox"/>
<i>Ketone testing monitor and strips</i>	<input type="checkbox"/>	<i>Up to date care plan</i>	<input type="checkbox"/>
<i>Snacks</i>	<input type="checkbox"/>		<input type="checkbox"/>

Hypo treatment: fast acting glucose

Governing bodies are responsible to ensure adequate members of staff have received suitable training. Training log:

Staff Name	Training Delivered	Trainer	Date

****See Training Log in school****

10 References:

- *Supporting pupils at school with medical conditions. Department of Education. September 2014.*
- *NICE clinical guideline NG18: Diabetes (type 1 and type 2) in children and young people, diagnosis and management.. August 2015*
- *Managing Medicines in School and Early Years Setting. Department of Health. 2005*
- *ISPAD Clinical Practice Consensus Guidelines. 2014*
- *Making Every Young Person With Diabetes Matter. Department of Health. 2007.*

THIS CARE PLAN HAS BEEN DESIGNED BY A SUB-GROUP LEAD BY

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 Salisbury District Hospital

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*Winner of the Excellence in Diabetes Specialist Nursing Awards At
the Nurse Standard Nurse Awards 2015.*



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Form 1b - Individual Health Plan - Epilepsy

For pupils diagnosed with Epilepsy at school who need rescue medication

Date form completed:	
----------------------	--

Date for review:	
------------------	--

Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Copies held by:	
-----------------	--

1. Pupil's Information

Medical Condition:	
--------------------	--

Name of School:	
-----------------	--

Name of Pupil:	
----------------	--

Class/Form	
------------	--

Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
----------------	--

2. Contact Information

Pupil's Address:	
	Postcode:

Family Contact Information

a. Name:	
----------	--

	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with child/young person:	
b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with child/young person:	
Specialist Contact		
	Name:	
	Phone:	
Consultant		
	Name:	
	Phone:	

Medical Condition Information	
3. Details of Pupil's Medical Conditions - Seizure Description	
Type 1	
Type 2	
Type 3	
Triggers or things that make this pupil's condition/s worse:	
4. Routine Healthcare Requirements (for example, dietary, therapy, nursing needs or before physical activity)	
Routine Requirements	

Record any seizures on the daily seizure record	
5. What to do in an Emergency	
Emergency Procedures	
6. Emergency Medication (Please complete even if it is the same as regular medication)	
Name/type of medication (as described on the container):	
Describe what signs or symptoms indicate an	

emergency for this pupil:	
Dose and method of administration (how the medication is taken and the amount)	
Are there any contraindications (signs when medication should not be given)?	
Are there any side effects that the school needs to know about?	
Self-administration:	<p>Can the pupil administer the medication themselves? (Tick as appropriate)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:</p>
Is there any other follow-up care necessary?	
Who should be notified?	<p><input type="checkbox"/> Parents <input type="checkbox"/> Carers</p> <p><input type="checkbox"/> Specialist <input type="checkbox"/> GP</p>
7. Regular Medication taken during School Hours	

APPENDIX 1B - EPILEPSY

Name/type of medication (As described on the container):	
Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school?	
Are there any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	(Tick as appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No Staff member's name: <input type="checkbox"/> Yes, with supervision by:

Medication expiry date:	
-------------------------	--

8. Regular Medication Taken Outside of School Hours (For background information and to inform planning for residential trips)
--

Name/type of medication (as described on the container)	
Are there any side effects that the school needs to know about that could affect school activities?	

9. Any other information relating to the pupil's healthcare in schools

--

Permission for Emergency Medication	
<input type="checkbox"/> agree that I/my child/young person can be administered my/their medication by a member of staff in an emergency <input type="checkbox"/> I agree that my child/young person cannot keep their medication with them and the school will make the necessary medication storage arrangements <input type="checkbox"/> I agree that I/my child/young person can keep my/their medication with me/them for use when necessary.	
Name of medication carried by pupil:	
Signed (Parent)	
Date	
Headteacher Agreement	
It is agreed that (name of child/young person): <input type="checkbox"/> will receive the above listed medication at the above listed time (see part 6). <input type="checkbox"/> will receive the above listed medication in an emergency (see part 7). This arrangement will continue until: (Either end date of course of medication or until instructed by the pupil's parents/carers).	
Signed (Headteacher)	
Print Name:	
Date:	
Parental and Pupil Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must	

notify the school of any changes in writing.	
Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent/Carer) If pupil is below the age of 16)	
Print Name:	
Date:	

Healthcare Professional Agreement

I agree that the information is accurate and up to date.

Signed:

Print Name:

Job Title:

Date:

APPENDIX 1C

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

Emergency contact details:

1)



2)



Child's
Weight:

Kg

How to give EpiPen®



Form test around EpiPen® and PULL OFF BLUE SAFETY CAP!



