



Policy Owner	J Smith RGN. OHN. Cert.
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Medical Conditions Policy including EYFS (Incorporating Medicines Guidelines)

St Aubyn's School



Foreword to the Medical Conditions Policy

The aim of this policy is to ensure that all children with medical conditions, in the terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

Notification of medical conditions

Before starting school, a Pupil Health Information Form will be sent to the parents. This is to be completed and returned to the School Nurse prior to the child starting school. This form will enable the School to help care for the child appropriately if he/she has a medical condition. A Medical Conditions List will be available for all staff on the School Network, along with any specific Healthcare and Allergy Action Plans

Healthcare Plans

If an individual Healthcare Plan is required, a meeting will be arranged between the School Nurse, the parents and any other relevant Health Care Professionals. It is the parent's responsibility to notify the School Nurse if there are any changes to their child's health. Individual Healthcare Plans will be reviewed annually or earlier if required. All relevant staff will be informed about a pupil's Healthcare Plan.

Allergy Action Plans

Any pupil with a severe allergy will require an Anaphylaxis Risk Assessment (ARA – Appendix 8) which will be used to develop an individual Allergy Action Plan (AAP – Appendix 9). A meeting with the parents and School Nurse will be arranged and the ARA and AAP agreed. Incorporated in the AAP is permission from the parents to display their child's photo where appropriate.

Sharing information with staff

Staff are informed of all relevant information in the following ways:

- A detailed Medical Conditions List is e-mailed to all staff. This list is also available on the Network. This is reissued if there are any updates or changes to a pupil's medical condition so that staff are aware.
- Individual Healthcare Plans are e-mailed to relevant staff in contact with that child. These plans are also available on the Network. They are reissued if there are any updates or changes to a pupil's Healthcare plan so that staff are aware.
- Allergy Action Plans along with the ARAs are e-mailed to relevant staff in contact with that child. These plans are also available on the Network. They are reissued if there are any



updates or changes to a pupil's allergies so that staff are aware. Food allergy information is also shared and discussed with catering staff.

- All of the above medical conditions and plans are also discussed at the relevant departmental staff meetings. This ensures that all staff are aware and have access to this information.
- Details of all of the above medical conditions and plans are also included in First Aid kits which are issued for any sporting away fixtures, day trips and residential visits

Record keeping

All relevant medical data, regardless of its source, is stored confidentially in the Medical Room or on a secure, cloud based server (treatment, accident data, health information from parents, counselling details etc.). Medical Records are confidential and any information that needs to be shared with relevant staff will be incorporated onto the Medical Conditions List

Risk Assessments for pupils

These may be required when a pupil returns to school following significant injury or illness. These may be short term and reviewed periodically. Pupils with a long-term disability may need the risk assessment incorporated into their Healthcare Plan.

Day/residential trips

Teachers should be aware of how a pupil's medical condition or disability will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Risk assessments should take into account any steps needed to ensure pupils with medical conditions are included

Staff Training and Support

The Head Teacher and School Nurse will be responsible for ensuring sufficient staff are suitably trained before they take responsibility to support a child with a Medical Condition. A first aid certificate does not constitute appropriate training. The School Nurse will give training in the administration of medicines to relevant staff. A staff training record for administering medicines will be kept. An annual update is given to all teaching staff on managing severely allergic pupils in school, pupils with asthma and any other specific conditions that arise. The Head Teacher's PA keeps a record of attendance.

Medicines Guidelines

Children with medical needs have the same rights of admission to a school as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-



term basis to keep them well, for example children with diabetes or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an Adrenaline Auto Injector (AAI). Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

St Aubyn's School has a full time School Nurse who will take responsibility for the storage, administration and disposal of medicines; however, in the absence of the School Nurse, certain medicines can be administered by a member of staff at the parent's request. This will include medicines required on a short-term regular basis e.g. antibiotics, eye drops and emergency medication such as asthma inhalers and adrenaline injections. It may also include non-prescription medicines such as paracetamol (Calpol). All medicines, whether prescription or non-prescription, should only be given with the parents written consent. In the case of EYFS pupils, non-prescription medicines can only be given if parental consent is obtained on the day the non-prescription medicine is to be administered.

