Ferring CE Primary School		
Policy:	**Medical Policy**	
Policy date:	Summer 2026	
Review date:	Summer 2028	
Person responsible	School Business Manager	

Statement of Intent

This policy aims to set out the processes and procedures the school has put in place to ensure:

- the safety, health, and wellbeing of individuals with allergies
- that medicines are managed, stored, administered, and recorded safely and consistently

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of Ferring CE Primary School will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Signed
Chair of Governors Date

Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at Ferring CE Primary School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Lead for Managing Medicines at Ferring CE Primary School is the School Business Manager or in their absence the School Administrator. In their duties staff will be guided by their training, this policy and related procedures.

Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- Children and Families Act 2014

Allergies

Roles and responsibilities

We take a whole-school approach to allergy awareness.

Allergy lead

The nominated allergy lead is the School Business Professional, Anna Todorova.

They are responsible for:

Promoting and maintaining allergy awareness across our school community

Recording and collating allergy and special dietary information for all relevant pupils – the School Administrative Assistant, Rachael Hogg, (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the medical officer / the school nurse / administrative staff)

Ensuring:

All allergy information is up to date and readily available to relevant members of staff

All pupils with allergies have an allergy action plan completed by a medical professional

All staff receive an appropriate level of allergy training

All staff are aware of the school's policy and procedures regarding allergies

Relevant staff are aware of what activities need an allergy risk assessment

Keeping stock of the school's adrenaline auto-injectors (AAIs)

Regularly reviewing and updating the allergy policy

School nurse/medical officer

The medical officer (Admin assistant) is responsible for:

Co-ordinating the paperwork and information from families

Co-ordinating medication with families

Checking spare AAIs are in date (shared responsibility with the School Business Manager)

Keeping an up-to date allergy register

Any other appropriate tasks delegated by the allergy lead

Teaching and support staff

All teaching and support staff are responsible for:

Promoting and maintaining allergy awareness among pupils

Maintaining awareness of our allergy policy and procedures

Being able to recognise the signs of severe allergic reactions and anaphylaxis

Attending appropriate allergy training as required

Being aware of specific pupils with allergies in their care

Carefully considering the use of food or other potential allergens in lesson and activity planning

Ensuring the wellbeing and inclusion of pupils with allergies

Parents/carers

Parents/carers are responsible for:

Being aware of our school's allergy policy

Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis

If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner

Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included

Following the school's guidance on food brought in to be shared

Updating the school on any changes to their child's condition

Add any other responsibilities

Pupils with allergies

These pupils are responsible for:

Being aware of their allergens and the risks they pose

Understanding how and when to use their adrenaline auto-injector

Pupils without allergies

These pupils are responsible for:

Being aware of allergens and the risk they pose to their peers

Add any other responsibilities

Older pupils might also be expected to support their peers and staff in the case of an emergency.

Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

Lessons such as food technology

Science experiments involving foods

Crafts using food packaging

Off-site events and school trips

Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

Managing risk

Hygiene procedures

Pupils are reminded to wash their hands before and after eating

Sharing of food is not allowed

Pupils have their own named water bottles

Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

The catering and food in the school is provided by ISS Ltd. ISS Ltd will ensure that:

Catering staff receive appropriate training and are able to identify pupils with allergies

School menus are available for parents/carers to view with ingredients clearly labelled

Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils

Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

Packaged nuts – **not allowed, we are a nut free school**

Cereal, granola or chocolate bars containing nuts - **not allowed, we are a nut free school**

Peanut butter or chocolate spreads containing nuts - **not allowed, we are a nut free school**

Peanut-based sauces, such as satay - **not allowed, we are a nut free school**

Sesame seeds and foods containing sesame seeds - **not allowed, we are a nut free school**

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

Insect bites/stings

When outdoors:

Shoes should always be worn

Food and drink should be covered

Interaction with any insects to be avoided

Animals

All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact

Pupils with animal allergies will not interact with animals

Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. Consider what procedures you can put in place to support their mental health and wellbeing, in line with your school's behaviour policy and any other measures you have in place to prevent bullying.

Pupils with allergies will have additional support through:

Pastoral care

Regular check-ins with their class teacher

Events and school trips

For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part

The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training

Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

Procedures for handling an allergic reaction

Register of pupils with AAIs

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

Known allergens and risk factors for anaphylaxis

Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)

Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil

A photograph of each pupil to allow a visual check to be made

The register is kept in the main office and can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register.

Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately

Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency

If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan

If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures:

Observe the symptoms:

- lips, mouth, throat or tongue suddenly become swollen
- breathing very fast or struggling to breathe (may become very wheezy or feel like choking or gasping for air)
- throat feels tight or struggling to swallow
- skin, tongue or lips turn blue, grey or pale (if the pupil has black or brown skin, this may be easier to see on the palms of the hands or soles of feet)
- suddenly become very confused, drowsy or dizzy
- someone faints and cannot be woken up
- a child is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face)
- may also have a rash that's swollen, raised or itchy

Follow these steps if someone is having an anaphylactic reaction:

1. Use an adrenaline auto-injector
2. Call 999 for an ambulance and say you or someone else is having an anaphylactic reaction.
3. Lie down – you can raise your legs, and if you're struggling to breathe, raise your shoulders or sit up slowly (if you're pregnant, lie on your left side).
4. If stung by an insect, try to remove the sting if it's still in the skin.
5. If symptoms have not improved after 5 minutes, use a 2nd adrenaline auto-injector.

A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

Adrenaline auto-injectors (AAIs)

<u>Purchasing of spare AAIs</u>

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

Insert procedures for buying spare AAIs. For example:

AAIs is sourced by Arcadia Medical

2 AAIs x 150mg available

1 AAI 300mg available

The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the guidance):

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).
- For teenagers age 12+ years: a dose of 300 or 500 microgram (Emerade 500) can be used.

Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children

Not locked away, but accessible and available for use at all times

Not located more than 5 minutes away from where they may be needed (larger schools will require more than one AAI kit, ideally located near the dining area and playground)

Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

(See pages 12 and 13 of the guidance.)

Maintenance (of spare AAIs)

Anna Todorova and Rachael Hogg are responsible for checking monthly that:

The AAIs are present and in date

Replacement AAIs are obtained when the expiry date is near

Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin for collection by the local council).

(See page 13 of the guidance.)

Use of AAIs off school premises

Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events

A risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises should be created, in much the same way as they already do so with regards to safe-guarding etc. Pupils at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency. Schools may wish to consider whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

Spare AAIs

Instructions for the use of AAIs

Instructions on storage

Manufacturer's information

A checklist of injectors, identified by batch number and expiry date with monthly checks recorded

Training

The school is committed to training all staff in allergy response. This includes:

How to reduce and prevent the risk of allergic reactions

How to spot the signs of allergic reactions (including anaphylaxis)

The importance of acting quickly in the case of anaphylaxis

Where AAIs are kept on the school site, and how to access them

How to administer AAIs

The wellbeing and inclusion implications of allergies

Training will be carried out bi-annually

It's recommended that all staff are trained at least once a year. ??

Links to other policies

This policy links to the following policies and procedures:

Health and Safety policy – to amend

Safeguarding Policy to include allergy awareness

Anti-bullying policy to include ways we are preventing allergy bullying

First Aid Policy

Administration of Medicine

Implementation monitoring and review

All staff, governors, parents/carers and members of the Ferring CE Primary School community will be made aware of and have access to this policy. This policy will be reviewed annually and its implementation reviewed as part of the Head teacher's annual report to Governors.

Insurance

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services for Schools under 'guide to insurance for schools'.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

Admissions

When the school is notified of the admission of a pupil with medical needs the Administrative Assistant will seek parental consent to administer short term-ad-hoc non-prescriptions medication using 'Template B: Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines'. An assessment of the pupil's medical needs will be completed. This might include the development of an Individual Health Care Plan (IHP) or Education Health Care Plan (EHCP) and require additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

Pupils with medical needs

The school will follow Government guidance and develop an IHP or EHCP for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using Template 1 (Appendix 1)
- Require medication in emergency situations – these will be detailed using Template 2 for mild asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1).

Parents/guardians should provide the Head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/guardians, Head teacher, school nurse and other

relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

All prescribed and non-prescribed medication

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol and antihistamine, for administration with parental consent (template B or gained at the time of administration) for symptoms that arise during the school day. All other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the school office with the appropriate consent form Template C and/or C1 (Appendix 2). The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day by letter or Weduc.

