

ADMINISTRATION OF MEDICINES AND SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

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1. Introduction

- 1.1 All staff at Vietnam Tinh Hoa supported by NLCS International (the School) will use their best endeavours, at all times, to secure the welfare of its pupils.
- 1.2 All staff should read and familiarise themselves with this policy, and ensure this policy is followed in relation to the administration of medicines and supporting pupils who have medical conditions.
- 1.3 This policy applies to the whole school.
- 1.4 This policy is addressed to all staff and is available to parents on request. Copies of the above are held at the School Office for consultation by parents. You may also email the School at vietnamtinhhhoa214@nlcshcmc.edu.vn to request hard copies.

2. Aims and objectives

- 2.1 The School is committed to ensuring that physical and mental health and wellbeing of pupils is promoted and that all pupils with medical conditions can access and enjoy the same opportunities at the School as any other pupil, and that they are able to play a full and active role in School life, remain healthy and achieve their academic potential.
- 2.2 The School implements and maintains an effective management system for the administration of medicines to all pupils in the School's care to ensure that the School provides support to individual pupils with medical needs.

3. Statutory and regulatory framework

- 3.1 This policy has regard to the following:
 - [Supporting Pupils at School with Medical Conditions \(December 2015\)](#)
 - [Use of Adrenaline Auto-Injectors in Schools \(DoH Sept 2017\)](#)
 - [Supporting Pupils at School with Medical Conditions \(DfE Dec 2015\)](#)
 - [Use of Emergency Salbutamol Inhalers in Schools \(DoH Mar 2015\)](#)

4. Scope and responsibilities

4.1 The CEO has overall responsibility for the implementation and review of this policy.

4.2 The Head of Junior School, CEO and the School Nurse are responsible for:

- ensuring that sufficient numbers of staff are suitably trained and are able to access all relevant information and teaching support materials required to assist pupils with medical conditions;
- ensuring that sufficient numbers of trained staff are available to support pupils' medical needs at all times whilst they are under the care of the School, including making contingency plans for staff absence and emergency situations;
- ensuring that information regarding an individual pupil's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need-to-know basis;
- ensuring that risk assessments take into account the additional risks posed to individual pupils as a result of their medical conditions;
- the overall development and monitoring of Medical Care Plans (MCP) at the School.

5. Training

5.1 The School will ensure that there are members of staff who are appropriately trained to manage medicine as part of their duties.

5.2 The Head of Junior School, CEO and School Nurse have overall responsibility for the administration of medicine and the arrangements for pupils with medical conditions within the School. The Head of Junior School and CEO will delegate duties as appropriate to the School Nurse and other members of staff who have received training.

5.3 Relevant members of staff will receive appropriate training and support from the School Nurse and / or a qualified health professional, including training on the side effects of medication and what to do if they occur. The School Nurse will ensure that all staff are supervised where appropriate. Any staff responsible for the administration of medicine will have access to pupils' MCPs.

5.4 If the administration of medication involves technical, medical or other specialist knowledge, appropriate individual training tailored to the individual pupil will be provided to appropriate staff by the School Nurse and / or a qualified health professional, where appropriate.

5.5 Staff must not give prescription medicines or undertake health care procedures without prior authorisation from the CEO or HoJS, and without appropriate training/guidance. For the avoidance of doubt a First Aid certificate does not constitute appropriate training in supporting pupils with medical conditions.

- 5.5 Teachers may undertake minor first aid, if they have been trained to do so, for example the administration of sticking plasters or the cleaning of scratches.
- 5.6 The School permits the following professionals to train and assist School staff in dealing with medical conditions and administering medicine:
- School Nurse
 - Receptionist (minor first aid)
 - Teachers/Teaching Assistants (minor first aid)

6. Liaising with parents

- 6.1 The School promotes ongoing communication with parents to ensure that the specific medical needs of all pupils are known and met.
- 6.2 Parents must inform the School Nurse if their child has or develops a medical condition and, where appropriate, provide the School with appropriate medical evidence and / or advice relating to their child's medical condition.
- 6.3 Where appropriate, parents will be invited to consult with the School and relevant healthcare professionals in order to produce a MCP for their child.
- 6.4 Parents should also inform the School Nurse where their child will require either prescription or non-prescription medication to be taken at School and of any changes to the medication required.
- 6.5 The School requests that medication is only taken at School if it is essential, that is where it would be detrimental to the pupil's health not to administer the medication during the School day.
- 6.6 Staff at the School will not administer any medication to a pupil without obtaining prior written permission from their parents. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.
- 6.7 Unless in exceptional circumstances, no pupil under the age of 16 will be given prescription or non-prescription medication without parental consent.

