



Education & Learning

Supporting children and young people with healthcare needs in schools

Administration of Medication in Early Learning and Childcare (ELC) Settings Guidance

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Throughout this guidance the use of the term headteacher refers to the headteacher of a nursery or the leader of an Early Learning and Childcare (ELC) setting.

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CHAPTER 1 INTRODUCTION

This guidance has been produced to help ELC settings put in place effective management systems to support individual children who have medical needs and who may need to take medication in ELC settings.

Further guidance is available within:

1. Supporting children and young people with healthcare needs in schools

This guidance replaces the Administration of Medicines Guidance (2001).

<http://www.gov.scot/Publications/2017/12/3694>

2. Care Inspectorate: Management of medication in daycare of children and childminding services

[Management of medication in daycare of children and childminding services Dec-2024.pdf](#)

Purpose of Guidance

1.1 Any child in ELC settings in Scotland may require healthcare support or the administration of medication. Healthcare support or medication may be required for the management of short or long term conditions or in response to an emergency situation, such as an allergic reaction. A positive response by the ELC settings to a child's healthcare needs will not only benefit the child directly but can also positively influence the wellbeing of all children.

1.2 A number of developments have been taken into account in the production of these guidelines as follows:

- Current medical thinking places considerable importance on children being enabled to control their own medication, wherever possible.
- The legislative framework and policies in Scotland for inclusion have led to more children or young people with additional support needs and/or medical conditions being educated in ELC settings.
- An increase in the incidence of childhood asthma and developments in its management have led to growing numbers of children being prescribed self-administered medication.
- The number of children developing anaphylactic allergies to certain foods such as nut allergies has increased.
- Updated Scottish Government guidance for school settings on the use of emergency medicines, including Salbutamol Inhalers and Adrenaline-Auto Injectors (AAls). Annex B: Other Condition Specific Information - Supporting children and young people with healthcare needs in schools: guidance - gov.scot (www.gov.scot)

[Using emergency adrenaline auto-injectors in schools - GOV.UK \(\[www.gov.uk\]\(http://www.gov.uk\)\)](#)

ELC settings may not be able to accede to all requests for assistance from parents and the headteacher will have the final decision on whether a request can be reasonably met. It is important that ELC settings have clear guidelines in relation to administration of medication and that parents, carers and practitioners are aware of these guidelines.

- 1.3 This guidance is to help ELC settings to develop effective management systems to support individual children with healthcare needs.

Principles

- 1.4 ELC practitioners providing healthcare to children should receive appropriate awareness raising information or training from a health professional or other accredited source in the care they are providing and should not be expected to provide such care unless training and support is provided and is subject to appropriate clinical governance.
- 1.5 There is no legal or contractual duty on ELC practitioners to administer medicine or supervise a child taking it. This is a voluntary role. Perth and Kinross Council's Employer Liability Insurance provides full cover for all ELC settings practitioners who volunteer to administer medication within the scope of their employment.
- 1.6 Assistance with intimate care may be needed at any time, by children in all sectors and at all levels. ELC settings should have arrangements in place to deal with these needs quickly and with respect for children's privacy, dignity, rights and preferences.

CHAPTER 2 RIGHTS AND RESPONSIBILITIES

- 2.1 Supporting the medical needs of children in ELC settings is the statutory responsibility of NHS boards and the day to day management and support of these needs may be met by practitioners in ELC settings. While the arrangements for such support should always seek to include the children affected, it may also include a range of individuals and agencies. Arrangements should be in place to monitor and review the effectiveness of the partnership working and ensure that services work effectively and improve outcomes for children.
- 2.2 Children should be supported in developing their ability to meet their own needs and become as independent as they are able to. In doing this, it is important that the responsibility and accountability of all those involved is clearly defined and that each person involved is aware of what is expected of them and where to seek further support and advice.

Children's rights

- 2.3 All children have a right to an education and suitable health services. Children have a number of rights in relation to their own education and healthcare. Education authorities are under a duty to seek the views of children about the decisions that affect them, including decisions around their healthcare needs and take these into account alongside their parent's or carer's view.

Responsibilities

Children

- 2.4 Children should be supported by those around them to understand their medical conditions and be aware of their Health Care Plans or Asthma Plan as appropriate. Where they are able to do so they should be involved in their healthcare planning and give their consent for the administration of emergency medicine at the required level.

[See Appendix 1 Forms](#)

Form 1	<u>Health Care Plan</u>
Form 2	<u>Parental request for ELC setting to administer prescribed medication</u>
Form 3	<u>Parental request for ELC setting to administer non prescribed medication</u>
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Parents and Carers

- 2.5 Parents and carers should be allowed to work in partnership with their child, the health professionals supporting the child and ELC practitioners to reach an agreement about how their child's needs will be met.

- 2.6 Parents and carers should provide their child's ELC setting with sufficient information about their child's health, care and treatment. This includes informing them of medication required and notifying them if there are any changes to this. Parents and carers should provide the ELC setting with the appropriate, clearly labelled medication in its original packaging including patient information leaflet and ensure that medication is in date.
- 2.7 Some parents and carers may have difficulty understanding or supporting the child's medical condition themselves. General Practitioners (GPs) may be able to provide additional assistance in these circumstances. Parents and carers also have the right to use a supporter or advocate in conversations or meetings with an education authority in regard to the authority's functions under the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended) in relation to their child.

NHS Tayside

- 2.8 There are many health care professionals who may be involved in assessing and meeting a child's health care needs. These may include a: General Practitioner (GP); Community Paediatrician, a specialist doctor; Health Visitor; specialist nurse; therapy services, including speech therapy, physiotherapy, occupational therapy, psychological services and dietician.

Education Authority indemnification/insurance

- 2.9 Perth and Kinross Council hereby indemnifies and holds harmless all practitioners in the ELC settings from, and against all actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any act or omission by them, in the administration of the medication to the child provided always that the practitioner has acted within the remit of their authority and without malice.