Confidentiality

As required by the Data Protection Act 1998, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHCP. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

Consent to administer medication

Parental/guardian consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** -
  The school will request parent/guardian consent to administer ad-hoc non-prescription by either using Template B (Appendix 2) when the pupil joins the school OR by contacting the parent/guardian to gain consent at the time of administration (conversations will be recorded). The school will send termly reminders requesting parents/guardians to inform the school if there are changes to consent gained when the pupils joined the school. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.

- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by 'Parental consent to administer medication' form (Appendix 2 Template C and/or C1) or if applicable on the IHP.
- **Log of all administered medication is kept on Bromcom**

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day (4 times x day administration). In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded using Template D or E and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHCP as part of a wider treatment protocol. As recommended by the Government in Supporting Pupils at School with Medical Conditions December 2015 the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- antihistamine,

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template C1 (Appendix 2);
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL) and accompanied by parental/guardian consent Template C and C1 (Appendix 2) with confirmation the medication has been administered previously without adverse effect.

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time.

Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a Doctor's note. In the absence of a Doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours the school will advise the parent to contact their Doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion.

A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.

Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.

Medication that is sucked i.e. cough sweets or lozenges, will not be administered by the school.

If parents/guardians have forgotten to administer non-prescription medication that is required before school, requests to administer will be at the discretion of the school and considered on an individual basis.

Short term ad-hoc non-prescribed medication

A small stock of standard paracetamol and antihistamine will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- For relief from pain -Standard Paracetamol will be administered in liquid form for the relief of pain i.e. period pain, migraine.

- For mild allergic reaction – Antihistamine (see Anaphylaxis) NB parental consent should be gained for those pupils known to require anti-histamine as part of their IHCP. Verbal consent to administer for hayfever will be gained at the time of administration by contacting the parents and this will be recorded in writing. In an emergency medication can be administered with the consent of the emergency services.

- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available. Parental consent to administer gained as part of the educational or residential visit.

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

Pain relief protocol for the administration of paracetamol

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) before 12pm:

- The school will contact the parent/guardian and confirm that a dose of pain relief was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded. If a dose of pain relief has not been administered in the past 4 hours the school will with parental consent administer 1 dose.

- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol) was administered before school then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

- PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am). No more than 4 doses can be administered in 24 hours.

If a request for pain relief is made after 12pm:

- The school will assume the recommended time between doses has elapsed and will administer 1 standard of dose of PARACETAMOL without any need to confirm this with the parent/guardian but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.

The school will inform the parent/guardian if pain relief has been administered. This will include the type of pain relief and time of administration.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer

as outlined in the Asthma Toolkit. The school complies with the School Nursing Service recommendation that staff administering asthma inhalers are trained in their administration and that training is renewed annually. The school will develop IHPs for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommendation that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Mild Allergic Reaction

Non-prescription antihistamine will be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes). The pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

Hay fever

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

Medical Emergencies

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHCP, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHCP is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff. If the pupil's medication isn't available staff will administer the school's emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child. If the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1). The school will hold consent forms to show whether or not parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the school office. (Appendix 2 Template G)

Controlled Drugs

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access.

Controlled drugs for emergency use (e.g. Midazolam) will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Appendix 2 Templates D and E)

Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHP or EHCP and parents should complete the self-

administration section of 'Parental consent to administer medication' form (Template C Appendix 2).

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the staff room to which pupil access is restricted, and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs (see page 7).

Waste medication

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

Spillages

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in the bodily fluids risk assessment.
If the school holds any cytotoxic drugs, their management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

Record Keeping – administration of medicines

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/guardian will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see Appendix 2 Template D and E.

Recording Errors and Incidents

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the school's local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Staff Training

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff who may occasionally need to administer a medicine are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines MUST complete a competency test and achieve a score of 100% in order to administer medication.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. Most school staff are trained annually to administer an auto-injector and asthma inhaler in an emergency.
A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, diabetes (Insulin) and epilepsy (Midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

Educational Visits (Off - site one day)

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix 2 Template C) and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff. Pupils must not carry non-prescription medication for self-administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

Residential Visits (overnight stays)

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

The school will keep its own supply of the following non-prescription medication: Calpol and Piriton and Piriteze, for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply (Appendix 2 Template C and C1). The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self-administration.

