

Gossops Green Primary School



Managing Medicine Policy

Approved by: LGB
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Next review due by: December 2024
Staff Member Responsible: Mr Warwick

Excellent COMMUNICATION is at the heart of everything we do.

At Gossops Green Primary School we believe that COMMUNICATION is the KEY to unlocking the potential for every learner to be successful.

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1. Statement of Intent

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 Gossops Green Primary 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.

Please view this policy in conjunction with the three appendix documents;

[Appendix 1–4 Care Plan Templates](#)

[Appendix A-D – Administering Medicines Templates](#)

[Appendix 3 – Bodily Fluids Guidance](#)

2. Organisation

The Governing body will develop policies and procedures to ensure the medical needs of pupils at Gossops Green Primary are managed appropriately. They will be supported with the implementation of these arrangements by the Principal and school staff.

The Lead for Managing Medicines at Gossops Green Primary is Mrs S Freeman, or in her absence, either Mrs S Shad or Miss L Plumtree. In their duties, staff will be guided by their training, this policy and related procedures.

i. Implementation monitoring and review

All staff, governors, parents/carers and members of the Gossops Green Primary community will be made aware of and have access to this policy. This policy will be reviewed every two years and its implementation reviewed and as part of the Principal's annual report to Governors.

ii. 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 RPA Insurance. 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 by The Collegiate Trust.

iii. 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 IHCP or EHCP. It is expected that staff who have regular contact

with 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.

3. Admissions

When the school is notified of the admission of a pupil, parents are asked to complete the medical needs section of Arbor, stating any medical conditions their child has. Parents also complete the consents section of Arbor, giving or denying permission for their child to be given paracetamol and antihistamine at school.

Following notification that the school is receiving a child with medical needs, an assessment of the pupil's medical needs will be completed by the school office staff and parents will be asked to complete the relevant forms for their child's needs. This might include the development of an Individual Health Care Plans (IHCP) or Education Health Care Plans (EHCP). 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. Any additional staff training will be implemented as soon as possible.

4. Pupils with medical needs

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

- Have long term, complex or fluctuating conditions, including diabetes, epilepsy and ADHD - these will be detailed using **Template 1 – Individual Healthcare Plan**
- Require medication in emergency situations – these will be detailed using **Template 2 – Asthma Plan** for asthmatics and **Templates 3 and 4** for anaphylaxis.

Parents/guardians are required to provide the school 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, Principal, 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.

5. Prescribed and non-prescribed medication

Pupils are not permitted to bring any medication into school for self-administration. If a pupil refuses their medication, they should not be forced; the school will contact the parent/guardian and if necessary, the emergency services.

i. Prescription medicines

Medicine should only be brought to school when it is essential to administer it during the school day. 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.

When prescribed medication must be taken during the school day, this medication must be supplied by the parent/guardian in the original pharmacist's container, clearly labelled with the child's name and include details of the necessary dose and possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered with the appropriate consent form **Template A** to the school office by an adult. Medicine cannot be taken to classrooms or handed to members of staff elsewhere in the building.

Administration will be recorded using **Template B or C** and the parent/guardian informed of the time and dose of any medication administered at the end of each day by a message being written in the Home-School Diary. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

ii. Non-prescription medicines from home

Should children require non-prescription medication during the school day, parents may visit the school and administer medicine to their child. 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 IHCP 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.

Non-prescription medications will only be administered by office staff, providing:

- medication is accompanied by parental/guardian consent **Template A** and confirmation is received that the medication has been administered previously without adverse effect;
- the parent/guardian confirms daily the time the medication was last administered and this is recorded on **Template A1**
- 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 four times per day
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL)

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
- for more than 48 hours – parents will be advised if symptoms persist to contact their Doctor
- If a request to administer the same or a different non-prescription medication that is for the same/initial condition is repeated less than two weeks after the initial episode;

and not for more than two 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

- If parents/guardians have forgotten to administer non-prescription medication that is required before school. In this instance, parents will be asked to come to the school to administer it themselves

In addition:

- Medication that is sucked i.e., cough sweets or lozenges, will not be permitted for use in the school

iii. Ad-hoc non-prescribed medication

The school keeps a small stock of paracetamol (Calpol) and antihistamine which can be administered to pupils if relevant symptoms develop during the school day. Ibuprofen is not administered as this is for individuals aged 12 years and over.