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



HOLD FIRMLY in place for 10 seconds



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

Patient support groups: <http://www.allergyuk.org> or www.anaphylaxis.org.uk

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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:

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:

APPENDIX 1C

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Emergency contact details:

1)



2)



Child's Weight: Kg

PARENTAL CONSENT: I hereby authorize school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

(PRINT NAME)

Date:

How to give Jext®



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



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



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



4
REMOVE Jext®. Massage injection site for 10 seconds

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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
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact (if vomited, can repeat dose)



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

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

- 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 (or more) of these signs are present:

1. Lie child flat: (If breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. Jext) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a 2nd adrenaline dose using a second 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:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME: _____

Hospital/Clinic: _____



Date:



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



Form 1d - Individual Health Plan - Asthma

For pupils with complex medical needs at school

Date form completed:

Date for review:

Reviewed by

Date
(dd/mm/yyyy)

Changes to
Individual Health
Plan

Yes No

Yes No

Yes No

Copies held by:

1. Pupil's Information

Medical Condition:

Name of School:

Name of Pupil:

Class/Form

Date of Birth:

Male
 Female

2. Contact Information

Pupil's Address

Postcode:

Family Contact Information

a. Name

APPENDIX 1D - IHP ASTHMA

	Phone (Day)	
	Phone (Evening)	
	Mobile	
	Relationship with child/young person	
b.	Name	
	Phone (Day)	
	Phone (Evening)	

	Mobile	
	Relationship with child/young person	
GP		
Name		
Phone		
Specialist Contact		
Name		
Phone		
Medical Condition Information		
3. Details of Pupil's Medical Conditions		
Signs and symptoms of this pupil's condition:		
Triggers or things that make this pupil's condition/s worse:		
4. Routine Healthcare Requirements (For example, dietary, therapy, nursing needs or before physical activity)		
During school hours:		
Outside school hours:		
5. What to do in an Emergency (Asthma UK Guidelines)		
Common signs of an Asthma attack:	<ul style="list-style-type: none"> ° Coughing ° Shortness of Breath ° Being unusually quiet 	<ul style="list-style-type: none"> ° Wheezing ° Tightness in the chest ° Difficulty in speaking full sentences

**KEEP CALM – DO NOT PANIC
 ENCOURAGE THE CHILD TO SIT UP AND FORWARD – DO NOT HUG THEM OR LIE THEM DOWN
 MAKE SURE THE PUPIL TAKES ONE PUFF OF THEIR RELIEVER INHALER (USUALLY BLUE) USING THEIR SPACER
 ENSURE TIGHT CLOTHING IS LOOSENED
 REASSURE THE PUPIL**

ONE PUFF OF THEIR RELIEVER EVERY MINUTE UP TO 10 TIMES, OR UNTIL THEIR SYMPTOMS

IMPROVE.

**CALL 999 URGENTLY IF:
 THEIR SYMPTOMS DO NOT IMPROVE AFTER 10 PUFFS
 THEY ARE TOO BREATHLESS TO TALK
 THEIR LIPS ARE BLUE OR IF IN ANY DOUBT**

CONTINUE TO GIVE 1 PUFF EVERY MINUTE OF THEIR INHALER UNTIL THE AMBULANCE ARRIVES.

6. Emergency Medication (Please complete even if it is the same as regular medication)	
Name / type of medication (as described on the container):	
Describe what signs or symptoms indicate an emergency for this pupil:	
Dose and method of administration (how the medication is taken and the amount)	
Are there any contraindications (signs when medication should not be given)?	

Are there any side effects that the school needs to know about?	
Self-administration:	Can the pupil administer the medication themselves? <i>(Tick as appropriate)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:
Is there any other follow-up care necessary>	
Who should be notified?	<input type="checkbox"/> Parents <input type="checkbox"/> Carers <input type="checkbox"/> <input type="checkbox"/> Specialist <input type="checkbox"/> GP
7. Regular Medication taken during School Hours	
Name/type of medication (As	

described on the container):	
Dose and method of administration <i>(The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)</i>	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school?	
Are there any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	<i>(Tick as appropriate)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:
Medication expiry date:	

8. Regular Medication Taken Outside of School Hours <i>(For background information and to inform planning for residential trips)</i>	
Name/type of medication (as described on the container)	
Are there any side effects that the school needs to know about that could affect school activities?	
9. Any other information relating to the pupil's healthcare in schools	
Permission for Emergency Medication	
<input type="checkbox"/> agree that I/my child can be administered my/their medication by a member of staff in an emergency <input type="checkbox"/> agree that my child cannot keep their medication with them and the school will make the necessary medication storage arrangements <input type="checkbox"/> agree that I/my child can keep my/their medication with me/them for use when necessary.	
Name of medication carried by pupil:	
Signed (Parent/Carer)	
Date	
Headteacher Agreement	
It is agreed that (name of Pupil): <input type="checkbox"/> will receive the above listed medication at the above listed time (see part 6). <input type="checkbox"/> will receive the above listed medication in an emergency (see part 7). This arrangement will continue until: <i>(Either end date of course of medication or until instructed by the pupil's parents/carers).</i>	
Signed (Headteacher)	
Print Name:	
Date:	

Parental and Pupil Agreement	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.	
Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent/Carer) <i>If pupil is below the age of 16)</i>	
Print Name:	
Date:	
Healthcare Professional Agreement	
I agree that the information is accurate and up to date.	
Signed:	
Print Name:	
Job Title:	
Date:	

Template letter from school nurse to parent/carer

Dear Parent/Carer

Re: The Individual Health Plan

Thank you for informing the school of your child/young person's medical condition. With advice from the Department for Education and the school's governing bodies, we are working with schools to follow our shared medical conditions policy.