7. Medical Care Plans (MCP)

- 7.1 The School will focus on the on the needs of each individual pupil and how their medical condition impacts on their School life, including how the medical condition impacts on a pupil's ability to learn and will take steps to help increase pupils' confidence and ability to self-care.

- 7.2 Where a pupil has long-term or complex medical condition or health needs, the School will, where appropriate, produce an MCP for that pupil, in accordance with Appendix A.
- 7.3 The MCP will be prepared following consultation with the parents, the pupil (where appropriate) and School Nurse and / or any other relevant healthcare professional.
- 7.4 Where appropriate, the MCP should be linked with a pupil's Education, Health and Care plan (EHC) . Where a pupil has a Special Educational Need and / or Disabilities (SEND) but does not have an EHC, the SEND should be mentioned in their MCP.
- 7.5 The MCP will be presented to the parents for approval prior to its implementation to ensure the School holds accurate information about the medical condition of any pupil with long-term needs.
- 7.6 Once the MCP is approved the School Nurse will be responsible for its maintenance and implementation.
- 7.7 The MCP will be reviewed at least annually or more frequently where a pupil's needs change.

8. Procedures for pupils with medical conditions such as asthma, epilepsy etc.

- 8.1 The School Nurse will hold a record of pupils who need to have access to asthma inhalers, auto-injectors, injections or similar and this information should be circulated to teachers and First Aiders.
- 8.2 Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, at the Medical Centre.
- 8.3 The School has guidance and protocols in place to deal with common medical conditions such as anaphylaxis, asthma and epilepsy (see appendices B, C and D respectively).
- 8.4 Pupils who are diabetic have individually tailored MCPs. The School Nurse holds these plans and circulates this information to teachers and First Aiders.
- 8.5 All new staff will have an opportunity to meet with the School Nurse during their induction where they will be made aware of this policy, the First Aid policy and details of protocols relevant to those pupils under their care.

9. Insurance

- 9.1 The CEO will ensure that there is adequate insurance in place which appropriately reflects the level of risk at the School.

- 9.2 All staff who are required to administer medicines or to provide support to pupils with medical conditions are covered by the School's liability insurance. A copy of the relevant insurance policy is available to all staff on request.

10. Procedure in the event of an illness

- 10.1 Pupils may visit the School Nurse in the Medical Centre during break or lunch. If a pupil is unwell during lessons then they should consult the member of staff in charge who will assess the situation and decide on the next course of action. The pupil will, accompanied as necessary, be told to go to see the School Nurse in the Medical Centre. The School Nurse will decide on the next course of action and provide First Aid as required.
- 10.2 The School Nurse is responsible for regular checking of pupils who are injured or unwell and are sleeping in the Medical Centre.
- 10.3 Staff may visit the School Nurse as and when necessary, but appropriate cover must be arranged.

11. Medical records and consent

- 11.1 Parents of all pupils at the School are required to complete the relevant parental agreement to administer medicine before medication is administered to their child.
- 11.2 Records of all medication administered to every pupil are retained by the School Nurse and relevant records can be provided, subject always to the law on data protection, to parents on request. These records are regularly reviewed by the School Nurse.

12. Prescription and non-prescription medication

- 12.1 As a general rule, staff will not administer any medication that has not been prescribed for that pupil by a doctor, dentist, nurse or pharmacist.
- 12.2 Staff may only administer certain non-prescription medication such as pain and fever relief if the parents have already provided their written consent for this to happen in relation to specific medicines and only if there is a health reason to do so.
- 12.3 No pupil shall be given medicine containing aspirin unless prescribed for that pupil by a doctor.

