

Chronic Illness / Long Term Conditions Protocol

Revised November 2022

Pupils with chronic illnesses / long term medical conditions need to be properly supported in school, so they can have full access to education, including school trips and physical education.

This school takes its responsibilities to support pupils with chronic illnesses / long term conditions very seriously and all pupils are encouraged to take a full and active part in all activities of the school, and reasonable adjustments will be made to accommodate this.

Guidance on 'reasonable adjustments' can be found in the following documents:

- [2014 EHRC guidance – What Equality Law Means for you as an Education Provider-Schools](#)
- 2014 EHRC – [Technical Guidance for Schools](#)
- 2015 EHRC guidance – [Reasonable Adjustments for Disabled Pupils](#)

Essential reading – All school staff responsible for the care of pupils with chronic illnesses / long term medical conditions should be familiar with the statutory guidance in the Department of Education's document '[Supporting Pupils in School with Medical Conditions](#)' and implement its recommendations.

ROLES AND RESPONSIBILITIES

Parents are required to:

- Notify the school if their daughter has a chronic illness or long term medical condition.
- Discuss the care and treatment required with the school nurse, and assess and review the development of an individual Health Care Plan.
- Provide any necessary medication, check expiry dates and provide replacement medication in accordance with the school's 'Administration of Medication Protocol'.
- Notify school of any changes in their daughter's condition or treatment.
- Inform school of any activities in which their daughter may require additional supervision.
- Agree any specific risk assessment and care plan for their daughter.
- Keep their daughter at home when they are acutely unwell and / or infectious.

Staff:

- If an individual Health Care Plan is drawn up, the Head Teacher will ensure this provision of care is delivered safely within the school, and approve reasonable adjustments.
- Will have access to this Protocol and guidelines on recognition and management of pupils with specific medical conditions.
- Will be notified of pupils with specific medical needs at the start of the academic year and a list of all medical needs can be found **[as per the arrangements for individual schools]** (subject to parental signed consent for disclosure of information)
- If a pupil has an Individual Health Care Plan and/or Risk Assessment this will be kept and be able to be accessed **[as per the arrangements for individual schools]**
- Admissions staff will inform the School Nurse if a pupil with medical needs is joining the school prior to the admission date.

- New staff will be informed of the Chronic Illness / Long Term Conditions Protocol during induction and the above points highlighted.

The School Nurse will:

- Be available to parents to discuss their daughter's health needs prior to admission and any ongoing concerns
- Develop the Individual Health Care Plan for pupils with specific medical needs with parents, their daughter, key members of staff and, where appropriate, other health professionals involved with the pupil's care.
- Liaise with pupils with specific medical needs, their parents, other health professionals and relevant school staff as necessary.
- Ensure that relevant staff are aware and trained as necessary in recognition and management of pupils with specific medical needs.
- Ensure that up-to-date information on pupils with specific medical needs is easily accessible to relevant staff **[as per the arrangements for individual schools]**.
- Promptly notify relevant staff of any newly diagnosed or new pupils, or newly diagnosed pupils with specific medical needs.
- Ensure that relevant staff are notified if certain activities are limited for individual pupils with specific medical needs.
- Encourage and support pupils with specific medical needs, for example with care plans, phased return after illness.

PROCEDURE FOR COLLECTING INFORMATION ABOUT PUPILS WITH MEDICAL CONDITIONS

GENERALLY

- When pupils join the school, parents/guardians are required to declare any medical condition their daughter may have on the GDST 'Pupil Health Assessment Form' and in the 'Parent Contract'.
- Parents agree to inform the school of any change in their daughter's medical condition on the GDST 'Pupil Health Assessment Form'.
- Annually, parents should be asked to confirm details held on the school's health records, update their daughter's photo if necessary, and review any Individual Health Care Plans.

SCHOOL TRIPS/RESIDENTIAL VISITS

Refer also to the Administration of Medicines Protocol

Educational trips and visits must be planned to ensure that pupils with chronic illnesses / long term conditions can participate as fully as possible, wherever practicable. This may require individualised, reasonable adjustments to be made to ensure the pupils can attend the trip or visit, safely, e.g. alternative venues or activities may need to be considered from those usually used.

Staff organising / leading school trips / educational visits must liaise with the school nurse in good time to ensure that they are well informed about all the medical conditions of the pupils prior to the trip / visit. The school nurse is able to check which pupils are participating in school trips / educational visits using the Evolve system. They should inform the trip organiser / leader about any pupils who have specific medical conditions.