As part of this policy, we are asking all parents/carers of children/young people with a complex medical need to help us by completing an Individual Health Plan for their child/young person. Please complete the plan enclosed and return it to me at If you would prefer to meet me to complete the Individual Health Plan or if you have any questions then please contact me on [insert school nurse contact number].

Your child/young person's completed plan will store helpful details about your child/young person's medical condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school staff to better understand your child/young person's individual condition.

Please make sure the plan is regularly checked and updated and the school and school nurse are kept informed about changes to your child/young person's medical condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

Thank you for your help.

Yours sincerely

APPENDIX 3A - MEDICATION PERMISSION & RECORD

Form 3a – Medication Permission & Record – Individual Pupil



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Form 3a – Medication Permission & Record – Individual Pupil

Name of School:	
Name of Pupil:	
Class/Form:	
Date medication provided by parent:	
Name of medication:	
Dose and Method: (how much and when to take)	
When is it taken (time)	
Quantity Received:	
Expiry Date:	
Date and quantity of medication returned to parent:	
Any other information:	
Staff signature:	
Print name:	
Parent/Carer Signature:	

Print name:	
Parent/Carer Contact Number:	

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APPENDIX 4 STAFF TRAINING RECORD



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



Form 4 – Staff Training Record

Name of School:	
Type of training received:	
Date training completed:	
Training provided by:	
Trainer Job Title and Profession:	

I confirm that the people listed above have received this training

Name of people attending training	
1.	
2.	
3.	
4.	
5.	

Trainer's Signature:	
Date:	
Use a separate sheet if more than five people have received training	

I confirm that the people listed above have received this training

Headteacher signature:	
Print Name:	

Date:	
Suggested date for update training:	

APPENDIX 5 FORM FOR VISITS AND JOURNEYS



Form 5 - for Visits and Journeys

This form is to be returned by (date):	
School or Youth Centre:	
Course or Activity	
Date of Course/Activity:	

Student Details

Surname:	
Forename(s):	
Date of Birth	

Medical Information

	Please indicate	
Does your son/daughter suffer from any illness or physical disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, please describe:
If medical treatment is required, please describe:		
To the best of your knowledge has she/he been in contact with any contagious or infectious disease during the past four weeks?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, please give brief details:

Is he/she allergic to any medication:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, please give brief details:
*Has your son/daughter received a tetanus injection in the last 5 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Please indicate any special dietary requirements due to medical, religious or moral reasons:		

* This may have been as part of the routine vaccination programme. Please check either the child's RED book or GP.

APPENDIX 5 FORM FOR VISITS AND JOURNEYS

Parental Declaration	
<p>I give permission for my daughter/son (insert name) to take part in the above activity as described, including all organised activities.</p> <p>I undertake to inform the visit organiser or the Headteacher as soon as possible of any relevant change in medical circumstances occurring before the journey.</p> <p>I hereby authorise any accompanying member of staff of the school to give consent to such medical treatment as is considered necessary for my child/young person by a qualified medical practitioner during the visit.</p> <p>I understand the extent and limitations of the insurance cover provided.</p>	
Contact Information	
Address:	
Home Telephone No.	
Work Telephone No.	
Emergency contact address if different from that above	
Address:	

Tel No.	
Name of Family Doctor:	
Telephone Nos.	
Address:	
Signed: Parent/Guardian	

APPENDIX 6

Giving Paracetamol in Stockport Schools

Form 3a should be completed for each child/young person for written permission to give regular paracetamol.

Verbal consent from the parent, carer or young person should be obtained prior to giving a dose of paracetamol to children/young people.

School should seek information from parents/carers about which medicines the child/young person has taken.

NB Paracetamol is an everyday drug, but it is potentially dangerous if too much is taken. Be careful to keep it out of the reach of children.

Many medicines that you can buy for colds or pain contain paracetamol (this information is given on the label). Do not give such medicines to a child/young person at the same time, or four hours before or after giving paracetamol.

If the paracetamol does not seem to be helping the child/young person's pain, contact the parent or carer for advice. Do not give extra doses of paracetamol.

Write down the time, date and child/young person's name each time that you give paracetamol and ensure that you do not give too much.

Make sure that the medicines you have at school have not reached the 'best before' or 'use by' date on the packaging. Give out of date medicines to your pharmacist to dispose of.

The following questions are intended to guide your decision making and prevent paracetamol overdose.

APPENDIX

7 Verbal Consent from Parent/Carer

Name of parent/carers:			
Relationship to young person:			
Telephone number contacted on: Date and Time of phone conversation:			
Questions to be read out and answered by parent/carers <i>Has the young person ever had problems with Paracetamol?</i> <i>If yes, refer to GP</i>	YES	NO	
<i>Has the young person had any doses of Paracetamol in the last 24 hours, if so at what time and what dose was given?</i> <i>Leave 4 hours between doses</i>			
<i>Has the young person had any other medication that contains Paracetamol in the last 4 hours such as cold or flu remedies?(E.g. Lempisip, Beechams, Calpol).</i> <i>If yes - do not give any paracetamol</i>			
<i>What dose of Paracetamol does the child/young person usually take?</i> <i>Refer to bottle or label before administering</i>			
<i>Parent/Guardian fully aware of what they are consenting to and knows why you wish to give Paracetamol, please state reason</i>			

Declaration by the person contacting the parent/carers

I have completed the above assessment questionnaire.