- Standard paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.
- Standard Piriton will be administered for a mild allergic reaction

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

Parents are asked to give consent for these medications to be administered to their child on the Arbor Parent Portal. Parents / Guardians will be reminded every September, via the newsletter, to check that these consents are still accurate.

iv. 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 such as Sudafed, cold and flu remedies such as Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded.
- 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:

- The school will not administer paracetamol until four hours have elapsed since the last dose (assume 8:00am). No more than four doses can be administered in 24 hours.

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

- The school will make every attempt to contact a parent or guardian and obtain verbal permission to administer paracetamol.
- If the school is unable to contact the parent / guardian and the pupil is clearly in pain, we will assume the recommended time between doses has elapsed and will administer one standard dose of paracetamol without any need to confirm this

with the parent/guardian. 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 through the Home-School Diary. This will include the type of pain relief and time of administration. This will also be recorded on **Template C**

6. Medical Conditions requiring medication

i. Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school with the support of parents and carers. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. Parents and carers are required to fill in **Template 2 – Asthma Plan**. The school asks the 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 will develop IHCPs for those pupils with severe asthma.

ii. 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 Natasha's Law and all prepacked food prepared for consumption offsite is fully labelled. The Diner is fully aware of all known dietary requirements and allergies and all appropriate steps are taken to safeguard children with allergies. The school also 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 two 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. 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.

Parents of children who have an auto-injector must complete **Template 4 – Allergy requiring auto-injector**.

iii. 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. Parents of children who may need antihistamine are required to complete **Template 3 – allergy requiring antihistamine**.

iv. Hayfever

Parents/guardians 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. If symptoms of allergic reaction occur regularly, parents/guardians will be advised to visit their GP and take precautionary measures before the child comes to school.

v. 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 IHCP. The school will administer one 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.

vi. Eczema

Skin creams and lotions will only be administered in accordance with the school's Personal and Intimate Care Policy and procedures. Where creams are prescribed, these must be provided by the parent/guardian in the original pharmacist's container, clearly labelled with the child's name and include details of the necessary dose and possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered with the appropriate consent form **Template A** to the school office by an adult.

vii. Travel Sickness

Medication can be administered if required before educational visits and must be age appropriate. It must be supplied by the parent/guardian in its original packaging (with the PIL if available) and accompanied by parental/guardian consent on **Template A and A1**

7. 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 IHCP or EHCP, the emergency procedures detailed in the plan are followed, and a copy of the IHCP 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 is not available staff will administer the schools 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 two in date auto-injectors for administration to their child. If the school does not hold two 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 **Template 4** for anaphylaxis.

The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if 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 in the school office - **Template D.**

8. 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 IHCP or EHCP and parents should complete the self-administration section of 'Permission to administer medication' form **Template A.**

9. 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 cupboard located in the School Office which is manned during school hours. Medicines are always stored in the original pharmacist's container.

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 on **Template B**, of any doses used and the amount of controlled drug stock held in school.

i. Storage and access to medicines

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 first aid bag 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 (in a clearly marked class first aid bag) 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 fridge to which pupil access is restricted and will be clearly labelled.

ii. 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.

iii. 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 school's 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 **Appendix 3 – Bodily Fluids Guidance**. If the school holds any cytotoxic drugs, their management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

10. Record Keeping

i. 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 **Template B and C**.

ii. 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

the incident must be reported to the Schools Senior Leadership 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 Leadership 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.

11. 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. 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) or Epilepsy (midazolam). Training in the administration of these specific medicines is arranged with a trained professional.

12. Educational Visits

i. Offsite - one day

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 IHCP or EHCP will be taken on the visit and detail 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 IHCP 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.

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.

Staff will administer prescription medicines to pupils, when required, during educational visits as they would in school. Non-prescription medicines as detailed in this policy can be administered by staff (who will take paracetamol and antihistamine with them). 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.

ii. Residential Visits (overnight stays)

Parents will be asked to complete a specific medical form prior to the start of the residential, detailing any medication that their child will need on the trip and giving permission for staff to administer named ad-hoc medication if required.

13. Complaints

If any issues arise from the medical treatment of a pupil whilst in school, the complaints procedure should be followed. This can be found on the TCT website.

14. Appendices

Templates 1–4 - Care Plan Templates

Templates A-D – Administering Medicines Templates

Appendix 3 – Bodily Fluids Guidance

Template 1: Individual Healthcare Plan (IHCP)

Child's name and class

Child's date of birth

Medical condition or diagnosis

Signs and symptoms

Any known triggers - equipment or devices, environmental issues etc.