The trip leader is responsible for including the specific medical needs of any pupil in the trip / visit risk assessment. The Evolve system can be used for this. The trip leader can contact colleagues at Trust Office for specific information regarding health insurance for trips.

Pupils and parents must be reminded any necessary prescribed medications must accompany the pupil and that the member of staff in charge of the trip must be informed of the name, dosage and frequency of administration of the medicine.

The school nurse will be available to help group leaders with risk assessments and provide medical details as required.

GUIDANCE ON EPILEPSY, DIABETES, ASTHMA AND ANAPHYLAXIS.

EPILEPSY

For facts on Epilepsy see www.epilepsy.org.uk/

Emergency Management for Epilepsy

Most seizures happen without warning, last only a short time and stop without any special treatment. Injuries can occur, but most people do not come to any harm in a seizure.

AIM: To protect the patient from injury and ensure that the airway is kept clear during unconsciousness. To reassure and give care when consciousness is regained. *It is important to keep calm.*

When the seizure starts	<input type="checkbox"/> Note the time
Call for help	<input type="checkbox"/> Another student can contact the School Nurse/Duty First Aider
Protect the casualty	<input type="checkbox"/> Ask bystanders to move away. Maintain their dignity <input type="checkbox"/> Remove potentially dangerous items/loosen tight neckwear and remove spectacles <input type="checkbox"/> Protect the casualty's head by placing a pillow under the head <input type="checkbox"/> Turn head to side if possible to maintain clear airway <input type="checkbox"/> Administer emergency medication according to the care plan and specific training <input type="checkbox"/> Call 999 if a seizure lasts longer than usual for the pupil. Check the care plan
DO NOT:-	<input type="checkbox"/> Put anything in the mouth <input type="checkbox"/> Restrain or restrict movements during the seizure <input type="checkbox"/> Move, unless in danger <input type="checkbox"/> Give anything to eat or drink until fully recovered and alert

When the seizure has ceased	<ul style="list-style-type: none"> <input type="checkbox"/> Check for breathing. If breathing <u>not</u> present commence CPR <input type="checkbox"/> If breathing present:- <input type="checkbox"/> Turn into the recovery position <input type="checkbox"/> Continue to monitor response, pulse & breathing <input type="checkbox"/> Reassure – if patient seems confused, tell them what happened <input type="checkbox"/> Check for Injury – apply first aid if necessary <input type="checkbox"/> Observe and stay with patient until recovery complete <input type="checkbox"/> Accompany to Medical Room & offer assistance if any incontinence etc <input type="checkbox"/> Notify parent/guardian <input type="checkbox"/> Complete relevant documentation <input type="checkbox"/> Maintain dignity
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IT IS A MEDICAL EMERGENCY AND MEDICAL ASSISTANCE SHOULD BE SOUGHT IF:-
<ul style="list-style-type: none"> <input type="checkbox"/> Someone has injured themselves badly in a seizure <input type="checkbox"/> They have trouble breathing after a seizure <input type="checkbox"/> One seizure immediately follows another or the seizure lasts more than five minutes and you do not know how long they usually last <input type="checkbox"/> The seizure continues for longer than usually for that person <input type="checkbox"/> This is the first seizure for the person

Not all seizures are the same therefore it is useful if observations can be made. Be mindful of absent seizures.

OBSERVATIONS
<ul style="list-style-type: none"> <input type="checkbox"/> How did the seizure begin? Was there an aura? <input type="checkbox"/> Is the onset generalised (whole body) or localised (just one part)? <input type="checkbox"/> Was there any loss of consciousness, or altered awareness? <input type="checkbox"/> Are there any convulsive movements? <input type="checkbox"/> Did the patient bite their tongue or pass urine during the attack? <input type="checkbox"/> How long did the seizure last, and if more than one, what was the time interval in between? <input type="checkbox"/> What is the condition of the patient afterwards? Did they need to sleep? <input type="checkbox"/> Any other observations?

*SEIZURE IN WATER
<p>Watch for loss of coordination, possible involuntary movement of head, poor direction – may veer off course Management – approach from behind, ensure head is kept above water, tow pupil to shallow water, after attack assist pupil out of water to the side of the pool. First aid as above.</p>

Classroom management

Staff will be aware of all epileptics. Communication with the school nurse and parents will ensure adequate support is provided. It is advisable for staff to ascertain from the pupil if s/he has informed her peers of her epilepsy and their degree of knowledge. Any staff concerns should be reported to the Head teacher or school nurse.