Early Learning and Childcare (ELC) settings

- 2.10 The day to day responsibility of supporting the healthcare needs of children in ELC settings is likely to fall to ELC practitioners, education support staff or healthcare support staff, working in partnership with the children concerned, their parents, the ELC management team, teachers and healthcare professionals.
- 2.11 It is the responsibility of the headteacher to ensure that appropriate arrangements are in place to meet the healthcare needs of children.
- 2.12 The headteacher will need to agree with the parents exactly what support the setting can provide for a child with healthcare needs. Where there is concern about whether the setting can meet a child's needs, or where the parents' expectations appear unreasonable, the headteacher can seek advice from the relevant health professional and, if appropriate, the education authority.

2.13 There is no legal or contractual duty on ELC practitioners to administer medicine or supervise a child taking it. This is a voluntary role. Perth and Kinross Council's Employer Liability Insurance provides full cover for all ELC practitioners who volunteers to administer medication within the scope of their employment. Practitioners who play a direct role in supporting the health and wellbeing needs of an individual child should have access to relevant information which includes information about their health needs.

2.14 The headteacher will:

- ensure that all practitioners are aware of the actions required to deal with a child and the use of prescribed emergency medicines.
- ascertain the training needs of practitioners in their establishment on an annual basis. It is likely that practitioners who volunteer to care for complex health care needs will need special training and headteacher will ensure that this is provided.

All Early Learning and Childcare (ELC) Practitioners

2.15 All practitioners have a duty of care to the children in their care and as such, they should be aware of how to respond to an emergency situation.

Sharing information and confidentiality

2.16 Headteachers and practitioners should treat medical information confidentially and agree with the parents or carers who should access their medical information.

CHAPTER 3 SUPPORT IN EARLY LEARNING AND CHILDCARE SETTINGS

The role of Early Learning and Childcare (ELC) settings

- 3.1 The Headteacher, in principle, will be responsible for:
- supporting the healthcare needs of children.
 - identifying and organising practitioners' awareness raising and/or training in regard to supporting healthcare needs and administering medication.
 - establishing emergency procedures including a main point of contact in the ELC setting.
 - holding details of any prescribed centrally held inhalers or adrenaline auto-injectors (AAIs) for use in emergency situations.
 - the storage of and access to medication.
 - the arrangements in place to ensure that practitioners are informed and kept up to date about children's healthcare needs.
 - ensuring robust record keeping and auditing procedures.
 - ensuring first aid protocols are in place. Further PKC First Aid guidance can be accessed here:
 - [EDMS Corporate Health and Safety - First Aid Guidance First Aid forms](#)

Training and Awareness Raising

- 3.2 NHS boards and education authorities work collaboratively to ensure that all staff have appropriate understanding to enable them to respond to both the educational and health needs of children for whom they are or may be responsible.
- 3.3 Individualised training may be provided by the relevant healthcare professionals or third sector organisation that provides or delivers the training. Training may also be delivered by third sector or private organisations with the appropriate responsibility or accreditation for providing suitable training.
- 3.4 General awareness raising training of common conditions is available to ensure that practitioners in ELC settings have a basic understanding of these, can recognise symptoms and seek appropriate support. Common medical conditions include, for example, asthma, diabetes, epilepsy, eczema and allergic reactions (including anaphylaxis).

Supporting Children's Health provides a recommended [Online Asthma Training Courses - Education For Health](#).

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children.

<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

The following websites provide further information around allergies:

- [CYANS](#) Children and Young People Allergy Network Scotland

- [Allergy UK](#) National charity providing support, advice and information.
- [Anaphylaxis UK](#) Supporting people at risk of severe allergies.

Available training is provided:

- First Aid Training - PKC Health & Safety Team [Health & Safety Training \(sharepoint.com\)](#)

Please also check the [ECS Learning Hub](#) for available courses.

- 3.5 The ELC management team should be aware of the arrangements in place for practitioners' training and resources for raising awareness. They must be satisfied that training gives practitioners sufficient knowledge, understanding, confidence and competence appropriate to their role.

Identifying and supporting healthcare needs in ELC settings

- 3.6 Many children are likely to require support with healthcare needs at some time and in most cases this will be for a short period only. In these circumstances it is the responsibility of parents and carers to provide their child's ELC setting with sufficient information about their child's healthcare need and treatment. Practitioners will ensure that this information is complete and the appropriate consents are sought.
- 3.7 All practitioners will understand procedures for responding to an emergency situation including how to access first aid support and emergency services if required. Where a child is taken to hospital by ambulance, they should be accompanied by a practitioner who should remain with the child until a parent or carer arrives. The practitioner should take details of the child's healthcare needs and/or details of any medication taken that day.
- 3.8 Generally, practitioners will not take children to hospital by car, however, there may be circumstances where it is agreed with emergency services that this is the best course of action. In such circumstances and wherever possible the practitioner will be accompanied by another adult and have vehicle insurance which covers public liability. If a practitioner has business insurance for their vehicle this is preferential.

Individual Health Care Plans ([Health Care Plan](#))

- 3.9 An individual Health Care Plan is to identify the level and type of support that is required to meet a child's need. Planning procedures should be child centred and proportionate. More detailed planning and co-ordination will often be required for those with longer term or complex healthcare or medical needs and should be managed via an individual Health Care Plan.
- 3.10 Where it is identified that an individual Health Care Plan is required this will be created by the headteacher, parents or carers and the child. Other health practitioners may also provide input if they are involved in supporting that child's

healthcare or wellbeing needs, whether in the ELC setting or at home, to ensure a continuum of support is in place. The plan should always be tailored to identify and address the individual needs of the child and may include:

- details of any diagnosed condition or symptoms;
- the impact that the condition or symptoms has to the individual;
- details of any medication, dosage, side effects and storage information;
- the healthcare support or procedures;
- whether any learning support required;
- special requirements e.g. dietary needs, pre-activity precautions, access to facilities and other reasonable adjustments etc.;
- who is responsible for providing the support;
- arrangements for practitioner's cover;
- what to do, and who to contact, in an emergency;
- training needs for the support, how often these should be reviewed and who will deliver the training;
- consent;
- arrangements for support if a child needs to attend regular hospital appointments or spend time in hospital;
- how often and when the plan should be reviewed.