Written Consent

Specific, named medication brought into school

- If this is the first time it is to be given, consent will be obtained by completing the 'APPLICATION FOR ADMINISTRATION OF MEDICINE' form (kept in the small shelving unit in the Medical Room or from the School Office or Before School Care), (Appendix 1). Once completed, the forms are kept in a GREEN ring file on the desk in the Nurse's Office.
- Those children already on a course of medicine should have a completed form already in the GREEN file (this includes long-term medication such as asthma inhalers and eczema cream). The parent fills in the top section and signs it, the member of staff completes the section marked for 'School use only' and files it in the front of the GREEN file. These forms are updated annually by the School Nurse.
- If the parent has dropped the child off at school, the parent must be telephoned before any medicine is administered. The parent must complete the form at the end of the day.

Medication kept as stock items

From time to time, a child may become unwell or injured at school and would benefit from the administration of simple over-the counter medicines such as paracetamol or antihistamines. A member of staff may administer such medication under the direction of the School Nurse, but in the case of EYFS pupils, non-prescription medicines can only be given if parental consent is obtained on the day the medicine is to be administered. For pupils in Year 1 to Year 8, if possible, the parents should be contacted first, however with the occasional exception; parents of these pupils have given written consent for such medication to be given in an emergency, when their child started at school. (Those exceptions are on the 'CAUTION' list, stuck on the medicine cupboard door). It is important that the member of staff ensures that no other medication has been given within the recommended dosage schedule.

Medicines Act 1968

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration. Anyone may administer a prescribed medicine, with consent, to a third party, so long as it is in accordance with the prescriber's instructions. This indicates that a medicine may only be administered to the person for whom



it has been prescribed, labelled and supplied; and that no one other than the prescriber may vary the dose and directions for administration.

Therefore, any medicine brought into school must be in the original container with the dosage, frequency, expiry date and batch number. If it is a prescription medicine, the name of the child must also be on the container.

The administration of prescription-only medicine by injection e.g. adrenalin, may be done by any person but must be in accordance with directions made available by a doctor, dentist or non-medical prescriber in respect of a named patient.

Storage of Medicines

Children need to have access to their medicine when required. All emergency medicines, such as asthma inhalers and adrenaline injections, should be readily available to children and should not be locked away. Asthma inhalers and AAI's for EYFS, Pre- Prep and Middle School are kept in classrooms in the class asthma/allergy box, whilst pupils in the Senior School and some older Middle School pupils able to take responsibility, keep their own inhalers. Spare supplies of these medicines, along with an emergency diabetic kit, are kept in an unlocked, clearly labelled cupboard in the Medical Room. AAI's for Senior School pupils are kept in the same cupboard in the Medical Room.

Other non-emergency medicines should generally be kept in a secure place not accessible to children. On no account should medicines be left in school bags or carried by pupils themselves except in certain circumstances previously agreed by the School Nurse and parents.

Correct storage of medicine is necessary. Some will require refrigeration. As a rule, most liquid antibiotics and eye drops should be stored in the fridge. This may be marked on the bottle but if in doubt, refrigerate – it will not harm them, unless otherwise stated.

Record Keeping

Records must be kept of all medicines administered to children. This will normally be recorded on ISAMs by the School Nurse. In the absence of the School Nurse, a written record must be kept of:

- The child's name
- The name of the medicine
- Expiry date and batch number
- The dose and time
- Method of administration

This record must be passed to the school Nurse on her return.

If a child has become unwell during the school day and medication has been administered, including use of their asthma inhaler, the parents must be notified as soon as possible.