- **Absence Seizures** –
 - Understanding and a matter-of fact approach are all that is needed.
 - Staff should be aware of the need for the pupil to catch up on any information missed during the seizure.
 - Other pupils may not be aware that anything has happened.

- **Tonic-Clonic Seizure -**

- Calmly reassure the rest of the class and ask them to move away from the pupil having the seizure.
- Whenever possible move the class out of the room.
- Only move the pupil if there is a danger of sharp or hot objects or electrical appliances.
- Send for the School Nurse/First Aider and request a pillow and blanket.
- Follow the first aid guidelines as above.
- If this is a regular occurrence spare clothes should be kept at school in case of incontinence

A teacher recognising a pupil with an increasing number of seizures or appearing drowsy, over-active, or inattentive should inform the school nurse.

Sport & Other Leisure Pursuits

Pupils are encouraged to participate fully in all activities unless otherwise advised by their parents/Doctor. The following sports are not advisable:

- Mountaineering
- Boxing
- Swimming* in the open sea – unless well supervised and in a safe area
- Water skiing* and scuba diving – may be considered if safe environment & additional supervision.

**Life jackets are essential at all times.*

Televisions / Discos / Strobe Lighting

Approximately 3-5% of people with epilepsy have 'photosensitive epilepsy'. Approaching a TV or strobe lighting with one eye shut can help. Avoid Disco lights if possible.

Science / Technology

Normal standards of supervision should ensure safety in lessons where machinery or laboratory apparatus is used. It should be noted that if a pupil experiences a seizure – s/he will usually fall backwards, therefore, hopefully not onto any apparatus or machinery.

Medication (01/19)

Most anti-epileptic drugs are taken morning and evening, avoiding the inconvenience of taking medication at school.

Rectal Diazepam has, in general, been replaced with Buccal Midazolam as the drug of choice for stopping prolonged seizures, and its administration process is much more appropriate for schools. Buccal Midazolam is available in pre-filled oral syringes. The dosage is relevant for the weight of the child. The midazolam solution is placed against the sides of the gums and cheek so that the medicine is directly absorbed into the bloodstream. It should be administered by trained staff.

Midazolam is a Schedule 3 controlled drug, but it is exempt from the safe custody regulations. It is appropriate, in a school setting, not to lock away this medication but to keep it in an accessible place that is safe and supervised, for example with the emergency AAI and inhalers.

A **template Epilepsy Care Plan** can be found in the 'Related Documents' panel here:

<https://hub.gdst.net/node/1914>

DIABETES

For facts on Diabetes see www.diabetes.org.uk/

Emergency management for diabetes

Children with diabetes need encouragement, understanding, and support to ensure a sense of independence. As a general rule most children will have a very good idea of how to manage their condition, and do so very well. It is therefore important to listen to their needs and provide individualised care.

HYPOGLYCAEMIA (LOW BLOOD SUGAR)

- Hypoglycaemia (hypo) is the most common short-term complication in diabetes and occurs when the blood glucose level falls too low. This is especially likely to happen before meals.

Hypo happens very quickly but most children have warning signs that will alert them, or people around them, to a hypo.

HYPOGLYCAEMIA (Low blood sugar)	
Watch out for	Excessive sweating, faintness, paleness, headache, tingling lips, pounding of the heart, blurred vision, hunger, irritability, lack of concentration, personality change, difficulty waking
What to do	<p>Contact the School Nurse/First Aider</p> <p>Give sugar or food containing sugar (e.g. 3 glucose tablets or a drink with 2 tsp. sugar followed by biscuits, a yogurt or a sandwich. (improvement within 15 minutes)</p> <p>If available, put Hypostop on the inside of the cheeks and gently massage them on outside (as per packet/Health Care Plan instructions)</p> <p>Do not give Hypostop or fluid if person is unconscious</p> <p>If unconscious put into the recovery position</p> <p>Dial 999 & contact parents</p> <p><i>Always turn off an insulin pump if used</i></p>
Causes	<p>Too much insulin</p> <p>Not eating enough food</p> <p>Unusual amount of exercise</p> <p>Delayed meal</p> <p>Stress</p> <p>Hot weather</p>

HYPERGLYCAEMIA (High blood sugar)

This develops much more slowly than Hypoglycaemia but can be more serious if untreated. Ketoacidosis, a condition that can occur when there is **too little insulin** present in the body can occur. It is unlikely to be a problem in school but it is helpful if staff are aware of the symptoms; it may also be noticeable if a pupil is away on a school trip for any length of time.