Dealing with medicines safely

- 3.11 Medication should only be taken to ELC settings when absolutely essential. Parents and carers are responsible for supplying information about any medication that needs to be taken in the ELC setting and for letting practitioners know of any changes to the prescription, administration or the support needed. The headteacher should seek written consent that the medication may be administered.
- 3.12 ELC settings should ensure that medication is not stored in large quantities and parents or carers provide weekly/monthly/termly supplies, as appropriate in their original manufacturers or pharmacy dispensed container or box with the patient information leaflet. Where medicine is stored the parent or carer should ensure the container is clearly labelled with the name of the child, dose of the drug and frequency of administration. ELC settings should ensure medication is stored in a plastic, lidded box clearly labelled with child's name, DOB and a photo of the child. Some medicines may be harmful to anyone to whom they are not prescribed, and particular care needs to be taken where storage of controlled drugs such as methylphenidate are kept.

Self-management

- 3.13 It is good practice to allow children to manage their own medication from a relatively early age and ELC settings should encourage and support this. Where required, facilities should be provided to allow for this to ensure privacy. Individual risk assessment should be carried out to consider the benefits to the child of self administration, the likelihood and consequences of others accessing the medicine and action to take if child forgets to bring or loses their medicine.

- 3.14 It may be appropriate to supervise children who self-medicate or manage their health needs routinely, particularly if there is a risk of negative implications to their health.

Access to medication

- 3.15 Children must know where medication is stored. It should always be accessible at the point of need. However, it is also important to make sure that medicine is only accessible to those children for whom it is prescribed.
- 3.16 Some medicines need to be refrigerated. The temperature of refrigerators containing medication needs to be monitored regularly. Medicines can be kept in a refrigerator containing food out of reach of children but should be in an airtight labelled container supplied by parents/carers. If a setting has to store large quantities of medicines, then a lockable medical refrigerator might be preferable.
- 3.17 If the ELC setting locks away medication, all practitioners should know where to obtain keys to access the locked cabinet or fridge. The keys should be easily accessible.
- 3.18 ELC settings may also need to make special arrangements for any prescribed emergency medication that children require. See Chapter 5 [Emergency Medication](#).

Administering medication

- 3.19 Where it is considered that medication will need to be administered it should always be supplied by the parents or carers in its original packaging including any patient information leaflet. They may, therefore, need to obtain a separate prescription for medication to be taken and held at the ELC setting. The parent or carer should also ensure that they provide clear instructions about how long the medication needs to be taken, and any other relevant information that is not provided on the label or patient information leaflet.
- 3.20 For any new medication, parents should have administered at least a first dose of the medication at home, if possible.
- 3.21 ELC practitioners should not administer medication if they are not sure what the medication is or what it is for. If they are in any doubt they should check with the parent/carers or a medical practitioner before taking further action. Furthermore, practitioners administering or overseeing the administration of medication in ELC settings will ensure:
- that they are giving the right medicine to the right child at the right time.
 - they follow the instructions on the label and/or patient information leaflet.
 - the correct dosage is given and recorded.
 - they are aware of the side effects and how to deal with them (information on side effects is detailed in the patient information leaflet but if in doubt community or NHS Board employed pharmacists can advise).

- parents and carers are informed immediately if too much medication is given or given to the wrong child. Advice must be sought from healthcare professionals to establish any impact and next steps. In the event of a medication error, the Care Inspectorate should be notified.
- the medication has been stored and handled as per the label or other instruction.
- they have checked the medication has not passed its expiry date or been opened for longer than the recommended period.
- a signed record is completed each time medication is given to any child.

3.22 Wherever practical the dosage and administration should be witnessed by a second adult. In some situations, this will not be possible and children and their parents should be involved in decisions about managing any situations that may arise via standard written consent forms or an individual Health Care Plan.

3.23 When medicine is being administered, the child's privacy should be considered.

3.24 Some children or young people may not be able to communicate when they need their medication. Practitioners need to be able to identify when children need their medication and follow agreed procedures.

3.25 If there is likely to be any problems encountered with the administration of medication or the provision of medication is not straight forward, this should be covered in an individual Health Care Plan.

3.26 Headteachers must record any near-miss incidents relating to the Administration of Medication to the Health, Safety and Wellbeing Team through ERIC. Further information on [Incident Reporting](#) is available through this link where the Incident Report Form and Incident Report Form Guidance can be accessed. In the event of a medication error, the Care Inspectorate should be notified.

Provision of Medicines (and the use of non-prescription medicines in ELC settings)

3.27 Medication should be supplied by parents/carers in its original purchased/dispensed packaging, including any patient information leaflet supplied with the medication. This would apply to both prescribed and non-prescribed medication. It is not recommended practice that ELC settings purchase and keep a stock of non-prescribed medicines for the 'communal' use of all children. Parents or carers who feel the need for their child to have a particular non-prescribed medicine can bring this into the service. Not all medicines administered by the ELC setting need to be prescribed by a doctor, dentist, nurse or pharmacist. Non-prescribed medication can be purchased over the counter at a pharmacy or supermarket by a person with legal responsibility, and this is then given to the service to administer to their child after completing the relevant instructions and consent forms.

3.28 Practitioners should supervise the child, record details of the medication taken, and inform the parents in writing on the day the medication is taken. Alternatively, parents may ask for the medication to be prescribed by a GP.

- 3.29 Children under 16 should not be given or take aspirin, unless prescribed by a doctor. Further, codeine should not be provided to children under 12 as it is associated with a risk of respiratory side effects.

