

Health Care Plan



Child's Name	
Plan Date	
Review Date	

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Healthcare Plan for a Pupil with a Medical Need

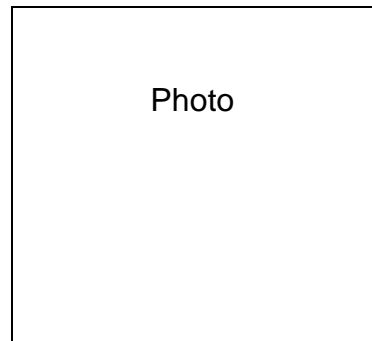
Name Date of Birth

Condition

Name of School

Class/Form Date

Review Date



This plan has been completed in consultation between the parent(s)

and

Name	Organisation/Position
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Contact Information

Family Contact 1		Family Contact 2	
Name	<input type="text"/>	Name	<input type="text"/>
Phone No (work)	<input type="text"/>	Phone No (work)	<input type="text"/>
Home	<input type="text"/>	Home	<input type="text"/>
Mobile	<input type="text"/>	Mobile	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>

Clinic/Hospital Contact		G.P	
Name		Name	
Phone No		Phone No	

Describe condition and give details of pupil's individual symptoms:

Daily Care Requirements (e.g. before sport / at lunchtime):

Describe what constitutes an emergency for the pupil and the action to take if it occurs:

Follow-up Care:

Who is responsible if there is an emergency (NB different people may be responsible in different circumstances):

Copies of this form sent to School Nurse

Request to school for administration of medication

The school will not give your child medicine, or allow self-administration of medication, unless you have completed and signed this form, and school have given you a photocopy of this form.

DETAILS OF PUPIL

Surname Forename

Condition or illness

Class/Form

MEDICATION

Medication/Type of Medication (as described on the container)

How long will your child take this medication:

Date dispensed

Medication expiry date

Full directions for use:

Dosage and method Timing

Special Precautions

Side Effects

Who will keep the medication? School Pupil

Self Administration Yes No

Procedures to take in an Emergency:

--

CONTACT DETAILS

Family Contact 1		Family Contact 2	
Name		Name	
Phone No (work)		Phone No (work)	
Home		Home	
Mobile		Mobile	
Relationship		Relationship	

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date Relationship to pupil

Signature(s)

It is agreed that _____ (name of the child) will receive the medication detailed above.

The arrangement will continue either to the end of the course or treatment or until instructed by parents/carers.

Name: _____ (Member of Staff)

Signed: _____

Date: _____

Record of medicine administered to an individual child

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date Quantity returned

Dose and frequency of medicine

Staff signature

Signature of parent

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

Healthcare Plan and Agreement for a Pupil at risk of Anaphylaxis

School

Child's Name

Date of Birth Class/Form

1.0 BACKGROUND

1. It is thought probable that the above named child is at risk of a severe allergic reaction(anaphylaxis) if they eat

Peanuts (Legumes) Tree nuts e.g. cashew

a) Is your child allergic to any other foods (please state)?

b) Is it thought probable that the above named child is at risk of a severe allergic reaction (anaphylaxis) if they are stung by a wasp/bee

Yes No

Is it thought probable that your child is at risk of a severe allergic reaction (anaphylaxis) to other non-food allergens? e.g. latex

Yes No

Has your child had a severe allergic reaction (anaphylaxis) where no cause has been identified?

Yes No

If your child/young person has a severe allergic reaction this could be life threatening and would require emergency medical attention.

e) Has your child/young person got a diagnosis of asthma?

Yes No

If yes please allow access to a salbutamol inhaler and spacer.

2.0 DETAILS

The Headteacher will arrange for the teachers and other staff in the School to be briefed about the condition and about other arrangements contained in this document.

The school staff will take all reasonable steps to ensure that your child does not eat any food items unless they have been approved by his/her parents/carers.

Parents/carers will remind him/her regularly of the need to refuse any food items which might be offered by other pupils.

In particular, a suitable mid morning snack and a suitable packed lunch will be sent with the child each day.

If there are any proposals that may mean your child will leave the school site, prior discussions will be held between the school and you in order to agree appropriate provision and safe handling of his/her medication.

Whenever the planned curriculum involves cookery or experiment with food items, prior discussions will be held between the school and you to agree measures and suitable alternatives.

The school will hold, under secure conditions, appropriate medication, clearly marked for use by designated staff or qualified personnel and showing an expiry date.

A bottle of CHLORPHENAMINE MALEATE (PIRITON) and/or CETIRIZINE HYDROCHLORIDE and two ADRENALINE AUTO-INJECTORS (e.g. EPIPEN) are to be held in secure conditions known to all staff.