Risk assessing medicines management on all off site visits

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHP or EHCP will be taken on the visit and detailed arrangements relating to the management of their medication(s) during the visit should be included in the plan.
If a pupil requires prescribed or non-prescribed medication during visit and an IHP or EHCP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

Travelling abroad – a risk assessment will be developed considering parental and medical advice and documented on the pupils IHP or EHP. If an IHP or EHP has not been developed, the school will record their findings. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number).

The results of risk assessments however they are recorded i.e. IHP, EHP etc. will be communicated to the relevant staff and records kept of this communication.

Complaints

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.

Appendix 1 – WSCC Care Plan Templates December 2021
Appendix 2 – WSCC Administering Medicines Templates December 2021
Appendix 3 – Anaphylaxis action plan

Appendix 1



West Sussex County Council Care Plan Templates

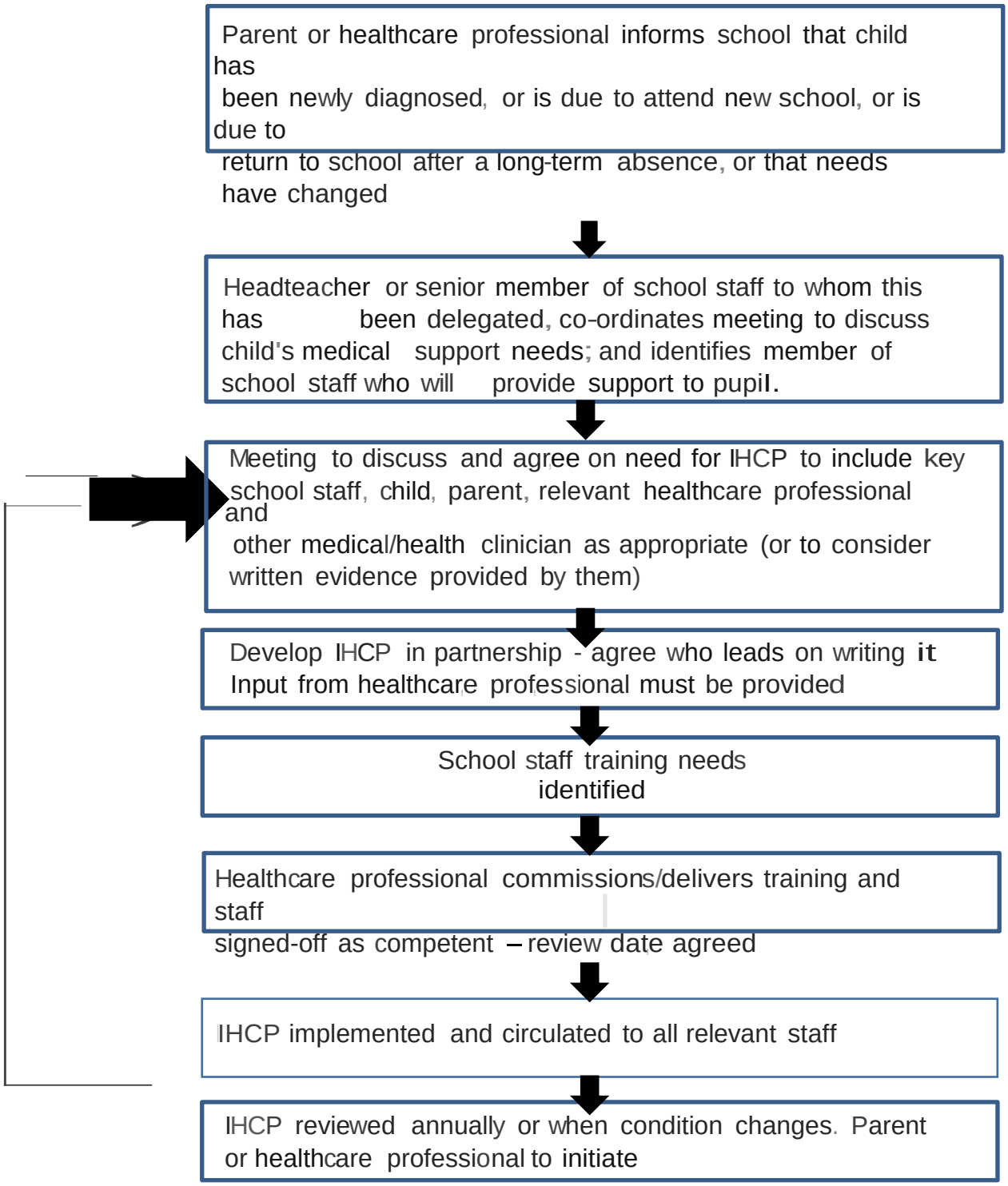
Supporting pupils with medical conditions