13. Prescribed medicine

- 13.1 Pupils in the Junior School can bring in and carry relevant devices such as inhalers and auto-injectors. These may be administered by a trained member of staff, or by the pupil with the help of a trained member of staff.

13.2 Pupils in the Junior School must not carry or self-administer medication of any kind. Parents should hand medication in to the Medical Centre staff who will administer it in accordance with prescribing instructions and parental consents.

13.3 Parents must make their child aware that the prescribed medication is strictly for their own personal use, must not be passed to other pupils under any circumstances and to do so is a breach of School rules.

14. Over-the-counter medicine

14.1 Pupil are not permitted to bring in, carry or administer any over-the-counter medicines, except for medication that will be administered by the School Nurse.

15. Administration of medication

15.1 Where a pupil requires supervision to take their medication or where such medication will be administered by staff, pupils receiving medication should be made aware of when and where they should attend at the prescribed times during the course of the medication to receive their treatment.

15.2 All medicines supplied to the School by parents must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. Staff administering medication will check the pupil's name, the name of the medication, the prescribed dose, the expiry date, the method of administration, the time / frequency of administration, any side effects and the written instructions on the container before providing the medicine to the pupil.

15.3 If staff are in any doubt over the procedure to be followed, the parents will be contacted before action is taken.

15.4 If a pupil refuses their medication, staff will report to parents as soon as possible.

16. Storage of medication

16.1 Medicines are always securely stored in accordance with individual product instructions.

16.2 The School will carry out a risk assessment to consider any risks to the health and safety of the School community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

16.3 All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

- 16.4 Any medication requiring refrigeration is kept in a medical fridge which is checked daily and maintained between 2-8 degrees Celsius. The fridge is recalibrated annually.
- 16.5 Emergency medication such as inhalers, auto-injector devices and blood glucose testing meters will be kept in the Medical Centre in a clearly marked box, but in order to allow immediate access the box will not be locked. In the case of medication which is not required in an emergency, the pupil will be told where their medication is stored and who holds the key.
- 16.6 Pupils who do not carry and administer their own medication understand which members of staff will administer their medication.
- 16.7 If a pupil is prescribed a controlled drug, unless otherwise agreed as part of an MCP, it will be kept in safe custody in a locked, non-portable container and only named staff and the pupil will have access. A record of any doses used and the amount of the controlled drug held at the School will be maintained.
- 16.8 Those pupils who are permitted to possess a controlled drug will be advised that it is an offence to pass the drug to any other person for use.
- 16.9 Parents should collect all medicines belonging to their child at the end of each academic year and are responsible for ensuring that any date-expired medication is collected from the School and replaced where necessary.

17. Emergency procedures

- 17.1 In the event of an emergency related to the administration of medicine, the School Nurse should be called as soon as possible, if not already present. If the School Nurse does not consider that she is able to deal with the presenting condition, then she should continue any first aid or medical procedures being provided whilst another person summons emergency medical care. This does not however affect the ability of any person to contact the emergency services in the event of a medical emergency. Staff should always dial 114 for the emergency services in the event of a serious medical emergency before implementing the terms of this policy and make clear arrangements for liaison with the ambulance services on the School site.
- 17.2 A checklist for contacting the emergency services can be found at Appendix B.

18. Educational visits, off-site visits and sporting events

- 18.1 The School actively supports all pupils with medical conditions to access and enjoy the same opportunities at the School as any other pupil, which includes ensuring

that they are able to take an active role in educational visits and sporting activities, unless it is contraindicated by a medical professional involved in a pupil's care (such as their doctor).

- 18.2 For educational visits, off-site visits and sporting events, parents will advise the group leader of any medication that their child will be required to carry or access. The group leader will discuss this, and any other medical needs of individual pupils on the trip, with the School Nurse.
- 18.3 If a pupil attending an educational visit, off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy.
- 18.4 All pupils requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them with the exception of some painkillers or controlled medication. If not sufficiently competent, a member of staff shall carry the medication, individually labelled. The School Nurse will advise staff as appropriate.
- 18.5 Secure storage for medicines will be available at all short-term accommodation used by the School.