I have assessed there are no contraindications and have administered the Paracetamol.

Time and date

Dose.....

Signature.....

Emergency Procedures

Contacting Emergency Services

Dial 999, ask for an ambulance and be ready with the following information:

1. Your telephone number.
2. Give your location as follows.
3. State the postcode.
4. Give exact location in the school of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil.
9. Do not hang up until the information has been repeated back to you.
10. Ideally the person calling should be with the child/young person, as the emergency services may give first aid instruction.
11. Never cancel an ambulance once it has been called.

Speak clearly and slowly

Insert school address and postcode

Put a completed copy of this form by phones around the school

How to Administer BUCCOLAM

How to administer BUCCOLAM® ▼ (midazolam oromucosal solution)

About BUCCOLAM® (midazolam oromucosal solution)

BUCCOLAM is used to treat prolonged, acute, convulsive seizures in infants, toddlers, children and adolescents (from 3 months to <18 years of age).

- BUCCOLAM must only be used by parents/carers where the patient has been diagnosed to have epilepsy.
- For infants 3–6 months of age treatment should be provided in a hospital setting where monitoring is possible and resuscitation equipment is available.

BUCCOLAM is supplied in age-specific, pre-filled, needle-free, oral syringes.

- Each syringe contains the correct dose prescribed for an individual patient and is contained within a protective plastic tube.
- Syringes are colour-coded according to the prescribed dose for a particular age range.
- Your doctor will prescribe the appropriate dose for the individual patient.



Please refer to the Patient Information Leaflet before using BUCCOLAM. This leaflet also contains full information on contraindications, precautions and all possible side effects.

Do not pass the medicine on to other people to treat their children; it may harm them.

Storage

Keep BUCCOLAM out of the sight and reach of children. Do not refrigerate or freeze. Keep the syringe in the protective plastic tube until use.

Additional information from the healthcare provider:



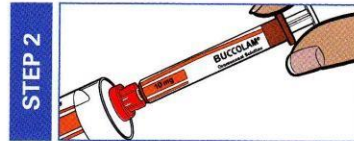
Step-by-step guide for the administration of BUCCOLAM® (midazolam oromucosal solution)

Before use, always check the expiry date stated on the carton, tube and syringe labels. BUCCOLAM should not be used if any of the protective plastic tubes containing the syringes have been opened or are damaged.

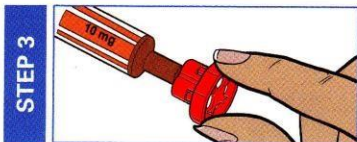
Your doctor or nurse will tell you how long to wait after the start of a seizure before you should give BUCCOLAM.



When someone is having a seizure, it is important that you allow their body to move freely; do not attempt to restrain any movement. You should only move the patient if they are close to immediate danger, e.g. deep water, an open flame or sharp objects. If other people are around, ask them to stay calm and give the patient plenty of room; explain that the patient is experiencing a seizure.



Take one plastic tube, break the tamper-proof seal and remove the syringe containing BUCCOLAM.



Remove and discard the red syringe cap before use to avoid choking. Do not put a needle on the syringe. BUCCOLAM must not be injected. Each syringe is pre-filled with the dose prescribed to be given for *one* treatment.



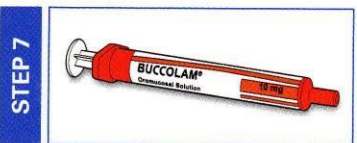
To administer BUCCOLAM, cushion the patient's head with something soft. If the patient is already seated, you may find it easier to support their head against your body, leaving your hands free to administer BUCCOLAM.



Gently pull back the patient's cheek, just enough to put the end of the syringe into the side of their mouth, between the gum and cheek (buccal cavity). Angle the syringe to ensure that the end is well within the buccal cavity.



Slowly press the syringe plunger to release the full amount of BUCCOLAM into the side of the mouth. Don't try to squirt the liquid into the mouth or release it too quickly, as this may result in spillage. It may be easier to give about half the BUCCOLAM dose into one side of the mouth, and the other half into the other side.



After giving BUCCOLAM, keep the empty syringe to give to a doctor or paramedic so that they know what dose has been given. Make a note of the time BUCCOLAM was given and the duration of the seizure. Watch out for any specific symptoms, such as a change in breathing pattern.



Keep the patient in a comfortable position; it may be helpful to loosen any tight clothing. Be calm and stay with the patient until the seizure is over and they have regained consciousness. They may be tired, confused or embarrassed. Reassure them and be understanding while they rest and regain strength.

Telephone for an ambulance immediately if:

- the seizure does not stop within 10 minutes of giving BUCCOLAM
- you cannot administer BUCCOLAM, or cannot give the full prescribed dose
- the patient's breathing slows down or stops
- you are concerned about the patient.

Never give another dose of BUCCOLAM, even if:

- the seizure does not stop
- the patient vomits or salivates.