Refusing medication

- 3.30 If a child refuses to take medication, practitioners should not force them to do so. Practitioners must inform the parents or carers of any child that refuses to take medication as a matter of urgency. If the parents or carers cannot be contacted, practitioners should seek urgent advice from healthcare professionals about the impact of the child refusing their medication. If necessary, practitioners should call the emergency services for an ambulance. A record should be kept where medication is refused. In the case of long term conditions or treatments the child's Health Care Plan would need updated.

Disposal of medication

- 3.31 Practitioners should not dispose of medication. Date expired medicines or those no longer required for treatment should be returned directly to the parent or carer to return to a pharmacy for safe disposal. Practitioners are responsible for ensuring, in advance, timely replacement or removal of date expired medicines. Medication that is in use and in date should be collected by the parent or carer at the end of each term unless 45 or 50 week attendance pattern.
- 3.32 Where this is not possible, ELC settings are required to dispose of medication in a safe and appropriate manner in accordance with current waste management legislation. This will normally mean that medication is sent to a community pharmacy. To do this legally, ELC settings must register as a professional carrier and transporter of waste with the Scottish Environment Protection Agency (SEPA). Registration is free and can be done online at the [SEPA Website](#). Clinical or healthcare waste, including needles for example, should be disposed of in line with the arrangements in place for the disposal of such waste.

Hygiene and infection control

- 3.33 All practitioners should be familiar with standard infection control precautions for avoiding infection and must follow basic hygiene procedures such as handwashing, oral syringes or inhaler spacers. Practitioners should have access to protective disposable gloves for spillage of blood or other body fluids and disposing of dressings or equipment. ELC settings registered with the Care Inspectorate should have an infection control policy that outlines safety and protocols. Where advice on infection control is required, practitioners should consult [PKC Infection Control Guidance](#) and PHS Guidance published in March 2024 [Health protection in children and young people settings, including education - version 1 - Health protection in children and young people settings, including education - Publications - Public Health Scotland](#)

Intimate care

- 3.34 Intimate care encompasses areas of personal care, which most people usually carry out for themselves, but some are unable to do so because of their additional support needs or impairment or medical condition. It may also apply to certain invasive medical procedures, such as assisted feeding. Support to meet a child's intimate care needs should be covered as part of the individual Health Care Plan.
- 3.35 Appropriate training should be put in place for practitioners who provide intimate care. Practitioners must protect the rights and dignity of the child as far as possible, even in emergencies. For further information on toileting guidelines and procedures refer to [ELC-Section-36-Toileting-Guidelines.docx](#). This guidance must be adhered to at all times.
- 3.36 Some children and young people may have individual protocols which must be taken into account when planning to support them.

CHAPTER 4 REASONABLE ADJUSTMENTS

The need to make reasonable adjustments

- 4.1 Practitioners in ELC settings must make reasonable adjustments to ensure that children with healthcare needs are enabled to participate in the learning opportunities provided. Where safety permits, this includes visits and excursions.

ELC setting trips

- 4.2 All children are entitled to and should be encouraged to take part in all activities including games, sport, trips and excursions.
- 4.3 Sometimes headteachers may need to take additional safety measures for these activities. Consideration should be given to the appropriate lines of communication in an emergency. Arrangements for taking any necessary medication will also need to be taken into consideration. Where appropriate any restrictions on these activities should be recorded in the individual Health Care Plan.
- 4.4 Practitioners supervising excursions should always be aware of any medical needs, and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular child. If practitioners are concerned about whether they can provide for a child's safety, or the safety of other children on a trip, they should seek advice.

For further information on ELC settings trips see PKC guidance [Planning, managing and evaluating your excursion](#).

Sporting Activities

- 4.5 Most children with healthcare needs can participate in extra-curricular sport or in the PE curriculum. However, some activities may need to be modified or precautionary measures may need to be taken, e.g. children with asthma may need to take their reliever inhaler before exercise. Practitioners should be aware of children with specific health needs. Any restrictions to a child's ability to participate should be noted in the Health Care Plan or Asthma Plan.

CHAPTER 5 ASTHMA, ANAPHYLAXIS ALLERGIC REACTIONS AND PRESCRIBED EMERGENCY MEDICINES

Asthma

- 5.0 Immediate access to reliever inhalers is vital. Children are encouraged to carry their prescribed reliever inhaler as soon as the parent, healthcare professional and practitioners agree they are mature enough. Ensure the reliever inhalers of younger children are kept in a visible and easily accessible place within the room. Inhalers are to be clearly marked and show an expiry date.
- 5.1 Parents are asked to ensure that the ELC setting is provided with a labelled spare unopened reliever inhaler. They will hold this separately in case the child's own inhaler runs out, is lost or forgotten. All inhalers must be labelled with the child's name by the parent. It is the parents' responsibility for maintaining appropriate up-to-date medication.
- 5.2 Practitioners will be aware of which children have asthma. They will remind those whose asthma is triggered by exercise to take their reliever inhaler before an active lesson and undertake a warm-up along with the class at the start of the lesson. Each child's inhaler will be labelled and be accessible. If a child needs to use their inhaler during a session, they will be encouraged to do so.
- 5.3 Some young children in ELC settings may not be able to indicate when they need their inhaler or use the inhaler without assistance. Practitioners in such settings need to be able to identify when children will be required to use their inhaler and the procedures in place for the individual child should be captured in their Asthma plan.
- 5.4 The health benefits of exercise are well documented and this is also true for children with asthma. It is therefore important that the ELC setting involves children with asthma as much as possible.
- 5.5 Practitioners are provided with training if available through the [ECS Learning Hub](#) and are aware of the potential triggers for children or young people with asthma when exercising, ways to minimise these triggers and what to do in the event of an asthma attack. Supporting Children's Health provides a recommended [Online Asthma Training Courses - Education For Health](#).

Anaphylaxis Allergic Reaction

- 5.6 Anaphylaxis is a life-threatening systemic allergic reaction. It can be triggered by a broad range of allergens. The most common allergens are certain foods, drugs, and venom, including wasp and bee stings.
- 5.7 The onset of anaphylaxis can be very fast. Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline can result in fatal outcomes. An intramuscular injection of adrenaline in the outer thigh is the treatment of choice for someone having an anaphylactic reaction. At the first signs of a severe reaction the individual should use an Adrenaline Auto-Injector (AAI), commonly known as an epi-pen, then call for emergency medical help.