19.0 Absence of the nurse

- 19.1 In the absence of the nurse, academic staff will be informed that students requiring medical treatment should be sent to the receptionist, who will call the nurse from Little Ems to support.
- 19.2 In the absence of the nurse, the Head of Junior School/CEO will delegate other members of staff as appropriate to support students with medical needs and the administration of medicine.

19. Unacceptable practice

- 19.1 Staff should use their discretion and training with regards to each individual pupil's medical needs, by reference to their MCP and / or EHC, as appropriate.
- 19.2 However, staff should be aware that the following practices are generally unacceptable:
 - preventing access to medication and relevant devices (such as inhalers), where this is reasonably required;

- assuming that all pupils with the same conditions require the same treatment;
- frequently sending pupils with medical conditions home or preventing them from taking part in normal school activities, unless this is provided for in their MCP / EHC or by their medical advisors;
- sending unwell pupils unaccompanied to the Medical Centre;
- penalising pupils for their attendance record, if their absences are related to their medical condition (e.g., hospital appointments);
- preventing pupils from drinking, eating or taking toilet or other breaks when required to enable them to manage their medical condition effectively;
- requiring parents, or otherwise making them feel obliged, to attend the School to administer medication or otherwise provide medical support to their child during the School day;
- preventing pupils from participating in or creating unnecessary barriers to children participating in all aspects of school life.

20. Complaints

- 20.1 If parents or pupils are dissatisfied with the medical support provided at the School they should raise these in the first instance with the Head of Junior School, CEO, and the School Nurse.
- 20.2 If the Head of Junior School, CEO, and the School Nurse cannot resolve the issue then parents can raise a formal complaint via the School's Complaints Procedure.

21. Monitoring and review

- 21.1 The Head of Junior School and CEO will regularly monitor and evaluate the effectiveness of this policy, and associated procedures.
- 21.2 The policy will be reviewed every two years (or more frequently if changes to legislation, regulation or statutory guidance so require) by the Head of Junior School, CEO, and the School Nurse
- 21.3 This policy will be subject to review at least every two years (or more frequently if changes to legislation, regulation or statutory guidance so require) by the Health and Safety Committee.
- 21.4 The date of the next review is shown on the front page.

Appendix A: Contacting the emergency services

Request an ambulance - dial 114, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- your name
- your telephone number
- your location as follows – Vietnam Tinh Hoa School, 214 Pasteur Street, D3
- provide the exact location of the pupil
- provide the name of the pupil and a brief description of their symptoms
- inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the pupil
- inform the Security Guards that an ambulance is coming

Appendix B: Anaphylaxis guidance

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours.

Common Triggers of Anaphylaxis

Peanuts and tree nuts

Other foods e.g., shellfish, egg, dairy products, citrus fruits

Insect stings

Latex

Drugs

Signs and Symptoms of Anaphylaxis

1. Generalised flushing of the skin and the appearance of nettle rash (hives) anywhere on the body
2. Swelling of mouth and throat
3. Difficulty in swallowing or speaking
4. Severe asthma symptoms
5. Abdominal pain, nausea and vomiting
6. Sudden feeling of weakness and dizziness (due to drop in blood pressure)
7. Collapse and unconsciousness

Parents must inform the School Nurse if their child has a severe allergy and if an auto-injector has been prescribed. An auto-injector is a pre-filled syringe of the correct dosage of adrenaline required in an emergency when severe anaphylaxis occurs.

Teaching and catering staff will be informed of all pupils who have an auto-injector and it will be entered on their School records.

A standard protocol will be used for each pupil with an auto-injector. In the Medical Centre each pupil with an auto-injector may have an individual pack containing EpiPens or two of another auto-injector devices, such as Jext or Emerade, and a treatment plan or protocol provided by parents and signed by the doctor. The Medical Centre is unlocked throughout the School day and these packs are always accessible.