How do I give the Rectal Diazepam?

- Take the tube out of the foil wrapping and remove the safety cap.
- Place the child/young person in a suitable position, for example on their side.
- Insert the nozzle of the tube into their bottom (rectum) up to the end of the tube.
- Whilst inserted, squeeze contents of tube and keep squeezing whilst you withdraw the tube.
- Hold the child/young person's buttocks together for approximately five minutes.
- If the child/young person opens their bowel after you have given the Diazepam, do **not** repeat the dose straight away, as it will be difficult to know how much has already been absorbed.
- If the seizure continues, call an ambulance and explain what has happened or seek medical advice (Please see the section headed 'Contact details').

Does the Rectal Diazepam work immediately?

It can take 5 – 10 minutes for the medicine to be absorbed into the bloodstream.

Do I need to call an ambulance?

It is advisable to call an ambulance as well as giving the Rectal Diazepam if:

- Stated in the IHP.
- The child/young person appears to be having difficulty breathing.
- This is the first time Rectal Diazepam has been used on the child/young person.
- The seizure has not stopped 10 minutes after using Rectal Diazepam.
- If you think the child/young person has been injured during their seizure.

Guidance for schools on the use of emergency Salbutamol inhalers

Primary and secondary schools now have the option of keeping a Salbutamol (Ventolin) inhaler for emergency use.

This is not a formal requirement; schools can decide whether they wish to implement this option and should establish a process for the storage and use of the emergency inhaler (See Medical Conditions in School policy on Office on Line on the link below).

<https://scwd.stockport.gov.uk/cypd/content/Forms/forms.aspx?bid=95>

School processes should be based on the guidance which can be found at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

Parental responsibility

It is important to note that existing policies and procedures are not affected by this additional option. The provision of a full and in date inhaler and spacer is still the parents/carers responsibility.

Use of the emergency inhaler

The emergency Salbutamol inhaler should only be used by children/young people who have either been diagnosed with asthma and prescribed a Salbutamol inhaler or who have been prescribed a Salbutamol inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example because it is broken or empty).

Important - new guidance on overuse of reliever inhalers from Asthma UK

Staff should be made aware that a child/young person using their reliever (usually blue) inhaler more than three times a week or suddenly using their reliever inhaler more than they normally do has asthma that may not be under control and may be at greater risk of having an asthma attack. Should this be observed, immediate action should be taken to alert the parents/carers and staff should record any actions or discussions.

Benefits of an emergency inhaler

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child/young person and potentially save their life. Parents/carers are likely to have greater peace of mind about sending their child/young person to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child/young person having an asthma attack.

Purchasing inhalers and spacers

We recommend you contact your local pharmacist to discuss your requirements; staff may also be required to present formal identification at the point of purchase.

Further support and training

Asthma awareness training is available free of charge from your school nurse or from Miranda Galloway on behalf of Asthma UK, email miranda.galloway@stockport.gov.uk

Asthma Emergency Procedures

Common signs of an asthma attack:

- + coughing
- + shortness of breath
- + wheezing
- + feeling tight in the chest
- + being unusually quiet
- + difficulty speaking in full sentences
- + sometimes younger children express feeling tight in the chest and a tummy ache.

Do . . .

- + keep calm
- + encourage the pupil to sit up and slightly forward – do not hug them or lie them down
- + make sure the pupil takes one puff of their reliever inhaler (usually blue) immediately – preferably through a spacer
- + ensure tight clothing is loosened + reassure the pupil.

If there is no immediate improvement

- + Continue with reliever inhaler one puff every minute for 10 minutes.

999

Call an ambulance urgently if any of the following:

- + the pupil's symptoms do not improve after 10 puffs
- + the pupil is too breathless or exhausted to talk
- + the pupil's lips are blue + you are in any doubt.

Ensure the pupil takes one puff of their reliever inhaler every minute until the ambulance arrives.

After a minor asthma attack

- + Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- + The parents/carers must always be told if their child/young person has had an asthma attack.

Important things to remember in an asthma attack

- + Never leave a pupil having an asthma attack.
- + If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- + In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- + Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- + Send a pupil to get another teacher/adult if an ambulance needs to be called.
- + Contact the pupil's parents/carers immediately after calling the ambulance.
- + A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
- + Generally staff should not take pupils to hospital in their own car.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Anaphylaxis Emergency Procedures

Anaphylaxis has a whole range of symptoms

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

- + generalised flushing of the skin anywhere on the body
- + nettle rash (hives) anywhere on the body
- + difficulty in swallowing or speaking
- + swelling of throat and mouth
- + alterations in heart rate
- + signs of breathlessness and/or severe asthma symptoms (see asthma section for more details) + abdominal pain, nausea and vomiting
- + sense of impending doom
- + sudden feeling of weakness (due to a drop in blood pressure) + collapse and unconsciousness.

Do

If a pupil with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures. Ensure all members of staff know who is trained.

The trained member of staff should: +

- assess the situation
- + follow the pupil's emergency procedure closely. These instructions will have been given by the paediatrician/healthcare professional during the staff training session and/or the protocol written by the pupil's doctor
- + administer appropriate medication in line with perceived symptoms.