(Note: detail medication as appropriate).

The parents/carers accept responsibility for maintaining appropriate up-to-date medication.

3.0 ALLERGIC REACTION

In the event of your child showing any physical symptoms for which there is no obvious alternative explanation. Then the condition will be immediately reported to the Headteacher/teacher in charge.

On receipt of such a report, the person in charge, if agreeing that the condition is a cause for concern, will:-

Instruct a staff member to contact in direct order of priority:-
AMBULANCE – EMERGENCY SERVICES – 999

G.P – DR.

(note details)

MESSAGE TO BE GIVEN

ANAPHYLACTIC REACTION (include any other relevant details)

Then inform the following people in the following order:-

Parent/Carer 1

.

Parent/Carer 2

.

Whilst awaiting medical assistance the Headteacher and designated staff will assess the condition and administer the appropriate medication in line with perceived symptoms and following closely the instruction given by the school nurse during the staff training session.

Mild-Moderate Allergic Reaction:

Swollen lips/eyes/face

Itchy/tingly mouth

Abdominal pain/vomiting

Hives or a bumpy/itchy skin rash (urticaria)

Sudden change in behavior

Give CETIRIZINE HYDROCHLORIDE

2-6yrs 2.5mg /2.5ml

6-12yrs 5mg/5ml

12-18yrs 10mg/10ml

Or CHLORPHENAMINE MALEATE

(Piriton)

2yr--6yrs 1mg /2.5ml

6yr-12yrs 2mg/5ml

12-18yr 4mg/10ml

Severe / Life-Threatening Allergic Reaction (Anaphylaxis)

AIRWAY

Persistent Cough
Hoarse Voice or gasping (stridor)
Difficulty swallowing
Swollen tongue

BREATHING

Difficult or noisy breathing
Wheeze
Persistent cough

CONSCIOUSNESS

Persistent dizziness
Pale / floppy
Suddenly sleepy
Collapse
Unconsciousness

IF ANY ONE OF THESE SIGNS ARE PRESENT

Lie child flat (unless breathing difficult)

Give adrenaline autoinjector e.g. EpiPen

Dial 999 for an ambulance

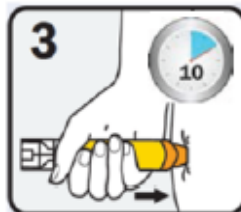
How to give EpiPen®



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

If after 5-10mins there is no improvement the second epi-pen is to be given. The administration of this medication is safe and even if it is given through misdiagnosis it will do him or her no harm. On the arrival of the qualified medical staff the teacher in charge will apprise them of the medication given. All medication will be handed to the medical staff. After the incident a debriefing session will take place with all members of staff involved. Parents/carers will replace any used medication.

4.0 TRANSFER OF MEDICAL SKILLS

Volunteers from the school staff have undertaken to administer the medication in the unlikely event of _____ (name) having an allergic reaction. Named staff being:-

_____ (to be reviewed annually)

A training session is to be arranged for all members of the school staff. The school nurse will explain in detail the condition. The symptoms of an anaphylactic reaction and the stages and procedures for the administration of medication will be explained in detail.

Further advice is available to the school staff at any point in the future when they feel the need for further assistance. The anaphylaxis training will be repeated at the beginning of each academic year.

5.0 RECORDS

A detailed entry will be made in the schools record of medication administered in school.

6.0 LIABILITY INSURANCE

The Manor Multi Academy Trust's Insurers have agreed that any public liability claim, arising from the administration of drugs (including by injection), will be dealt with by the Manor MAT's liability policy and provided that:

A suitably qualified person has given staff training in the administration of the drug; and
The drugs administered do not fall within a category that under legislation is required to be administered only by a qualified practitioner.

AGREEMENT AND CONCLUSION

I _____ being the parent of _____ ('my child'), who is at risk of anaphylaxis hereby confirm that I consent to my child being included in education provided by Manor MAT in full knowledge of the risk a severe allergic reaction in my child and that Manor MAT, its servants or agents, shall not be liable for any

illness, bodily injury, disablement or death, which in view of independent medical advisers is directly or indirectly attributable to an anaphylaxis or its treatment.

Signed .

Dated .

A copy of these notes will be held by the school and the parents/carers and a copy sent to the School Nurse.

Any necessary revisions will be the subject of further discussions between the school and the parents/carers.

On an annual basis, any changes in routine will be noted and circulated or sooner if parents make school aware of any medical changes

AGREED AND SIGNED on behalf of the school.

_____ (Head Teacher)

_____ (date)