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

What constitutes an emergency, and procedures if this occurs:

Other information e.g. specific support for the pupil's educational, social and emotional needs, special arrangements for school visits / trips

GP Details – name, address and phone number

Any other named medical professionals working with your child – name, institution and phone number

Family Contact Information

Name and relationship to child

Contact numbers

Name and relationship to child

Contact numbers

Plan developed with

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school 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

School Use only

Named person responsible for providing support in school

Named person who is responsible in an emergency

Staff training needed/undertaken – who, what, when

Copies to:

Key information on Arbor – date added and by whom

Template 2: Individual Asthma Plan – inhaler in school

Child's name and class

Child's date of birth

Signs and symptoms of an asthma attack

Any known triggers

Daily care requirements - name and type of inhaler / medication, dose (how many puffs), method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, if they have a spacer

Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? (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 these 10 puffs of blue inhaler then this should be viewed as a SERIOUS ATTACK:**
 - **CALL AN AMBULANCE First and then CALL Primary Carer**
 - **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Other information e.g. does your child need a blue inhaler before exercise / PE? Special arrangements for school visits / trips

GP Details – name, address and phone number

Any other medical professionals working with your child – name, institution and phone number

Family Contact Information

Name, relationship to child and contact numbers

Name, relationship to child and contact numbers

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 sign below to confirm you agree the following:

- I am aware I am responsible for supplying the school with an in-date inhaler(s)/spacer for school use and will supply this/these as soon as possible
- 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 by parent or guardian

Print name

Date

Review date

School Use only

	Provided by parent	Location	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 st inhaler		In class first aid bag			
2 nd inhaler (advised)		In office			
Spacer (if required)		In class first aid bag			

Key information on Arbor – date added and by whom

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Any additional follow up / clarification (please date)

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Template 3: Allergy requiring antihistamine

Child's name and class

Child's date of birth

Nature of allergy

Signs and symptoms of allergic reaction

Protocol in case of an allergic reaction:

- Stay calm and reassure patient
- Give antihistamine as per instructions on prescribed bottle
- Observe patient, monitor symptoms and ensure that parent/guardian is informed
- If there is any difficulty in swallowing/speaking/breathing/patient is cold and clammy:
 - If child is prescribed an adrenaline auto injector administer it - follow instructions on relevant protocol
 - and / or - dial 999

You need to say: *"I have a child in anaphylactic shock".*

Give details: Pupils 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

Name of antihistamine and expiry date

Dosage and method – As prescribed on the container

Other information e.g. special arrangements for school visits / trips

GP Details – name, address and phone number

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Any other medical professionals working with your child – name, institution and phone number

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Family Contact Information

Name, relationship to child and contact numbers

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Name, relationship to child and contact numbers

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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 antihistamine as part of my child's treatment. I confirm I have administered this medication in the past without adverse effect and I am aware that I am responsible for supplying the school with in-date antihistamine

Signed by parent or guardian

Print name

Date

Review date

School Use only

Key information on Arbor – date added and by whom

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Any additional follow up / clarification (please date)

--

Template 4: Allergy requiring Adrenaline Auto Injector

Child's name and class

Child's date of birth

Nature of allergy

Signs and symptoms of allergic reaction

Name of auto-injector and expiry date

<input type="text"/>	<input type="text"/>
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Dosage and method – *delete as appropriate*

<p>Give <u>EPIPEN</u> first then dial 999</p> <p>Administer EpiPen in the upper outer thigh</p> <p>Remove grey safety cap, hold EpiPen with black tip downwards against thigh and jab firmly.</p> <p>Hold EpiPen in place for 10 seconds</p> <p>Can be given through clothing, but not very thick clothing.</p> <p>Note time of injection given</p> <p>If no improvement give 2nd EpiPen <u>5 minutes</u> later</p> <p>Retain EpiPen(s) to be given to paramedics</p> <p>Give <u>JEXT</u> pen first then call 999</p> <p>Administer in the upper outer thigh</p> <p>Remove yellow cap, place black tip against upper outer thigh and push injector firmly into thigh until it clicks.</p> <p>Hold in JEXT Pen in place for 10 seconds.</p> <p>Can be given through clothing, but not very thick clothing</p> <p>Note time of injection given</p> <p>If no improvement give 2nd JEXT Pen <u>5 minutes</u> later</p> <p>Retain Jext pen(s) to be given to paramedics</p> <p>Give <u>EMERADE</u> first then dial 999</p> <p>Administer in the upper outer thigh</p>
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Remove the cap. Place Emerade against upper outer thigh and press firmly. 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

Retain Emerade Pen(s) to be given to paramedics

Other information e.g. special arrangements for school visits / trips

GP Details – name, address and phone number

Any other medical professionals working with your child – name, institution and phone number