School Trips

Administration of medication may be required during an educational visit. All educational visits have a risk assessment undertaken by the Group Leader that includes a request for all relevant Medical information



and requirements. Any medication required will be discussed with the parents, School Nurse and Group Leader prior to the visit. However, as detailed above, non-prescription medicine for EYFS pupils can only be administered if permission from the parent is received on the day the medicine is to be administered. The Group Leader will also take responsibility for emergency medication such as AAIs and asthma inhalers.

Residential Educational visits may also require additional medication such as paracetamol, antihistamines and travel sickness tablets. A Consent form for Educational School trips (Appendix 2) should be completed by parents prior to the visit. The Group Leader must ensure in advance that these forms are sent out and collected.

Any medication administered on an Educational Visit must be recorded in the School Trip Medication Log (Appendix 3)

Location of Medication

AAIs for children in EYFS, Pre Prep and Middle School are kept in the class asthma/allergy box, and for Senior School children in the Medical Room. The class asthma/allergy box is taken by the teacher to different locations in the School which the class may be attending, such as dining hall, games lessons, music room etc. Those children with a second AAI have another one kept in the Medical Room along with emergency antihistamines. AAIs are kept in a named plastic box. Each pupil with an AAI will have an individual Allergy Action Plan (AAP) kept in the plastic box. A copy of the AAP is also available on the Network. AAIs are prescribed only for that individual pupil and should not be given to anyone else.

Asthma Inhalers for children in EYFS, Pre Prep and Middle School are kept in the class asthma box. Pupils in the Senior School and some older Middle School pupils able to take responsibility keep their own and may have a spare inhaler in the Medical Room, kept with the AAIs.

Other Long Term Medication will be kept in the Medical Room either in a named cupboard or fridge (e.g. eczema cream, antihistamines, glucagon injections and insulin).

Emergency Asthma Inhalers

On the 1st October 2014, new Guidelines were issued by The Department of Health allowing schools to keep salbutamol inhalers for emergency use

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication and their own inhaler has been misplaced, broken or is empty. The names of these children must be kept on an asthma register. This register is kept in the Emergency Inhaler Box and is available on the Network, or from the School Nurse. Guidance notes (Appendix 4 and Appendix 5) will be displayed in the Staff Room and on the Network.

The Emergency Inhalers will be kept in the Medical Room, the office of the Headmaster's PA, Sports Hall and by PE staff. Sports Staff taking a pupil with previously diagnosed asthma to an away fixture must check before leaving that a pupil has their own inhaler and it is in working order. As with all medication, a written record must be made if the inhaler is used and the parents informed.



Salbutamol inhalers are intended for use where a child has asthma. It is important that it is not administered inappropriately to a breathless child who does not have asthma. **Therefore the emergency inhaler can only be used for those children on the asthma register.**

Emergency Adrenaline Auto-Injectors (AAIs)

On the 1 October 2017, new Guidelines were issued by The Department of Health allowing schools to keep AAIs for emergency use.

The emergency AAI should only be used by children, for whom written parental consent for use of the emergency AAI has been given, who have been diagnosed with anaphylaxis and prescribed an AAI and their own AAI has been misplaced, broken or is out of date. The names of these children must be kept on an Anaphylaxis register. This register will be kept with the emergency AAI, will be on the Network, or available from the School Nurse. Guidance notes (Appendix 6 and 7) will be kept with the AAIs and displayed on the Network.

The emergency AAIs will be kept in the Medical Room. Sports staff taking a pupil with a previously prescribed AAI to an away fixture must check before leaving that a pupil has their own AAI and it is in working order. As with all medication, a written record must be made if the emergency AAI is used and the parents informed.

The emergency AAI should only be used for those children on the Anaphylaxis register, however, in the event of a possible severe allergic reaction in a pupil who does not meet the above criteria, Emergency Services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Staff training

Medicine Administration training will be undertaken by the School Nurse or appropriate outside agencies, for relevant staff at regular intervals. Some staff may need to have further information and training about a medical condition or specific training in administering a particular medicine.