- 5.8 Children should have two Adrenaline Auto-Injectors (AAIs) available at all times. This is particularly important for people who also have allergic asthma as they are at increased risk of a severe anaphylactic reaction.
- 5.9 ELC settings should ensure that all AAI devices, are stored securely out of reach of children and all practitioners have access at all times. They must not be locked away in a cupboard or an office where access is restricted. The service should consider easy access to rescue medication, consider how easily this can be done and if appropriate, may need to keep these medicines in a different place, separate from non rescue medications.

The use of prescribed emergency medication

- 5.10 All children and young people who required emergency medication should have their inhaler or AAI device available immediately and a spare inhaler or AAI device, which should be held by the setting, provided on prescription for the individual child or young person.
- 5.11 Prescribed Salbutamol inhalers and spacers may be kept as part of an asthma kit, which may include:
- prescribed salbutamol metered dose inhalers;
 - two plastic spacers compatible with the inhaler;
 - instructions on using, cleaning, testing and storing the inhaler and spacer;
 - manufacturer's information and a checklist of inhalers, identified by their batch number and expiry date, on which monthly checks recorded;
 - a note of the arrangements for replacing the inhaler and spacers;
 - a form to record when the inhaler has been used;

Practitioners, training and awareness raising

- 5.12 All practitioners should have a general awareness of providing support to children with asthma and allergies. All practitioners should know:
- some children or young people may not be able to communicate when they need their medication;
 - the signs and symptoms of an Asthma attack ([Appendix 5](#));
 - the signs and symptoms of an Anaphylaxis allergic reaction ([Appendix 6](#));
 - how to check if a child is diagnosed with asthma, is on the asthma register and holds their own inhaler;
 - how to check if a child is at risk of anaphylaxis and holds their AAI;
 - how to access information from a child's individual care plan or other written record about the management of their condition;
 - where the child's own inhaler or AAI should be kept and how to access their spare device;
 - be able to support an individual to administer their salbutamol inhalers;
 - who is trained to administer AAI;
 - who to contact for further help and advice

The child should never be sent to collect their own inhaler or AAI out-with the playroom.

5.13 Practitioners may volunteer to be trained to support children in managing their asthma or allergies, including how to respond in the event of an emergency.

Those practitioners should undertake specific training to be able to:

- be able to recognise when emergency action is required;
- respond to a request for help from another practitioner;
- administer (or support an individual to administer) salbutamol inhalers;
- clean the mouthpiece of the inhaler after each use (spacers should not normally be reused to reduce the risk of cross infection and may be given to the child to take home if another spacer is available);
- administer (or support an individual to administer) AAIs;
- undertake specific training regularly;
- update records regarding the use of an inhaler or AAI and pass on this information onto parents and carers.

The eLearning module <https://www.supportingchildrenshealth.org/asthma-module/> is available for practitioners. This is not a substitute for direct training.

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Form 6	<u>Record of medication dispensed to child</u>
Form 7	Staff Training Record
Form 8	Staff Instruction Record



FORM 1: HEALTH CARE PLAN FOR A CHILD WITH MEDICAL NEEDS

Name of child:		Insert child's photo here:	
DOB:			
ELC setting:			
CONTACT INFORMATION			
Family contact 1	Name:	Address:	
	Phone number (home):	Phone number (work):	
	Relationship to child:		
Family contact 2	Name:	Address:	
	Phone number (home):	Phone number (work):	
	Relationship to child:		
GP, Health Visitor, specialist or hospital clinic	Name:	Phone number:	
	Name:	Phone number:	
	Name:	Phone number:	
PLAN PREPARATION AND DISTRIBUTION			
Prepared by	Name:	Designation:	Date:
Distributed to	Parent/carer:	GP:	Clinic: Other:
Name of medical condition:			
Describe the child's medical condition: <i>(What is the important information that staff need to have to help care for the child in the ELC setting?)</i>			
Name of medication:		Details of dose:	
Daily care requirements – specific timing (e.g. before sport; dietary; therapy; nursing needs, not 'as and when', method and time of administration, risk assessment required?):			

Action to be taken in an emergency:	
Follow up care: <i>(does the child require a period of rest after administration? Is there any other specific care needs after administration?)</i>	
ELC practitioners trained to administer medication for this child: <i>(Please state if different for off-site activities/ trips)</i>	
Parent/Carer name: Signature: Relationship to Child: Date:	
Headteacher/ELC SMT name: Signature: Date:	
Health Professional name: Signature: Date:	
HOW WE USE YOUR PERSONAL INFORMATION <p>The information provided by you will be used by Perth & Kinross Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law.</p> <p>For further information, please look at our website www.pkc.gov.uk/dataprotection; email dataprotection@pkc.gov.uk or phone 01738 477933.</p>	

**FORM 2: PARENTAL REQUEST FOR ELC SETTING PRACTITIONERS TO ADMINISTER
PRESCRIBED MEDICATION**

ELC settings staff will not give your child medicine unless:-

- you complete and sign this form and
- the Head Teacher/Centre Leader has agreed that staff can administer the medicine.