As pupils get older they can carry their own auto-injectors. Pupils carrying their own auto-injectors may provide a spare for the medical room but do not have to do so. If pupils and their parents are happy that they can take responsibility to carry their auto-injectors on their person, it is not essential that a spare be kept in the Medical Centre.

Two spare auto-injectors of 150 micrograms and 2 spare auto-injectors of 300 micrograms are kept in the Medical Centre and a further set is kept in the kitchen area. These may be used in instances where a pupil is known to have carry an auto-injector but has not got it on their person or it has expired.

Staff will be given training on administration of auto-injectors in an emergency situation, by the School Nurse. This training will be made available at the beginning of each academic year and repeated during the year if required. Parents must notify the School Nurse of any changes in the management of their child's allergy; they must accept responsibility for maintaining appropriate up-to-date medication and replace any used or expired medication.

Pupils going on educational visits who have an auto-injector prescribed must take two unexpired auto-injectors with them on the trip. It is the responsibility of the parents and the pupil to ensure that they have the pack with them.

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

• Phone parent/emergency contact

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**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- 2 Use Adrenaline autoinjector **without delay** (eg. EpiPen®) (Dose: . . . mg)
- 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 further adrenaline dose using a second autoinjectable 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.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise 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 AAIs in schools.

Signed:

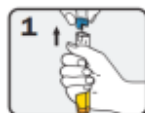
Print name:

Date:

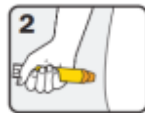
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

© The British Society for Allergy & Clinical Immunology 8/2018

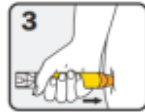
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

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. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:

Appendix C: Asthma guidance

The School recognises that asthma is a widespread, potentially serious but controllable condition affecting some pupils at the School. The School encourages pupils with asthma to achieve their potential in all aspects of School life.

Asthma Medicines

Immediate access to reliever medicines is essential. Pupils with asthma can choose to carry their reliever inhaler. The reliever inhalers of younger children can be kept in the classroom, should their parent / carer feel they are not mature enough to carry their own inhaler.

Parents / carers can provide the School Nurse with a labelled spare reliever inhaler if they feel it is necessary. These are kept, readily available, in the medical centre and all School staff will let pupils take their medicines when they need to.

As pupils get older they can carry their own inhalers. Pupils carrying their own inhalers may provide a spare for the Medical Centre but do not have to do so. If pupils and their parents are happy that they are capable of taking responsibility to carry their inhalers on their person, it is not essential that a spare be kept in the Medical Centre.

Two spare inhalers are kept in the Medical Centre and a further set is kept in the dining hall. These may be used in instances where a pupil is known to use an inhaler but has not got it on their person or it has expired.

Parents / carers must ensure that all reliever medication is in date and provisions will be made for medication to be renewed before it has expired.

Record Keeping

When a child joins the School, parents / carers are given a medical history form to complete and return to the School Nurse. This form asks for details of medical conditions including asthma, the information is kept by the School Nurse and staff informed of pupils with asthma. The School Nurse will email a list of pupils with asthma, to all teaching staff, at the start of each term. Parents / carers are asked to update the School Nurse if their child's condition or medication changes during the School year.

Exercise and Activity

Taking part in sports, games and activities is an essential part of School life for all pupils. Pupils with asthma are encouraged to participate in all PE lessons. PE teachers remind pupils who have asthma to ensure that they have their reliever inhaler with them and to take it before exercise if required. If a pupil has asthma symptoms whilst exercising the teacher allows them to stop, take their reliever inhaler and as soon as they feel better to return to their activity.

School Environment

The School does all it can to ensure the School environment is favourable to pupils with asthma. The School does not keep furry or feathery animals and has a definitive no smoking policy. As far as is possible the School does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

Asthma Attacks

In the event of an asthma attack the member of staff present will ensure that the pupil has their reliever inhaler and that they use it. The School Nurse will be sent for immediately. If the School Nurse is not in the Medical Centre a member of staff should call the School Nurse's mobile phone which is always on during the School day. If the School Nurse is not in School, a first aider will be contacted. A list of first aiders is available throughout the School. The School Nurse will ensure that the emergency treatment of an asthma attack is carried out, 114 will be dialled immediately if the pupil's condition requires it. The pupil's parents / carers will be contacted immediately.