December 2021

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Model process for developing individual healthcare plans



Template 1: individual healthcare plan (IHCP)

Attach photograph here

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I agree that my child's medical information can be shared with school staff responsible for their care.

.

_____ _____

Signed by parent or guardian Print name

_____ _____

Date Review date

Copies to:

Template 2: Individual protocol for Mild Asthma

Please complete the questions below, sign this form and return without delay.

CHILD'S NAME……..

D.O.B. …… School use attach photo here

Class ……

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

1. Does your child need an inhaler in school? Yes/No (delete as appropriate)

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

……
……
Do they have a spacer?

……
……

3. What triggers your child's asthma?

……
……

4. It is advised that pupils have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

- My child carries their own inhaler <u>YES/NO</u>
- My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. <u>YES/NO</u>

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

……
……

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed:……Print name……
Date……
I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition. Thank you

Parental Update (only to be completed if your child no longer has asthma) My child …….. no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed	Date

I am the person with parental responsibility	

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1st inhaler		With pupil/In classroom			
2nd inhaler Advised		In office/first aid room			
Spacer (if required)					
Record any further follow up with the parent/carer:					

Template 3 : Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction

CHILD'S NAME……...

D.O.B. ……

Class ……

School use attach photo here

Nature of Allergy:

……
……

……
……

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name		Relationship to pupil	

Phone numbers	Work		Home		Mobile		Other	

GP
Name:
Phone No:
Address:

Clinic/ Hospital Contact
Name:
Phone No:
Address:

MEDICATION - Antihistamine

Name of antihistamine & expiry date
…….

- **It is the parents responsibility to ensure the Antihistamine has not expired**

Dosage & Method: **As prescribed on the container.**

- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative…….Date…….

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education, and I give my consent to the school to administer the schools supply of anti-histamine as part of my child's treatment for anaphylaxis. I confirm I have administer this medication in the past without adverse effect.

Signed:……Print name……Date……
I am the person with parental responsibility

Individual protocol for using Antihistamine (e.g. Piriton)

Symptoms may include:

- Itchy skin
- Sneezing, itchy eyes, watery eyes, facial swelling (does not include lips/mouth)
- Rash anywhere on body

Inform parent/guardian to collect

……

from school

Stay Calm

Reassure

……

Give <u>Antihistamine</u> delegated person responsible to administer antihistamine, as per instructions on prescribed bottle

Observe patient and monitor symptoms

If symptoms progress and there is any difficulty in swallowing/speaking /breathing/ cold and clammy

Dial 999

A = Airway
B = Breathing
C = Circulation

If child is prescribed an adrenaline auto injector administer it - follow instructions on protocol

<u>If symptoms progress Dial 999 - Telephone for an ambulance</u>

You need to say: "I have a child in anaphylactic shock".
Give school details:
Give details: Pupils name has a severe allergy and what has happened.

<u>DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN</u>

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Template 4 : Individual protocol for an Emerade adrenaline auto injector

CHILD'S NAME……..

D.O.B. ……

Class ……

School use attach photo here

Nature of Allergy:

……
……

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP
Name:
Phone No:
Address:

Clinic/ Hospital Contact
Name:
Phone No:
Address:

MEDICATION Emerade
Name on Emerade & expiry date:
……

- **It is the parents responsibility to supply 2 EMERADE auto injectors and to ensure they have not expired**

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- **The school staff will take all reasonable steps to ensure ……. does not eat any food items unless they have been prepared / approved by parents**

- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative……Date…….