HYPERGLYCAEMIA (High blood sugar)	
Watch out for (Stage 1)	Very thirsty, passing a lot of urine, feeling tired and weak, small amount of ketones in the urine, blood sugar level 15mmol/l or above
(Stage 2 - ketosis)	As above + nausea & vomiting, abdominal pain, deep rapid breathing, breath smelling of acetone, moderate to large amounts of ketones in urine, drowsiness, unconsciousness
What to do	Inform the School Nurse/First Aider, do more frequent testing-either urine or blood test.

	Test urine for ketones, give fluids without sugar if able to swallow, student may be able to give themselves insulin injection, Call 999 & contact parents
Causes	Too little or no insulin, eating more carbohydrates than diet allows for, infection, fever, emotional stress, less exercise taken than usual.
NEVER miss an insulin injection	

Classroom management

Staff will be aware of all diabetics. Communication with the school nurse and parents will ensure adequate support is provided. It is advisable for staff to ascertain from the pupil if she has informed her peers of her diabetes and their degree of knowledge. Any staff concerns should be reported to the Head teacher or school nurse.

General points-

- Diabetic Record Card will be displayed **[as per arrangements for individual schools]**.
- No pupil is to be allowed out of the classroom alone or be left unattended if unwell
- A small snack will be allowed in the classroom if necessary
- Privacy for blood testing will be provided
- PE staff need to have a supply of glucose sweets/drinks available in the PE Dept. and at sport events
- A care plan will be available and accessible for school staff

Extra curricular activities -

Day Outings should not cause any real problems. Staff should remember to take a copy of the Diabetes Record Sheet and some extra food in case of unexpected delays. In addition students should take their insulin and injection kit just in case delays continue over their usual injection time.

Overnight stays – These will include injection routines and blood glucose monitoring. Staff will need to be confident that the child is able to do their own injections or that there is a member of staff willing to take responsibility for helping with injections and blood glucose testing.

Outside the UK – Staff should ensure that the travel insurance covers pre-existing conditions in the case of emergency. Parents must arrange a general health check and travel advice from their own clinic.

Checklist for trips/holidays

Student Pack	Staff Pack
<input type="checkbox"/> Glucose in case of hypos, eg fizzy drink (not diet), glucose tablets	<input type="checkbox"/> <i>Diabetes Record Sheet</i>
<input type="checkbox"/> Food for the journey eg sandwiches in case of delayed travel	<input type="checkbox"/> School trip information
<input type="checkbox"/> Personal identification eg Diabetes UK identification card or identification bracelet/necklace	<input type="checkbox"/> Glucose in case of hypos eg fizzy drinks (not diet) glucose tablets
<input type="checkbox"/> Insulin + spare in case of loss/damage	<input type="checkbox"/> Risk Assessment
<input type="checkbox"/> Syringes or insulin pen and needles plus spares in case of loss damage (Disposal container for sharps etc)	<input type="checkbox"/> Contact details

<input type="checkbox"/> Blood & urine testing equipment and spare testing strips	<input type="checkbox"/> Ensure availability of 'fridge in hotel'
<input type="checkbox"/> Cool bag for transportation of insulin	<input type="checkbox"/>

Further Information

A **template Diabetes Care Plan** can be found in the 'Related Documents' panel here:

<https://hub.gdst.net/node/1914>

Diabetes UK has many resources - <https://www.diabetes.org.uk/>

[Children and Young People Diabetes – A London Guide for Teachers and Parents of Children and Young People with Diabetes – NHS – 2015](#)

ASTHMA

For facts on Asthma see www.asthma.org.uk/

Classroom management

All senior pupils should have their own reliever inhaler with them at all times. A spare reliever inhaler should be kept in the Medical Room / Reception (**as per local arrangements**) with the completed school asthma card in case of emergencies.

Junior pupils should keep one reliever inhaler in the plastic storage box in their classroom and one reliever inhaler in the Medical Room (**as per local arrangements**).