Child's name: Date of Birth: Address Tel No:	Insert child's photo here:
Current condition or illness:	Symptoms medication prescribed for:
MEDICATION (All paperwork/consents should be reviewed with parents/carers at least every 3 months)	
Name of medication:	Form of medication: (eg capsule/tablet/liquid)
Strength of medication: (as described on the container)	
Prescribed by GP, Hospital, Other (specify)	
Name of prescriber	
Address of prescriber	
Written instructions from a medical professional are required. The written instruction on the medication is normally sufficient if it is the original pharmacy label as this matches the prescription from the GP.	
Has the first (ever) dose been administered to the child at home?	YES/NO If YES, did the child have any reaction to the medication?
Length of time medicine will cover or expiry date of medication. (Once opened is there a use by date?)	
Full directions for use/dosage instructions, (details of self administration if applicable following RA)	
Timing	
Special precautions (eg. to be taken 30mins before food, with food)	
Possible side effects	

Procedures to take in an emergency:	
CONTACT INFORMATION IN AN EMERGENCY	
Name	
Daytime telephone number	
Relationship to child	
As parent/carer I accept responsibility for: <ul style="list-style-type: none"> • administering the first (ever) dose of medication at home, where possible. • delivering the medicine(s) personally to you, and to replace wherever necessary. • ensuring that medication is correctly labelled in the original pharmacy packaging including patient information leaflet and has not passed any 'use by' date. • providing a clearly labelled airtight container. • checking whether the ELC setting holds emergency medication that is appropriate for my child and have indicated if this is suitable in the form above. • advising you immediately of any change of treatment prescribed by any doctor or hospital. 	
I understand the terms of the Staff Indemnity: The Local Authority hereby indemnifies and holds harmless all staff at the ELC setting from, and against all actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any act or omission by them, in the administration of the medication to the child, provided always that the member of staff has acted within the remit of their authority and without malice.	
Self administration: Some older children may be able to self-manage their medicines, including holding onto and storing their medicines and other devices. An individual child's risk assessment would require to be carried out and attached to this form by the ELC setting prior to establishing any agreement to a child's self-administration of medication. Consideration should be given to the benefits of a child retaining their own medication, the likelihood and consequences of others accessing this medicine, where it can be safely stored, how to record usage while the child is at nursery.	
Parent/carer name and signature(s)	
Date	
Relationship to child	
ELC SETTING AGREEMENT	
Name of staff volunteers	
NHS comments	
Signed: (Head Teacher/Centre Leader/named practitioner)	Date:
HOW WE USE YOUR PERSONAL INFORMATION The information provided by you will be used by Perth & Kinross Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law. For further information, please look at our website www.pkc.gov.uk/dataprotection ; email dataprotection@pkc.gov.uk or phone 01738 477933.	

FORM 3: PARENTAL REQUEST FOR ELC SETTING PRACTITIONERS TO ADMINISTER NON PRESCRIBED MEDICATION

ELC settings staff will not give your child medicine unless:-

- you complete and sign this form and
- the Head Teacher/Centre Leader has agreed that staff can administer the medicine.

Child's name:	Insert child's photo here:
Date of Birth:	
Address	
Tel No:	
Current condition or illness:	Reason for giving the medication: <i>(do these match the patient information leaflet?)</i>
MEDICATION (All paperwork/consents should be reviewed with parents/carers at least every 3 months)	
Name of medication:	Form of medication: <i>(eg capsule/tablet/liquid)</i>
Strength of medication: <i>(as described on the container)</i>	
Mutually agreed time limit for giving the medication <i>(does this match the patient information leaflet?)</i>	
Medication must be supplied in the original purchased packaging with the patient information leaflet.	
Has the first (ever) dose been administered to the child at home?	YES/NO If YES , did the child have any reaction to the medication?
Expiry date of medication. <i>(Once opened is there a use by date?)</i>	
Full directions for use/dosage instructions	
Timing	
Special precautions <i>(eg. to be taken 30mins before food, with food)</i>	
Possible side effects	
Procedures to take in an emergency:	

CONTACT INFORMATION IN AN EMERGENCY	
Name	
Daytime telephone number	
Relationship to child	
As parent/carer I accept responsibility for: <ul style="list-style-type: none"> • administering the first (ever) dose of medication at home, where possible. • delivering the medicine(s) personally to you, and to replace wherever necessary. • ensuring that medication is correctly labelled in the original packaging including patient information leaflet and has not passed any 'use by' date. • providing a clearly labelled airtight container. • advising you immediately of any change of treatment prescribed by any doctor or hospital. 	
I understand the terms of the Staff Indemnity: The Local Authority hereby indemnifies and holds harmless all staff at the ELC setting from, and against all actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any act or omission by them, in the administration of the medication to the child, provided always that the member of staff has acted within the remit of their authority and without malice.	
Self administration: Some older children may be able to self-manage their medicines, including holding onto and storing their medicines and other devices. An individual child's risk assessment would require to be carried out and attached to this form by the ELC setting prior to establishing any agreement to a child's self-administration of medication. Consideration should be given to the benefits of a child retaining their own medication, the likelihood and consequences of others accessing this medicine, where it can be safely stored, how to record usage while the child is at nursery.	
Parent/carer signature(s)	
Date	
Relationship to child	
ELC SETTING AGREEMENT	
Name of staff volunteers	
NHS comments	
Signed: (Head Teacher/Centre Leader/named practitioner)	Date:
HOW WE USE YOUR PERSONAL INFORMATION The information provided by you will be used by Perth & Kinross Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law. For further information, please look at our website www.pkc.gov.uk/dataprotection ; email dataprotection@pkc.gov.uk or phone 01738 477933.	



Child's Name:

DOB:

[illegible]

FORM 4: ASTHMA PLAN

Staff will not give your child medicine unless:-

- you complete and sign this form and
- the Head Teacher or Centre Leader has agreed that ELC settings staff can administer the medicine.