- **I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**

- **I give my consent for the school to administer my child's Emerade or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan**

Signed:……Print name…….
Date……
I am the person with parental responsibility
Individual protocol for……..……using an EMERADE (Adrenaline auto injector)

Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

Stay Calm

Reassure……

One member of staff to Dial 999

REMEMBER

A = Airway
B = Breathing
C = Circulation

Give EMERADE first then dial 999
Administer Emerade in the upper outer thigh

Remove cap protecting the needle
Hold Emerade against upper outer thigh and press it against patients leg. You will hear a click when the adrenaline is injected.
Hold Emerade in place for 10 seconds.
Can be given through clothing, but not very thick clothing.
Note time injection given.
If no improvement give 2nd EMERADE 5 minutes later

Call Parents

Reassure

……

Telephoning for an ambulance
You need to say: "I have a child in anaphylactic shock".
Give school details:
Give details: Childs name has a severe allergy and what has happened.
DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN
Someone to wait by the school gate to direct the ambulance staff straight to the child.

Template 5 : Individual protocol for an Epipen adrenaline auto injector

CHILD'S NAME……..

D.O.B. ……

Class ……

School use attach photo here

Nature of Allergy:

……
……

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP
Name:
Phone No:
Address:

Clinic/ Hospital Contact
Name
Phone No:
Address:

MEDICATION EPIPEN
Name on EPIPEN & Expiry date:
……..

- **It is the parents responsibility to supply 2 EPIPEN auto injectors and to ensure they have not expired**

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- **The school staff will take all reasonable steps to ensure ……. does not eat any food items unless they have been prepared / approved by parents**

- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative……Date…….

- **I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**

- **I give my consent for the school to administer my child's Epipen or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan**

Signed:……Print name……
Date……
I am the person with parental responsibility

Individual protocol for using an Epipen (Adrenaline Auto injector)

Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

Stay Calm

Reassure ……

One member of staff to Dial 999

REMEMBER

A = AIRWAY
B = BREATHING
C = CIRCULATION

Give EPIPEN first then dial 999
Administer Epipen in the upper outer thigh
Remove grey safety cap
Hold epipen with black tip downwards against thigh
jab firmly.
Hold epipen in place for 10 seconds
Can be given through clothing, but not very thick clothing.
Note time of injection given
If no improvement give 2nd EPIPEN 5 minutes later

Call Parents

Reassure

……

Telephoning for an ambulance
You need to say: "I have a child in anaphylactic shock".
Give school details:
Give details: Childs name has a severe allergy and what has happened.
DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN
Someone to wait by the school gate to direct the ambulance staff straight to the child.

Template 6 : Individual protocol for an Jext pen adrenline auto injector

CHILD'S NAME……..

D.O.B. ……

Class ……

School use attach photo here

Nature of Allergy:

……
……

Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP
Name:
Phone No:
Address:

Clinic/ Hospital Contact
Name:
Phone No:
Address:

MEDICATION **JEXT**
Name on JEXT & expiry date:
……..

- **It is the parents responsibility to supply 2 JEXT pen auto injectors and to ensure they have not expired**

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- **The school staff will take all reasonable steps to ensure ……. does not eat any food items unless they have been prepared / approved by parents**

- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative…….Date…….

- **I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**

- **I give my consent for the school to administer my child's Jext pen or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan.**

Signed:……Print name……
Date……
I am the person with parental responsibility

Individual protocol for using a JEXT Pen (Adrenaline Autoinjector)

Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

Stay Calm

Reassure ……

One member of staff to Dial 999

REMEMBER

A = AIRWAY
B = BREATHING
C = CIRCULATION

Give JEXT pen first
Then call 999
Administer in the upper thigh

Remove yellow cap, place black tip against upper outer thigh, push injector firmly into thigh until it clicks.
Hold in JEXT Pen in place for 10 seconds.
Can be given through clothing, but not very thick clothing
Note time of injection given

If no improvement give 2nd JEXT Pen
5 minutes later

Call Parents

Reassure

……

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".
Give school details:
Give details: Childs name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Template 7: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Guardian

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Template 8: Example letter to send to parent/guardian who has not provided an in-date inhaler or auto injector.
Please amend as necessary for the individual circumstances.

Dear (Name of parent)

Following today's phone call regarding (name of pupil)'s asthma inhaler/adrenaline auto injector, I am very concerned that in date medication has not been provided. You have confirmed on the Individual Protocol that (name of pupil) requires an inhaler in school and you have agreed to provide the medication. Please ensure that the following are provided without delay:

- an inhaler/ adrenaline auto injector
- a spacer

If (name of pupil) no longer requires an inhaler/auto injector, please inform the school in writing as soon as possible.