ASTHMA MANAGEMENT PLAN

GREEN ZONE

Asthma under control
Breathing feels good
No cough or wheeze
Can take part in normal activities and sports

ACTION IF NECESSARY

Take 2-4 puffs of reliever inhaler as required, if cold symptoms present or before exercise

IF WHEEZING, AND NO IMPROVEMENT FROM RELIEVER INHALER (BLUE) MOVE TO **AMBER ZONE**

AMBER ZONE – MILD ASTHMA ATTACK

Cough, wheeze or tight chest
Can talk in sentences
Not distressed

ACTION

GIVE 4 TO 6 PUFFS OF RELIEVER INHALER (BLUE) VIA A SPACER, ONE PUFF AT A TIME, SHAKE THE INHALER BETWEEN PUFFS

Reassure and stay with the child

Call for help from School Nurse or First Aider

Help child to sit up or lean forward

Loosen tight clothing

Inform the parent/guardian

IF NO IMPROVEMENT contact parent to collect child and parent to take them to GP

IF CONDITION WORSENS MOVE TO RED ZONE
RED ZONE – SEVERE ASTHMA ATTACK

Breathing hard and fast
Can't talk in sentences
Distressed
Becoming exhausted
Pale/grey/blue in colour
Feel frightened

ACTION

PE Lesson

- All pupils take part in the lesson
- Senior pupils are responsible for taking their reliever inhaler to the lesson and should not leave it in the changing room – Junior pupils **[as per arrangements for individual schools]**
- Labelled reliever inhalers can be given to the teacher in charge at the start of the lesson for safekeeping, or, as in cross-country running, carried with the pupil

In specific incidences it may be necessary to make individual appropriate arrangements.

Asthma and the Science/Technology Lesson

Fumes from science experiments can trigger symptoms or attacks in pupils with asthma. Teachers should check the care plan for specific triggers, Fume cupboards will be used, wherever possible, to avoid this. When a fume cupboard is not available, an asthmatic pupil will be asked to sit near an open window, to the back of the classroom.

In Biology lessons an asthmatic pupil will be reminded not to sit near to animals, birds or pollen experiments.

In Technology lessons an asthmatic pupil will be reminded to be aware of saw dust, and fumes from solder plus the need to wear eye protection as necessary.

General points

- Pupils must take an inhaler with them to the sports Hall, Swimming pool, onto the sports field and on any school trip or journey (including sports fixtures).
- Pupils have access to their spare inhaler at all times. However, while every care is taken, the school cannot accept responsibility for any loss or damage to the inhalers and parents should check details such as the condition of the inhaler and expiry date regularly.

The school nurse will frequently check that asthmatic pupils have an inhaler in school. If a pupil is a known asthmatic and no inhaler is in school then the parent/guardian will be contacted and asked to bring a reliever inhaler into school.

A **template Asthma Care Plan** can be found in the 'Related Documents' panel here:

<https://hub.gdst.net/node/1914>

Emergency Salbutamol Inhalers

Since 2014 schools have been able to buy Salbutamol inhalers without a prescription, for use in emergency situations, e.g. if a child who has been diagnosed with asthma has not got their own inhaler with them, or it is empty.

The emergency inhaler should only be used by pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, and for whom both medical authorisation and written parental consent for use of the emergency inhaler has been given. Consent should be updated regularly – ideally annually – to take account of the changes in the child's condition.

Click [here](#) for Dept of Health guidance on the use of emergency inhalers in schools – Sept 2014

Further information on Asthma can be found [here](#).

ALLERGIES AND ANAPHYLAXIS (11/22)

Detailed information is available in the [GDST Protocol for Dealing with Allergies](#) and Intolerances and in the websites listed at the bottom of this section.

Anaphylaxis is a severe and potentially life threatening reaction to a trigger, such as a nut allergy. It is also known as anaphylactic shock. Children and young people can also have milder allergic reactions to certain allergens.

Classroom Management

If an Adrenaline Auto-Injector (AAI) has been prescribed, it must be available to the pupil at all times – with no exceptions, i.e. it should **never** be locked away in a cupboard, or stored in an office or room where access is restricted.

All senior pupils should carry their own AAI with them at all times. Spare AAIs are kept in **[insert local procedure]**, with the completed consent form, instructions for use and care plan] in case of emergencies.

Junior pupils should keep one AAI with them and a spare in the **[insert local procedure]** with the completed consent form, instructions for use and care plan]

Emergency AAI devices are available in **[state location]** for use on all pupils whose usual inhaler is not available for any reason, providing their parents/guardians have signed a '**Use of Emergency Adrenaline Auto-Injector Device Consent**' form.

School Trips

Pupils must take their Adrenaline Auto-Injectors with them on school trips, including to off-site sports pitches/facilities and sports fixtures. The school's emergency AAIs should not be sent on a school trip if this would mean that there were no emergency AAIs available for other pupils in school. In these circumstances, if a pupil has forgotten their own AAI, they should not go on the trip. The first aider accompanying the trip needs to be aware and confident on how to administer an AAI.