Guidelines

Before giving any medicine, the following points should be noted: -

- Ensure that you understand what the medicine is for, when and how to give it. Do not give any medication that has come from abroad that is not written in English and you are not sure what it is for. Herbal remedies should not be administered.
- The medicine should be in the original container and clearly marked with: -
 - 1) The drug name.
 - 2) The child's name – (check the name on the medicine is the name of the child you have been asked to give it to)
 - 3) The dose and time (some antibiotics must be given 1 hour before meals).
 - 4) Expiry date (some pharmacy dispensed medicine will have a dispensing date only).



- Check that there is written permission from the parents.
- When giving the medicine, check all the details on the container and record your activities.
- When the medicine is brought in, in the morning, make sure the parents know it is their responsibility to collect it at the end of the day. Any medicine not collected should be stored in the fridge overnight and a message left for the parents. If a child is attending A.S.C. – the medicine should be given to A.S.C staff to return to the parents.

The aim of giving medicine at school is to enable a child to remain in school with as little disruption as possible, but if you have any doubt about giving a medicine – then do not! – contact the parents. We are under no obligation to administer medicine; it is the parents' responsibility.

With the exception of asthma inhalers, Adrenaline and occasionally anti-histamines, withholding medicines will not be life threatening.

This policy is to be reviewed by the Risk and Compliance Committee and Governors annually.



APPENDIX 1

ST AUBYN'S SCHOOL

APPLICATION FOR ADMINISTRATION OF MEDICINE

Name _____ Class _____

Reason for medication _____

Medicine

Dose and Time

1 _____

2 _____

3 _____

Special Instructions

I declare the above named medicine (delete as appropriate)

1. has been prescribed by my child's GP, hospital, dentist
2. is on general sale and I have requested the School Nurse or in her absence a First Aider to administer the above medicine.

Signature Parent/Guardian _____ Date _____

For School Use:

Date	Medicine	Batch no	Expires	Manufactured by	Supplied by



APPENDIX 2 - Parental Consent Form for a Residential Educational Visit (including visits abroad)

Trip Destination: _____

Dates of trip: From _____ to _____

Child's name: _____

Child's Class: _____

Parent 1 Name and email address: _____

Parent 2 Name and email address: _____

Does your child currently have any medical conditions, allergies and/or dietary requirements? YES/NO

If YES, please provide details:

MEDICATION REQUIRED:

Name of Medicine	Dosage	Time/frequency	Reason for medication

To the best of your knowledge, has your son/daughter been in contact with any infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

If YES, please give brief details:

.....



When did your son/daughter last have a tetanus injection?

.....

Contact telephone numbers (during the trip):

Parent 1 Work: Home: Mobile:.....

Parent 2 Work: Home: Mobile:.....

Alternative emergency contact:

Name: Telephone number:

Address:

.....

Name of family Doctor: Telephone number:.....

Address:

.....

I will inform the Group Leader as soon as possible of any changes in circumstances between now and the commencement of the journey.

I agree to (pupil name) taking part in this visit. I agree to his/her participation in the activities described and I acknowledge the need for him/her to behave responsibly.

I agree to my son/daughter receiving treatment/medication in the event of him/her becoming unwell or injured and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I give permission for him/her to be given over-the counter medicines such as Paracetamol (calpol), Piriton (for an allergic reaction), strepsils, travel sickness pills if necessary

Parent 1 signature : _____



Date: _____

Parent 2 signature : _____

Date: _____

Medicines brought by the child need to be clearly labelled with child's name, dosage and time, expiry date, batch number and in the original container.

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED IN THE SCHOOL OFFICE.