999

If they consider that the pupil's symptoms are cause for concern, **call for an ambulance**

State:

- + the name and age of the pupil
- + that you believe them to be suffering from anaphylaxis

- + the cause or trigger (if known)
- + the name, address and telephone number of the school +
call the pupil's parents/carers.

While awaiting medical assistance the designated trained staff should:

- + continue to assess the pupil's condition
- + position the pupil in the most suitable position according to their symptoms.

Symptoms and the position of pupil

- + If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up.
- + If there are also signs of vomiting, lay them on their side to avoid choking.
- + If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up.

Do

- + **If symptoms are potentially life-threatening**, give the pupil their adrenaline injector into the outer aspect of their thigh. Make sure the used injector is made safe before giving it to the ambulance crew. Either put it in a rigid container or follow the instructions given at the anaphylaxis training.
- + **Make a note of the time the adrenaline** is given in case a second dose is required and also to notify the ambulance crew.
- + **On the arrival of the paramedics or ambulance crew** the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

After the emergency

- + After the incident carry out a debriefing session with all members of staff involved. + Parents/carers are responsible for replacing any used medication.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Diabetes Emergency Procedures

Hyperglycaemia

If a pupil's blood glucose level is high (over 10mmol/l) and stays high.

Common symptoms:

- + thirst
- + frequent urination
- + tiredness
- + dry skin
- + nausea
- + blurred vision.

Do . . .

Call the pupil's parents/carers who may request that extra insulin be given. The pupil may feel confident to give extra insulin.

999

If the following symptoms are present, then call the emergency services:

- + deep and rapid breathing (over-breathing)
- + vomiting
- + breath smelling of nail polish remover.

Hypoglycaemia

What causes a hypo?

- + too much insulin
- + a delayed or missed meal or snack
- + not enough food, especially carbohydrate
- + unplanned or strenuous exercise
- + drinking large quantities of alcohol or alcohol without food + no obvious cause.

Watch out for:+ hunger

+ glazed eyes

+ trembling or shakiness

+ pallor

+ sweating

+ mood change, especially angry or aggressive behaviour

+ anxiety or irritability

+ lack of concentration

+ fast pulse or palpitations

+ vagueness

+ tingling

+ drowsiness.

Do

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

+ a glass of Lucozade, coke or other non-diet drink

+ three or more glucose tablets

+ a glass of fruit juice

+ five sweets, e.g. jelly babies +
GlucoGel.

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.

After 10 – 15 minutes recheck the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate.

This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.

+ roll/sandwich

+ portion of fruit

+ one individual mini pack of dried fruit

+ cereal bar

+ two biscuits, e.g. garibaldi, ginger nuts +

or a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should again be given. When the child/young person has recovered, give them some starchy food, as above.

999

If the pupil is unconscious do not give them anything to eat or drink; call for an ambulance and contact their parents/carers.

Epilepsy Emergency Procedures

First aid for seizures is quite simple, and can help prevent a child/young person from being harmed by a seizure. First aid will depend on the individual child/young person's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures

Symptoms:

- + the person loses consciousness, the body stiffens, then falls to the ground
- + this is followed by jerking movements
- + a blue tinge around the mouth is likely, due to irregular breathing
- + loss of bladder and/or bowel control may occur
- + after a minute or two the jerking movements should stop and consciousness slowly returns.

Do . . .

- + protect the person from injury – (remove harmful objects from nearby)
- + cushion their head
- + look for an epilepsy identity card or identity jewellery. These may give more information about a pupil's condition, what to do in an emergency, or a phone number for advice on how to help
- + once the seizure has finished, gently place them in the recovery position to aid breathing
- + keep calm and reassure the person
- + stay with the person until recovery is complete.

Don't . . . +

- restrain the pupil
- + put anything in the pupil's mouth
- + try to move the pupil unless they are in danger

- + give the pupil anything to eat or drink until they are fully recovered. + attempt to bring them round.

999

Call for an ambulance if . . .

- + you believe it to be the pupil's first seizure
- + the seizure continues for more than five minutes
- + one tonic-clonic seizure follows another without the person regaining consciousness between seizures
- + the pupil is injured during the seizure
- + you believe the pupil needs urgent medical attention.

Seizures involving altered consciousness or behaviour Simple partial seizures

Symptoms:

- + twitching
- + numbness
- + sweating
- + dizziness or nausea
- + disturbances to hearing, vision, smell or taste + a strong sense of déjà-vu.

Complex partial seizures

Symptoms:

- + plucking at clothes
- + smacking lips, swallowing repeatedly or wandering around
- + the person is not aware of their surroundings or of what they are doing.

Atonic seizures

Symptoms:

- + sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Myoclonic seizures

Symptoms:

+ brief forceful jerks which can affect the whole body or just part of it + the jerking could be severe enough to make the person fall.

Absence seizures

Symptoms:

+ the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Do . . .

- + guide the person away from danger
- + look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help.
- + stay with the person until recovery is complete
- + keep calm and reassure the person
- + explain anything that they may have missed.

Don't . . .

- + restrain the person
- + act in a way that could frighten them, such as making abrupt movements or shouting at them
- + assume the person is aware of what is happening, or what has happened + give the person anything to eat or drink until they are fully recovered + attempt to bring them round.