Staff organising / leading school trips / educational visits must liaise with the school nurse in good time to ensure that they are well informed about all the medical conditions of the pupils prior to the trip / visit.

The school nurse is able to check which pupils are participating in school trips / educational visits using the Evolve system. They should inform the trip organiser / leader about any pupils who suffer from allergies. The trip leader is responsible for including the specific medical needs of any pupil in the trip / visit risk assessment.

Emergency Adrenaline Auto-Injectors

In 2017 the law was amended to allow schools to buy spare Adrenaline Auto-Injectors (AAIs) for use on children with serious allergies in case of emergencies. Previously, AAIs could only be obtained on prescription, which could mean there was no spare in school if the child forgot to bring there's with them, or they were broken or out of date.

Schools must have a documented protocol for the use of emergency AAIs which includes the following:

- Arrangements for the supply, storage, care, and disposal of spare AAIs in line with the DfE's guidance 'Supporting Pupils with Medical Conditions'.
- A register of pupils who have been prescribed an AAIs (or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis).
- Written consent from the pupil's parent/legal guardian for use of the spare AAIs, as part of a pupil's individual healthcare plan.
- Ensuring that any spare AAI is used only in pupils where both medical authorisation and written parental consent have been provided.
- Appropriate support and training for staff in the use of the AAI.
- Keeping a record of use of any AAIs, and informing parents or carers that their pupil has been administered an AAI and whether this was the school's spare AAI or the pupil's own device.
- The school's emergency AAIs should not be sent on a school trip if this would mean that there were no emergency AAIs available for other pupils in school. In these circumstances if a pupil has forgotten their own AAI, they should not go on the trip.

The Department of Health has issued guidance, available [here](#), on the use of AAIs in schools.

The Anaphylaxis Campaign's webpage regarding emergency AAIs can be accessed [here](#).

The 'Spare Pens in Schools' website can be accessed [here](#).

A **template Anaphylaxis Care Plan** can be found in the 'Related Documents' panel here:
<https://hub.gdst.net/node/1914>

ALLERGIC REACTION AND ANAPHYLAXIS MANAGEMENT PLAN

GREEN ZONE – MILD REACTION

Nettle type rash (urticaria or hives). Red, itchy, raised in nature
Swelling of the lips, eyes, other parts of face or body (angioedema)
Tingling of the lips, throat, tongue or throat
General redness and warmth

ACTION

Antihistamine - Cetirizine or Loratidine
Contact parents
Stay with the child until improved

AMBER ZONE – MODERATE REACTION

GUT REACTIONS –

Vomiting, Tummy ache, Diarrhoea

CHEST REACTIONS –

Sneezing and/or coughing
Throat tightness/Lump at the back of the throat
Mild wheezing
Hayfever type symptoms

ACTION

Call for help from Nurse/First aider
Give antihistamine medication straight away –Cetirizine or Loratidine
Repeat Dose if required
If child has a mild wheeze and has an inhaler (or has severe asthma and not wheezing) also give 6-10 puffs of Salbutamol (blue inhaler)
Observe for development of Anaphylaxis
Contact parents
Stay with the child

SEVERE – ANAPHYLAXIS

Can occur with or without the mild or moderate symptoms
Difficulty in swallowing or speaking
Gasping or choking
Severe wheeze or chest tightness
Dizziness/undue sleepiness/collapse

ACTION

Give Epi-pen (if prescribed) into upper outer thigh, following the instructions carefully

Dial 999 Contact parents Stay with the child

Remember in all cases:
Keep Calm
Stay with the child
Lay child flat
Repeat dose of antihistamine after 20-30 minutes if skin symptoms are persisting
Inform parents and ask them to be with the child
Ensure the child rests under supervision for at least one hour after the reaction has resolved to ensure no further symptoms

Further Information

- <http://www.anaphylaxis.org.uk/>
- <http://www.anaphylaxis.org.uk/our-factsheets/>
- <https://www.anaphylaxis.org.uk/schools/schools-help/>
- The [Anaphylaxis Campaign's webpage on emergency AAls](#)
- [Spare Pens in Schools](#)
- <https://www.rcpch.ac.uk/resources/allergy-care-pathway-anaphylaxis>
- Dept. of Health [Guidance on the Use of Adrenaline Auto-injectors in Schools](#) – Sept 2017
- The [Food Safety](#) section of the GDST Hub.