Child's name:	Insert child's photo here:
Date of birth:	
Address and Tel No:	
Condition or illness	Asthma
Triggers (if known)	Colds / viral infections / pollen / exercise / laughter / stress / others – please specify:
MEDICATION	
Inhaler medication <i>(as described on the container)</i>	
Dosage	
Method of administration <i>(i.e. via aero chamber)</i>	
Time of administration <i>(i.e. before exercise)</i>	
Where is medication kept	
Special precautions	
Expiry date of medication <i>(Parent must ensure that in date and properly labelled medication is supplied)</i>	
Possible side effects	
Self-administration	
Prescribed by	GP, Hospital, Other (specify):
Name of prescriber	
Address of prescriber	
Written instructions from a medical professional are required. The written instruction on the medication is normally sufficient if it is the original pharmacy label as this matches the prescription from the GP.	
Procedures to take in an emergency:	

CONTACT INFORMATION			
Name			
Daytime telephone number			
Relationship to child			
<p>As parent/carer I accept responsibility for:</p> <ul style="list-style-type: none"> • administering the first (ever) dose of medication at home, where possible. • delivering the medicine(s) personally to you, and to replace wherever necessary. • ensuring that medication is correctly labelled in the original packaging including patient information leaflet and has not passed any 'use by' date. • providing second spare unopened asthma medication. • checking whether the ELC setting holds emergency medication that is appropriate for my child and have indicated if this is suitable in the form above. • advising you immediately of any change of treatment prescribed by any doctor or hospital. <p>I understand the terms of the Staff Indemnity: The Local Authority hereby indemnifies and holds harmless all staff at the ELC settings from, and against all actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any act or omission by them, in the administration of the medication to the child, provided always that the member of staff has acted within the remit of their authority and without malice.</p> <p>Self administration: Some older children may be able to self-manage their medicines, including holding onto and storing their medicines and other devices. An individual child's risk assessment would require to be carried out and attached to this form by the ELC setting prior to establishing any agreement to a child's self-administration of medication. Consideration should be given to the benefits of a child retaining their own medication, the likelihood and consequences of others accessing this medicine, where it can be safely stored, how to record usage while the child is at nursery.</p>			
Parent or carer signature(s)		Date	
Relationship to child			

ELC SETTINGS AGREEMENT			
Name of staff volunteers			
NHS Comments			
Signed (Headteacher/named member of staff)		Date:	

HOW WE USE YOUR PERSONAL INFORMATION
The information provided by you will be used by Perth & Kinross Council to ensure that your child, or the child for whom you have parental responsibility, receives the correct medication and that they receive appropriate medical treatment when required. This information may also be shared with NHS staff if necessary. It will also be shared if we are required to do so by law.
For further information, please look at our website www.pkc.gov.uk/dataprotection; email dataprotection@pkc.gov.uk or phone 01738 477933.

FORM 5: ASTHMA PLAN- CHILD FRIENDLY VERSION



My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name: _____

1. My daily asthma medicines

- My preventer inhaler is called _____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:

- My reliever inhaler is called _____ and its colour is _____.
I take _____ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

2. When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than _____

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

I also take _____ puff/s of my reliever inhaler (usually blue) every four hours.

If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?

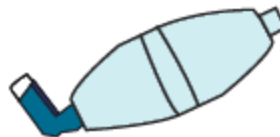


If YES

I take:

_____ puff/s of my reliever inhaler (usually blue) beforehand.

Remember to use my inhaler with a spacer (if I have one)



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My Asthma Plan

3. When I have an asthma attack

I'm having an asthma attack if:

- My reliever inhaler (usually blue) isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than

My asthma triggers (things that make my asthma worse)

Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

When I have an asthma attack, I should:

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

Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.



If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another puff/s of my reliever inhaler (usually blue) every 30 to 60 seconds (up to 10 puffs).



I need to see my asthma nurse every six months

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:

You and your parents can get your questions answered:

Call Asthma UK's friendly Helpline

Monday to Friday 9am to 5pm

0300 222 5800

Get information at

www.asthma.org.uk

Parents — get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school, grandparents and babysitter (a printout or a photo).

FORM 6: RECORD OF MEDICATION DISPENSED TO CHILD

Attach to Parental Request to Administer Medication

Name of Child					Name and strength of medication			
Dosage to be given					Dispensing date			
					Expiry date			
Method of administration					Symptoms/circumstances medication to be given.			
Date	Dosage given	Time given	Given by: Parent/Carer at home or ELC staff?	Reason medication given	Comments and actions (eg medication refused, dropped, wrong medication, wrong dose)	*Staff signature/s		Name & Signature of Parent/Carer or person collecting child
						1		
						2		
						1		
						2		
						1		
						2		
						1		
						2		
						1		
						2		
						1		
						2		

*wherever practical the dosage and administration should be witnessed by a second adult

FORM 7: STAFF TRAINING RECORD

Briefing of ELC practitioners by health practitioner

Name of ELC practitioner:			
Type of training received:			
Date training was completed:			
Training provided by:			
<div style="border: 1px solid black; width: 200px; height: 20px; margin-bottom: 10px;"></div> <p>I confirm that _____ has received the training detailed above and is competent to:</p> <p>(i) administer the medication prescribed (ii) carry out the procedure described above (delete as appropriate)</p>			
Trainer's signature:		Date:	
I confirm that I have received training detailed above.			
Trainee's signature:		Date:	
Suggested date for refresher training:		Suggested date for refresher training:	
Suggested date for refresher training:		Suggested date for refresher training:	
Suggested date for refresher training:		Suggested date for refresher training:	
Suggested date for refresher training:		Suggested date for refresher training:	

FORM 8: STAFF INSTRUCTION TRAINING RECORD

A record of all staff who have volunteered to take on responsibility/have responsibility for support of medical conditions in ELC setting and have taken on appropriate training/instruction (eg from parent/carer, instruction from SMT).

NAME	DATE OF ATTENDANCE	TOPIC (Include how training/instruction was given)

Appendix 2 Emergency medication information for parents and carers

Perth and Kinross Council

Education and Learning

Guidance for parents and carers on arrangements for dealing with a child or young person requiring essential or emergency medication

Please be aware that Early Learning and Childcare (ELC) practitioners are under no obligation to administer medication to any child. However, they may, after briefing by a health professional, volunteer to administer medication. An emergency procedure will be put in place if no practitioners volunteer.

Should your child have a medical condition that may require administration of medication during ELC setting hours:

The ELC setting will:

- hold medication, under secure conditions in a plastic lidded storage box clearly marked with child's name, DOB and the child's photo;
- provide parental request form for either medication administered by practitioners or self-administered by the child;
- ensure training is provided by healthcare professionals in respect of the administration of medication as appropriate.