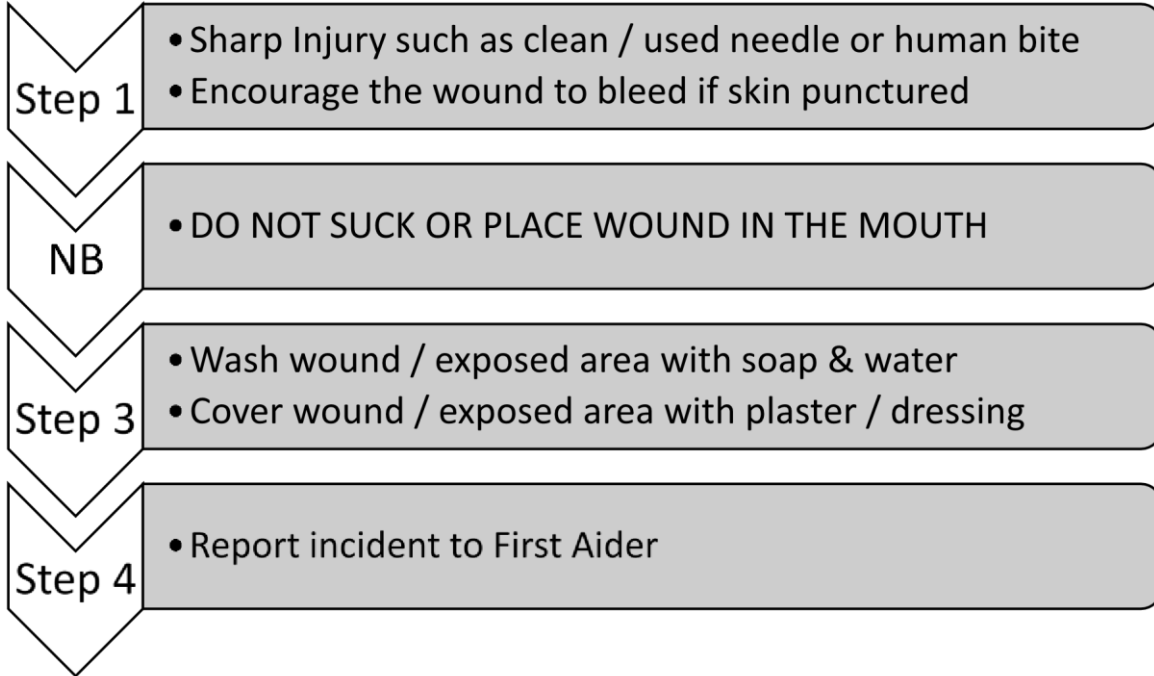
999

Call for an ambulance if . . .

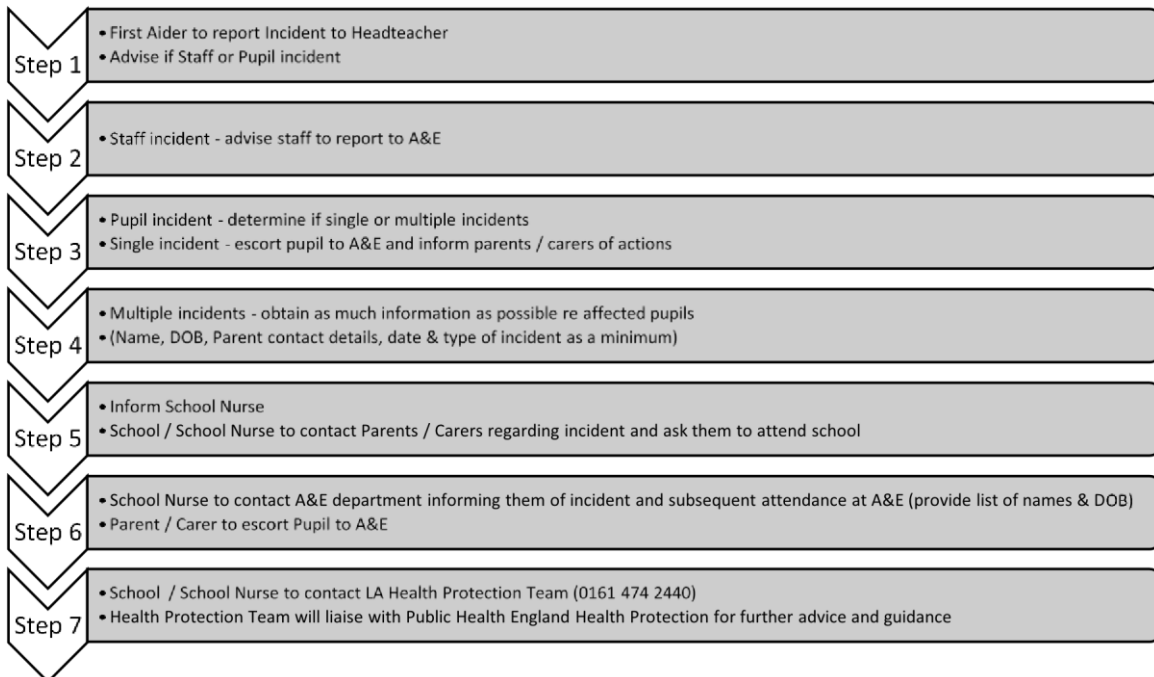
- + one seizure follows another without the person regaining awareness between them
- + the person is injured during the seizure
- + you believe the person needs urgent medical attention.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Management of Needlestick / Sharp Injuries



First Aider / Headteacher Actions



Guidance on Infection Control in Schools and other Childcare Settings





Public Health
England

Protecting and improving the nation's health

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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1. Introduction

The document provides guidance for schools and other childcare settings, such as nurseries, on infection control issues.