Family Contact Information

Name, relationship to child and contact numbers

Name, relationship to child and contact numbers

- **School staff will take all reasonable steps to ensure that the child does not eat any food items unless they have been prepared / approved by parents**
- **It is the school's responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Signed by school representative

Print name

- I understand that it is the parents' responsibility to supply 2 auto injectors and to ensure they have not expired
- 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 auto-injector or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) in an emergency as detailed in this plan

Signed by parent or guardian

Print name

Date

Review date

School Use only

Key information on Arbor – date added and by whom

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Any additional follow up / clarification (please date)

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Template A: Parental consent to administer medication

(where an Individual Healthcare Plan or Education Healthcare Plan is not required)

Child's name and class

Medical condition or diagnosis

Medicine

Name of medication	
Expiry Date	
Dosage and method	
Timing	
Special precautions / other instructions	
Are there any side effects that the school needs to know about?	
Self-administration	Yes / No
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

Consent provided by

Name and relationship to child

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

Signed by parent or guardian

Date

If this is a request to administer non-prescribed medication, please work with the school to complete Template A1 on the reverse of this form

Template A1 - 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 (reviewed daily)	Time last dose administered at home as informed by parent/ guardian	Dosage given in school	Time	Comments

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

- 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.

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 through a note in the Home-School diary.

Signed by parent or guardian

Date

Template B: record of medicine administered to an individual child

Child's name and class			
Name and strength of medication		Date provided by parent	
Expiry Date of medicine		Quantity received	
Dosage and frequency of medicine		Quantity returned (and date)	
Parental signature		Staff signature	

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

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

Record of medicine administered to an individual child – continued

Child's name and class	
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Date					
Time given					
Dose given					
Controlled drug stock					
Name of staff member					
Staff initials					
Witnessed by					

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

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



Template C: record of medicine administered to all children

Date and time	Child's name	Medication given and dose	Parents phoned	Recorded in diary	Administered by	Comments

Template D: 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

01293 525449

2. School address

**Gossops Green Primary School
Kidborough Road,
Gossops Green
Crawley
West Sussex**

3. Postcode

RH11 8HW

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:

Main reception from Kidborough Road

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

Appendix 3 – Bodily Fluids Guidance

1. Body Fluid Spillage Guidance

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimise the risk of transmission of infection, both staff and pupils should practise good personal hygiene and be aware of the procedure for dealing with body spillages.

2. References

This document is to be used in conjunction with:

- Gossops Green Primary School's Health and Safety Policy.
- Health Protection Agency guidelines on Infection Control (up to date versions available on the internet)

3. Staff Contact

- The initial clean-up of the situation should be carried out by the person who is at the scene of the incident and should follow the 'Initial Clean Up Procedure'.
- The Premises Officer should be contacted, so that he can arrange for the cleaning of the area appropriately.

4. Initial Clean Up Procedure – to be completed by the person at the scene

- a) Get disposable gloves from the nearest First Aid kit.
- b) Place paper towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin which has a bin liner.
- c) Put more paper towels over the affected area and then contact the Premises Officer for further help.
- d) Tie up the bin that has had the soiled paper towels put in and, ideally, place it in the yellow bin (medical room) or double-bag it and put it in an outside bin
- e) Wipe clean any article of clothing that has been contaminated with the spill and then put it in a plastic bag and tie it up for parents to take home.
- f) Cordon off the area until it is cleaned.

5. Further cleaning – to be completed by the Premises Officer

- a) Wear gloves at all times
- b) Ensure that any soiled wipes, tissues, plasters, dressings, paper towels are disposed of appropriately, ideally in a yellow bin, or double-bagged and put in an outside bin.
- c) Clean the area with disinfectant / carpet cleaner, as appropriate, following the manufacturer's instructions.
- d) Place a 'Wet Floor Hazard' sign by the affected area, if appropriate.
- e) Ventilate the area well and leave it to dry.
- f) Disinfect all reusable cleaning up equipment according to the manufacturer's instructions.
- g) Wash hands.

6. Management of Accidental Exposure to Blood

- a) **Accidental exposure to blood and other body fluids can occur by:**
 - percutaneous injury e.g. from needles, significant bites that break the skin

- exposure to broken skin e.g. abrasions and grazes
- exposure of mucous membranes, including the eyes and mouth

b) Action to take:

If skin is broken, encourage bleeding of the wound by applying pressure – do not suck.

- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.

c) If blood and body fluids splash into your mouth:

- Do not swallow
- Rinse out the mouth, several times
- Report the incident to SLT
- If necessary, take further advice from NHS Direct
- Complete an accident form and, if appropriate, report to RIDDOR.