Please be aware that in the absence of in date medication, should (name of pupil) suffer an attack, and you have given your consent staff will administer the schools reliever inhaler/adrenaline auto injector. However if you have not given consent for the school reliever inhaler/adrenaline auto injector to be administered staff will not be able to follow suitable emergency procedures. They will be reliant on calling 999 and awaiting the Emergency Services.

Yours sincerely

Protocol for the administration of Paracetamol

- Paracetamol can be administered to children of any age, dose must be suitable for their age and weight
- Verbal parental consent must be gained at the time of administration to administer paracetamol, if before 12 noon. If the parents cannot be contacted paracetamol cannot be administered. Conversation with parent/guardian must be recorded in writing.
- If paracetamol is administered at any time during the school day parents will be informed of the time of administration and dosage.
- The school will keep records of the administration of paracetamol as for prescribed medication.
- Pupils must not bring paracetamol (or other types of painkillers) to school for self-administration.

Use with caution:

- Liver problems
- Kidney problems
- Long term malnutrition
- Long term dehydration
- Epilepsy

SIDE EFFECTS:

- Allergic reaction rash, swelling difficulty breathing
- Low blood pressure and a fast heartbeat
- Blood disorders
- Liver and kidney damage (overdose)

Do not administer if the pupil is also taking any of the following drugs:

- Metoclopramide (relieves sickness and indigestion)
- Carbamazepine (treats a number of conditions including epilepsy)
- Phenobarbital or phenytoin (used to control seizures)
- Lixisenatide – used to treat type 2 diabetes)
- Imatinib – used to treat leukaemia
- Other drugs containing paracetamol e.g. Lemsip, Sudofed, Feminax

IF YOU SUSPECT AN OVERDOSE CALL 999 IMMEDIATELY only 4 dose in 24 hours

Protocol for the administration of Ibuprofen

- Ibuprofen can ONLY be administered to pupils AGE 12 and OVER and dose must be suitable for their age and weight for period pain, migraine and pain symptoms that include inflammation/swelling e.g. joint pain, sprains;

- Verbal parental consent must be gained at the time of administration to administer ibuprofen. If the parents cannot be contacted ibuprofen cannot be administered. Conversation with parent/guardian must be recorded in writing.

- If parents confirm they have administered Ibuprofen in the morning then the school CANNOT ADMINISTER ANOTHER DOSE that day.

- If Ibuprofen is administered at any time during the school day parents will be informed of the time of administration and dosage.

- The school will keep records of the administration of Ibuprofen as for prescribed medication.

- Pupils must not bring Ibuprofen (or other types of painkillers) to school for self-administration.

DO NOT ADMINISTER TO ASTHMATICS

Use with caution:

- Kidney or liver problems
- Stomach ulcer
- Heart problems
- Lupus
- Crohn's disease or ulcerative

SIDE EFFECTS

- nausea or vomiting constipation or diarrhoea
- indigestion or abdominal pain headache or dizziness
- bloating (fluid retention)
- raised blood pressure
- allergic reaction e.g. rash



Appendix 2 WSCC Administering Medicines Templates

Supporting pupils with medical conditions

December 2021

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Insert Name of School

Template A: Pupil Health Information Form

This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Childs Name	**D.O.B**
Gender	**Year/Tutor Group**

Please complete if applicable
Has your child been diagnosed with or are you concerned about any of the following:

Condition	**Yes**	**No**	**Medication**
Asthma NB:Parents of pupils with mild asthma must also sign an asthma protocol form (template 2 in Appendix 1) available from the school			
Allergies/Anaphylaxis NB:Parents of pupils prescribed an auto injector must also sign The relevant auto injector protocol form (template 3, 4, 5 in Appendix 1 or available from the school)			
Epilepsy			
Diabetes			

Is your child taking regular medication for any condition other than those listed on the previous page – continue on a separate sheet if necessary.