You or your trusted representative, are responsible for:

- administering the first (ever) dose of medication at home, where possible;
- providing consent for the administration of medication for your child;
- supplying this medication to a responsible member of staff. You should not send it to the ELC setting with your child;
- maintaining up to date medication;
- providing an appropriate storage box clearly marked with your child's details;
- collecting medication at the end of day or term as appropriate;
- obtaining written instructions from a medical professional regarding prescription medication. The written instruction on the medication label is normally sufficient if the original pharmacy label remains attached as this matches the prescription;
- providing non prescription medication in its original packaging including patient information leaflet;
- ensuring any changes to medication are communicated to ELC practitioners.

If your child requires long term or emergency administration of medication an individual Health Care Plan or Asthma Plan will be completed in consultation with you and a healthcare professional where appropriate. A Health Care Plan contains details of your child's medical condition, medical treatment, emergency contacts and staff volunteers.

If you have any queries about the management of your child's medical condition within the ELC setting, you should contact the headteacher.

Appendix 3 Medicines in Early Learning and Childcare (ELC) settings information for parents and carers

Dear Parents

Medicines in Early Learning and Childcare (ELC) settings

A review of procedures regarding the administration of medication has taken place within Education Services and all Early Learning and Childcare (ELC) settings are required to operate within the framework of guidance.

There is no obligation on ELC practitioners to administer medication of any kind to any child, and parents are asked to note that routine medicine shall not be administered by the ELC practitioners. The guiding principle adopted by providers and parents should be that medicines should be taken at home.

Where a child requires regular medication to be administered within the ELC setting, parents should complete the relevant request form available. This may include written guidance from a medical professional (your GP or Specialist) but please note the written instruction on the medication is normally sufficient if it is the original pharmacy label as this matches the prescription. The first (ever) dose of medication should be administered at home, where possible.

If a child suffers from a chronic illness requiring long term medication or where medication may be required in an emergency situation, parents must contact the headteacher to discuss the situation. Children with Asthma should have two inhalers available at all times, one should be held by the ELC setting for occasions where the child's own device has run out or is not immediately available. For children at risk of anaphylactic reaction two prescribed Adrenaline Auto-Injectors (AAIs) must be available at all times. This is particularly important for children who also have allergic asthma as they are at increased risk of a severe anaphylactic reaction.

Yours sincerely

Head Teacher or Centre Leader

Appendix 4 Use of emergency inhaler letter

To inform parents or carers of emergency salbutamol inhaler use

Child's name:

Class:

Date:

Dear

This letter is to notify you that.....has had problems with
their breathing today. This happened when
.....
.....

Please delete as appropriate

A member of staff helped them to use their own asthma inhaler.

OR

They did not have their own asthma inhaler with them, so a member of staff helped them to use their spare prescribed asthma inhaler, held by the ELC setting. They were given puffs. Please contact your doctor to supply an inhaler for your child to use in the ELC setting.

We strongly advise that you pass this information on to your doctor as soon as possible to see whether your child needs further medical assessment.

Yours sincerely,

Appendix 5 How to respond to an Asthma attack

Signs of an asthma attack

The child's reliever inhaler (usually blue) is not helping, and/or any of the following:

- they are coughing, wheezing or short of breath;
- they say their chest feels tight or if a younger child reports that they have stomach ache;
- they are unusually quiet;
- they are unable to talk or complete sentences.

STEP 1: If a child is having an asthma attack the following steps should be taken

- Stay with the child.
- Send someone to locate the child's own inhaler and spacer or
- Send someone to get the child's spare inhaler and spacer held in the ELC setting.
- If possible do not move the child but allow space and privacy.

STEP 2: Stay calm and help them to take their inhaler

- Encourage the child to sit in an upright position.
- Stay calm and reassure the child.
- Prime the inhaler (2 puffs into the air).
- Help the child to take two doses (2 puffs) of their inhaler, one dose at a time, shaking inhaler between doses. A spacer should be used to help ensure that the medicine reaches the lungs.
- If no better repeat 1 puff every minute for 5 minutes

STEP 3: Call 999 for an ambulance if

- Their symptoms are getting worse or they are becoming exhausted.
- They do not feel better after 10 doses.
- If you are worried at any time, even if they have not yet taken 10 puffs.
- When calling ambulance give clear details and confirm the entrance to the ELC setting if there is more than one entrance. Record all information including the time inhalers were given.

If the ambulance takes longer than 15 minutes, repeat STEP 2 and call the emergency services again.

Appendix 6 How to respond to an Anaphylaxis allergic reaction

Anaphylaxis is a life-threatening systemic allergic reaction. It can be triggered by a broad range of allergens. The most common allergens are certain foods, drugs, and venom, including wasp and bee stings.

The following symptoms are signs of a **mild to moderate** allergic reaction:

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

The following symptoms are signs of **anaphylaxis (a life-threatening allergic reaction)**:

- Persistent cough.
- Swelling in the throat (altered/hoarse voice)
- Difficulty swallowing and/or a swollen tongue.
- Difficult or noisy breathing or wheezing
- Persistent dizziness. dizziness, feeling faint, tiredness (symptoms of low blood pressure).
- Becoming pale or floppy.
- Suddenly sleepy, or they become unconscious.

If in doubt about severity, or if previous reactions have been severe, the individual should use an adrenaline auto-injector.

STEP 1: At first signs of a severe allergic reaction use the adrenaline auto-injector.

STEP 2: Call 999, ask for an ambulance and state “anaphylaxis”, even if symptoms are improving.

STEP 3: Lie flat with the legs raised in order to maintain blood flow. If breathing difficulties continue sit the child up to make breathing easier.

STEP 4: Seek help immediately after using the auto-injector and stay with the child while waiting for the ambulance.

STEP 5: If the child does not start to feel better, the second auto-injector should be used 5 to 15 minutes after the first.

Check the expiry date of the adrenaline auto-injectors and obtain replacements before they expire. Expired injectors will be less effective.