It is an updated version of guidance that was produced in 2010.

Prevent the spread of infections by ensuring:

- routine immunisation
- high standards of personal hygiene and practice, particularly handwashing •
maintaining a clean environment

For further information and advice visit www.gov.uk/phe or contact your local health PHE centre. See Appendix 1 for contact details.

2. Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per " <u>Green Book</u> ")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment

Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

3. Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

4. Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: <i>Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

5. Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures

Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: <i>Good Hygiene Practice</i>
Meningococcal meningitis* / septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed - please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

6. Good hygiene practice

Handwashing

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages - use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste

Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps disposal

Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken, encourage the wound to bleed/ wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your local HPT for advice, if unsure.

Animals

Animals may carry infections, so hands must be washed after handling any animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting)

Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms

Please contact your local environmental health department, which will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see <http://www.face-online.org.uk/resources/preventing-or-controllingill-health-from-animal-contactat-visitor-attractions-industry-code-of-practice>

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

Female staff – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy
- slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly
- measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation

This advice also applies to pregnant students.

7. Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP. For the most up-to-date immunisation advice see the NHS Choices website at www.nhs.uk or the school health service can advise on the latest national immunisation schedule.

Immunisation schedule

Two months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV13) Rotavirus vaccine	One injection One injection Given orally
Three months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C) Rotavirus vaccine	One injection One injection Given orally
Four months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV13)	One injection One injection

Between 12-13 months old	Hib/meningitis C Measles, mumps and rubella (MMR) Pneumococcal (PCV13)	One injection One injection One injection
Two, three and four years old	Influenza (from September)	Nasal spray or one injection
Three years and four months old or soon after	Diphtheria, tetanus, pertussis, polio (DTaP/IPV or dTaP/IPV) Measles, mumps and rubella (MMR)	One injection One injection
Girls aged 12 to 13 years	Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine	Two injections given 6-24 months apart
Around 14 years old	Tetanus, diphtheria, and polio (Td/IPV)	One injection
	Meningococcal C (Men C)	One injection

This is the **complete routine immunisation schedule**. Children who present with certain risk factors may require additional immunisations. Some areas have local policies - check with your local PHE centre.

Staff immunisations - all staff should undergo a full occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including MMR.

Appendix 1. PHE centre contact details

North of England

Cheshire and Merseyside PHE Centre
5th Floor
Rail House
Lord Nelson Street
Liverpool L1 1JF
Tel: 0344 225 1295

Cumbria and Lancashire PHE Centre
1st Floor, York House
Ackhurst Business Park
Foxhole Road
Chorley PR7 1NY
Tel: 0344 225 0602

Greater Manchester PHE Centre
5th Floor
3 Piccadilly Place
London Road

Manchester M1 3BN
Tel: 0344 225 0562

North East PHE Centre
Floor 2 Citygate
Gallowgate
Newcastle-upon-Tyne NE1 4WH
Tel: 0300 303 8596

Yorkshire and the Humber PHE Centre
Blenheim House
West One
Duncombe Street
Leeds LS1 4PL
Tel: 0113 386 0300

Midlands and East of England

Anglia and Essex PHE Centre
Eastbrook
Shaftesbury Road
Cambridge CB2 8DF
Tel: 0303 444 6690

East Midlands PHE Centre
Institute of Population Health
Nottingham City Hospital
Hucknall Road
Nottingham NG5 1QP
Tel: 0344 225 4524

South Midlands and Hertfordshire PHE Centre
Beacon House
Dunhams Lane
Letchworth Garden City
Herts SG6 1BE
Tel: 0300 303 8537

West Midlands PHE Centre
6th Floor
5 St Philip's Place
Birmingham B3 2PW
Tel: 0344 225 3560

South of England

Avon, Gloucestershire and Wiltshire PHE Centre
2 Rivergate
Temple Quay
Bristol BS1 6EH
Tel: 0300 303 8162

Devon, Cornwall and Somerset PHE Centre
Richmond Court
Emperor Way
Exeter Business Park
Exeter
Devon EX1 3QS
Tel: 0344 225 3557

Kent, Surrey and Sussex PHE Centre
County Hall North
Chart Way
Horsham
West Sussex RH12 1XA
Tel: 0344 225 3861

Thames Valley PHE Centre
Chilton
Oxfordshire
OX11 0RQ
Tel: 0345 279 9879

Wessex PHE Centre
Unit 8, Fulcrum 2
Solent Way
Fareham
Hampshire PO15 7FN
Tel: 0345 055 2022

London

London integrated region and PHE Centre
151 Buckingham Palace Road
London SW1W 9SZ
Tel: 020 7811 7000/7001