1	2	3
Every day asthma care: My asthma is being managed well: - With this daily routine I should expect/aim to have no symptoms. - If I have not had any symptoms or needed my reliever inhaler for at least 12 weeks, I can ask my GP or asthma nurse to review my medicines in case they can reduce the dose. - My personal best peak flow is: My daily asthma routine: My preventer inhaler (insert name/colour): I need to take my preventer inhaler every day even when I feel well. I take puff(s) in the morning and puff(s) at night. My reliever inhaler (insert name/colour): I take my reliever inhaler only if I need to I take puff(s) of my reliever inhaler if any of these things happen: - I'm wheezing - My chest feels tight - I'm finding it hard to breathe - I'm coughing Other medicines and devices (e.g spacer, peak flow meter) I use for my asthma every day:	When I feel worse: My asthma is getting worse if I'm experiencing any of these: - My symptoms are coming back (wheeze, tightness in my chest, feeling breathless, cough). - I am waking up at night. - My symptoms are interfering with my usual day-to-day activities (eg at work, exercising). - I am using my reliever inhaler three times a week or more. - My peak flow drops to below: URGENT! If you need your reliever inhaler more than every four hours, you need to take emergency action now. See section 3. What I can do to get on top of my asthma now: If I haven't been using my preventer inhaler, I'll start using it regularly again or if I have been using it: - Increase my preventer inhaler dose to puffs times a day until my symptoms have gone and my peak flow is back to my personal best. - Take my reliever inhaler as needed (up to puffs every four hours). - Carry my reliever inhaler with me when I'm out. URGENT! See a doctor or nurse within 24 hours if you get worse at any time or you haven't improved after seven days. Other advice from my GP about what to do if my asthma is worse (eg MART or rescue steroid tablets):	In an asthma attack: I'm having an asthma attack if I'm experiencing any of these: - My reliever inhaler is not helping or I need it more than every four hours. - I find it difficult to walk or talk. - I find it difficult to breathe. - I'm wheezing a lot, or I have a very tight chest, or I'm coughing a lot. - My peak flow is below: What to do in an asthma attack Sit up straight — try to keep calm. Take one puff of your reliever inhaler (usually blue) every 30 - 60 seconds, up to a maximum of 10 puffs. If you feel worse at any point OR you don't feel better after 10 puffs call 999 for an ambulance. Repeat step 2 after 15 minutes while you're waiting for an ambulance. After an asthma attack: - If you dealt with your asthma attack at home, see your GP today. - If you were treated in hospital, see your GP within 48 hours of being discharged. - Finish any medicines they prescribe you, even if you start to feel better. - If you don't improve after treatment, see your GP urgently. What to do in an asthma attack if I'm on MART:

Appendix D: First aid for epileptic seizures



First aid for epileptic seizures

Remember

ACTION

for tonic-clonic seizures:

A **Assess**
Assess the situation – are they in danger of injuring themselves? Remove any nearby objects that could cause injury

C **Cushion**
Cushion their head (with a jumper, for example) to protect them from head injury

T **Time**
Check the time – if the seizure lasts longer than five minutes you should call an ambulance

I **Identity**
Look for a medical bracelet or ID card – it may give you information about the person's seizures and what to do

O **Over**
Once the jerking has stopped, put them on their side. Stay with them and reassure them as they come round

N **Never**
Never restrain the person, put something in their mouth or try to give them food or drink

Tonic-clonic seizures
The person goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may look a little blue around their mouth from irregular breathing. Tonic-clonic seizures can last a few minutes. Afterwards, they may be tired and confused. A tonic-clonic seizure is the seizure you are most likely to come across. There are many others. Visit epilepsy.org.uk to find out more.

Call an ambulance if any of these things apply:

- You know it is their first seizure
- The seizure lasts for more than five minutes
- One seizure follows another without the person regaining consciousness in between
- They are seriously injured
- They have trouble breathing after the seizure has stopped



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