Condition	**Medication, emergency requirements**

Please use the space below to tell us about any other concerns you have regarding your child's health, continue on a separate sheet if necessary:

Thank you

Insert Name of School

Template B: Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Pupils Name	**D.O.B**
Gender	**Year/Tutor Group**

The Medicines Policy permits the school to administer the following non-prescription medication if your child develops the relevant symptoms during the school day. Pupils will be given a standard dose suitable to their age and weight. You will be informed when the school has administered medication by (insert method of communication). The school holds a small stock of the following medicines:

Paracetamol

Ibuprofen (Pupils age 12 and over)

Anti-histamine

E45 Cream

Tick the non-prescription medications above that you give your consent for the school to administer during the school day and confirm that you have administered these

medications in the past without adverse effect. Please keep the school informed of any changes to this consent, otherwise if you are giving consent for the administration of the schools E45 cream it will be assumed that consent remains in place unless the schools is informed in writing.

_____ _____

Signature(s) Parent/Guardian
Date

_____

Print name

Insert Name of School

Template C: parental consent to administer medication (where an Individual Healthcare Plan or Education Healthcare Plan is not required)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff or school location]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date

If this is a request to administer non-prescribed medication, please work with the school to complete Template C1 on the reverse of this form

Template C1 - Individual Protocol for non-prescribed medication

This form should be completed in conjunction with Template C – parental consent

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines for a maximum of 48 hours.

Date (requirement reviewed daily)	Time last dose administered at home as informed by parent/guardian	Dosage given in school	Time	Comments
Day 1				
Day 2				

3 main side effects of medication as detailed on manufacturer's instructions or PIL		
1.	**2.**	**3.**

Emergency procedures – if the pupil develops any of the signs or symptoms mentioned above or any other signs of reaction as detailed on the manufacturer's instructions and/or PIL this might be a sign of a negative reaction or if it is suspected that the child has taken too much medication in a 24 hour period staff will call 999 and then contact the parent/guardian(s).

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
I am aware that each day I must inform the school when I last administered the medication and that I will be informed by the school in writing when medication has been administered by (insert method of communication).

Agreed by:
Parent/guardian……..…Date…….

Template D: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

D: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Template E: record of medicine administered to all children

Name of school/setting

Date	Child's name	Time	Name of	Dose given	Any reactions	Signature	Print name	Comments

Template F: staff training record – administration of medicines
Training can also be recorded on a matrix, in SIMS or similar database or using this form.

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by – print name and signature	
Refresher/update training date	
Profession and title	
I confirm I have received and understood the above training	signature

Additional training:

Type of training received	
Date of training completed	
Training provided by – print name and signature	
Refresher/update training date	
Profession and title	
I confirm I have received and understood the above training	signature

Type of training received	
Date of training completed	
Training provided by – print name and signature	
Refresher/update training date	
Profession and title	
I confirm I have received and understood the above training	signature

Template G: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.
Speak clearly and slowly and be ready to repeat information if asked.

1. telephone number

School telephone

2. your location as follows [insert school/setting address]

School address

3. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code

Postcode

4. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Best entrance is:

5. your name

6. provide the exact location of the patient within the school setting

7. provide the name of the child and a brief description of their symptoms

8. put a completed copy of this form by the phone

Insert Name of School

Template H – Consent to administer non-prescribed medication on a Residential Visit

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. Whilst away if your child feels unwell the school staff may wish to administer the appropriate non-prescription.
Please do not hesitate to contact the school if there are any issues you wish to discuss.

Pupils Name	**D.O.B**
Gender	**Year/Tutor Group**

If your child develops the relevant symptoms during the residential visit, with your consent they will be given a standard dose suitable to their age and weight of the appropriate non-prescribed medication. If symptoms persist medical advice will be sought and if necessary the emergency services called. You will be informed when the school has administered medication on our return by (insert method of communication).

The school will hold a small stock of the following medicines:

☐ **Paracetamol brand ……** ☐ **…….**

☐ **Ibuprofen (pupils age 12+) brand……** ☐ **……..**

☐ **Anti-histamine brand ……** ☐ **…….**

Please tick the non-prescription medications that you give your consent for the school to administer their stock of during the residential visit.

If you would like your child to be given travel sickness medication please supply medication suitable for their age and weight in its original packaging with the patient information leaflet

☐ **Travel sickness**

I give my consent for the medications ticked above to be administered by the school from their stock and confirm I have administered them to my child in the past without adverse effect.

Signature(s) Parent/Guardian Date

Print name