APPENDIX 3

	SCHOOL TRIP MEDICATION LOG AUTHORISED USE ONLY
 Selles Medical	
Administration of Medicines Please ensure authorised staff are familiar with the School/College Homely Remedies Policy and Procedures. Always keep a record of any medication that is given.	
Organisation	
Trip Details	



APPENDIX 4

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed



APPENDIX 5

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way



APPENDIX 6

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. **It is potentially life threatening and always requires an immediate emergency response.**

What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, cereals containing gluten, fish/seafood (crustaceans and molluscs), sesame, soybean, celery, mustard, lupin, Sulphur dioxide and sulphites)
- insect stings (e.g. bee, wasp)
- medications (e.g. antibiotics, pain relief such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps)

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. Allergic reactions are usually precipitated by ingestion of an allergen; however they may also be caused by inhalation or touch.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- **Food:** While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.
- Severe reactions to **insect stings** are often faster, occurring within 10-15 minutes.



APPENDIX 7

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline auto-injector(s)
- Give antihistamine according to the child's Allergy Action Plan
- Phone parent/emergency contact



WATCH FOR SIGNS OF ANAPHYLAXIS (Life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult allow child to sit)
2. **Use Adrenaline auto-injector without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS



✓



✓



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

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline into the alternate leg using another auto-injector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline auto-injector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.



APPENDIX 8



Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young person:	Date of Birth:
St Aubyn's School	Teacher:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due:
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:	
Signatures:	
Head teacher:	Date
Parents:	Date
Young person	Date



What is this child allergic to?
Under which conditions is the allergy? Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/>
Does this child already have an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>
Summary of current medical evidence seen as part of the risk assessment (copies attached)
Describe the container the medication is kept in:
Outcome of Risk Assessment
Is an individual health care plan required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Key Questions - Please consider the activities below and insert any considerations that need to be put in place to enable the child to take part.
Crayons/painting:
Creative activities, i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time:
kitchen prepared food (is allergy information available):
sandwiches:
Snacks (is allergy information available):
Drinks:



Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI):
Does the child know when they are having a reaction?
What signs are there that the child is having a reaction?
What action needs to be taken?
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes state when and how this can be adjusted:
If the child is old enough – can the medication be carried by them throughout the day? Yes <input type="checkbox"/> No <input type="checkbox"/> If No state reason:
How many AAIs are required in the setting?
How many staff need are required to be trained to meet this child's need?
What is the location of the backup AAI?
Is a generic AAI available in school?



APPENDIX 9



ST AUBYN'S SCHOOL ALLERGY ACTION PLAN

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name class
DoB:

Emergency Contact:
Mother:
Father:

- Mild-moderate allergic reaction:**
- Swollen lips, face or eyes
 - Itchy tingling mouth
 - Hives or itchy skin rash
 - Abdominal pain, nausea or vomiting
 - Sudden change in behaviour
- Action:**
- Stay with child, call for help if necessary
 - Locate Adrenaline Auto Injector (AAI) – dose 150mcg. One AAI kept in class asthma box, 2nd AAI kept in Medical Room
 - Give antihistamine: **5mls Cetirizine** – give inhaler if required
 - Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS
(life threatening allergic reaction)



Additional information

Please see attached instructions on how to administer the relevant AAI

- | | |
|----------------|---|
| AIRWAY: | Persistent cough, hoarse voice, difficulty swallowing, swollen tongue |
| BREATHING: | Difficult or noisy breathing, wheeze or persistent cough |
| CONSCIOUSNESS: | Persistent dizziness/pale or floppy, suddenly sleepy, collapse, unconscious |
- IF ANY ONE (or more) of these signs are present:**
1. **Lie child flat** (if breathing is difficult allow child to sit)
 2. **Use AAI without delay**
 3. **Dial 999** for ambulance and say ANAPHYLAXIS
- ***IF IN DOUBT, GIVE ADRENALINE*****
- After giving Adrenaline
1. Stay with child, do not stand them up
 2. If there are no signs of life **COMMENCE CPR**
 3. Phone parent/emergency contact
 4. If no improvement after 5 minutes, **give a 2ndAAI INTO THE ALTERNATE LEG**

