

St Mary's Catholic Primary School
Bognor Regis



**Administering Paracetamol,
Prescription and
Non-Prescription Medicines
in Schools Policy**

Reviewed and Approved April 2024



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 **St Mary's Catholic 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 Mr Tony Lucas
Chair of Governors

Date April 2024



Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at **St Mary's Catholic Primary School** are managed appropriately. They will be supported with the implementation of these arrangements by the Headteacher and school staff.

The lead for the management of medicines at **St Mary's Catholic Primary School** is Rachel Boniface or in her absence Zoe Brook. In their duties staff will be guided by their training, this policy and related procedures.

Implementation monitoring and review

All staff, governors, parents/carers and members of the **St Mary's Catholic 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 Headteacher'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 the 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 any pupil the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc non-prescription medication using (Template 1 Parent/Carer consent to administer short-term non-prescribed 'ad hoc' medicines.)

An assessment of the pupils medical needs will be completed (Template 14) this might include the development of an Individual Health Care Plan (IHP) or Education Health Care Plans (EHC) 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 2)
- Require medication in emergency situation – these will be detailed using (Template 3 for mild asthmatics and Templates 4,5,6 and 7 for anaphylaxis.)



Parents/carers should provide the headteacher 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/carers, headteacher, 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, in line with school policy. If a pupil refuses their medication, they should not be forced, the school will contact the parent/carer 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, antihistamine and E45 cream for administration with parental consent (Template1) or consent that has been 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 8 and 8a) . The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day via a Medication Administered Information Slip.

Confidentiality

As required by the Data Protection Act 1998, school staff should treat medical information confidentially. Staff will consult with the parent, or 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 EHC.

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

Parent/Carer consent to administer medication will be required as follows;

- **Short term ad-hoc non-prescribed medication** - The school will request parent/carer consent to administer ad-hoc non-prescription medication by contacting them to gain consent at the time of administration (conversations will be recorded in writing with time and date).
- **Prescribed and non-prescribed medication taken regularly** - each request to administer medication must be accompanied by 'Parental consent to administer medication form (Template 8) or if applicable on the IHP)

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. Administration will be recorded using template 9 or 11 and the parent/carer informed. Parents/carers are expected to remove any remaining medicine from school once the prescribed course has been completed.

Non prescription Medicines

The school will not administer non prescription medicines, but will allow parents/carers to come into school and administer any medication required, as and when they deem it necessary to do so.

The school will also NOT administer;

- Skin creams and lotions, unless in accordance with the Schools Intimate Care Policy and procedures;
- Medication that is sucked i.e cough sweets or lozenges, will not be administered in school

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;

- Liquid paracetamol (to pupils of all ages)
- Antihistamine
- E45 Hand cream for use only during the COVID 19 pandemic

Short term ad-hoc non prescribed medication

A small stock of standard liquid paracetamol, antihistamine and E45 Hand cream 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 or tablet form for the relief of pain i.e migraine, period, pain
- For mild allergic reaction – anti-histamine (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/carer in its original



packaging with the PIL. Parental consent to administer gained as part of the educational or residential visit.

- For sore skin due to excessive washing during the COVID 19 pandemic E45 hand cream.

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. with the exception of E45 hand cream which can be administered as required with parental consent gained using template 1.

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/carer and confirm that a dose of pain relief was NOT administered before school 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 the school cannot contact the parent/carers 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 dose of PARACETAMOL without any need to confirm this with the parent/carer but if appropriate the pupil will still be asked if they have any other medication containing pain relief medication and this conversation will be recorded

The school will inform the parent/carer if pain relief has been administered and the time it was administered.

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 will develop IHP's 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 identifies all staff members who are in close contact with pupils diagnosed with anaphylaxis and complies with the School Nursing Service recommendation that these staff members 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/ carers 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.

St Mary's do not hold spare adrenaline auto-injectors for pupils.

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

Parents/carers 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 EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't 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 2 in date auto-injectors for administration to their child.** St Mary's do not hold a stock of auto-injectors

Parental consent to administer the 'school inhaler will be gained when the pupil joins the school using Template 3 for asthmatics.

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 by the telephone in the School Office (Template 12)

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. Controlled drugs will be stored securely in a non-portable container and only named staff will have access, controlled drugs for emergency use must also 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 held in school. (Template 9)

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 EHC and parents should complete the self-administration section of 'Parental agreement to administer medicine form. (Template 8)

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, epipens, etc.) are kept in a locked store cupboard. 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 the medication in an emergency.

Emergency medicines such as inhalers and adrenaline auto injector are either 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 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 PE lessons, educational visits and in the event of an unforeseen emergency like a fire. In accordance with the Human Medicines (Amendment No 2) Regulations 2014 the school will keep a small supply of salbutamol inhalers for emergency use. Parental consent will be gained to administer the emergency school inhaler.

Medicines that require refrigeration are kept in the **office fridge**, clearly labelled in an airtight container.

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/carer 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 schools policy covering this.

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 or guardian will also be informed if their child has been unwell during the school day and medication has been administered. **(See template 9 Record of medicine administered to an individual child and template 11 Record of medicines administered to all children.)**

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 schools 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 that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (adrenaline auto injector), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. (Template 10)

The school will also ensure that other staff who may occasionally need to administer a prescribed medicine supplied by the parent with a valid consent form and, or an IHP, are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. (Template 10)

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine. (See Template 9 Record of medicine administered to an individual child and Template 11 record of medicines administered to all children.)

Emergency Procedures

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, the emergency procedures detailed on the plan are followed, and a copy of the IHP is given to the ambulance crew. IHP's will also be given to those companies and staff providing transportation of pupils to and from school, in order that the IHP can be passed to the ambulance crew in the event of an emergency. Instructions for calling an ambulance are displayed prominently by the telephone in the school office. **(Template 12)**

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 (Template 8) 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 Paracetamol and Anti-histamine for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply (Template 13). 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 EHP 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 a visit and an IHP or EHP 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). European Health Insurance Cards (EHIC) should be applied for by parents and supplied to the school prior to travel for all pupils that travel abroad.

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 Headteacher. If the issue cannot easily be resolved the Headteacher will inform the governing body who will seek resolution.



St Mary's Catholic Primary School

Parent/carer 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	

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 via a medicine administered slip. The school holds a small stock of the following medicines:

Paracetamol

Anti-histamine

E45 Hand 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.

Have administered in the past with no adverse effect.

Please keep the school informed of any changes to this consent.

Parent/Carer Signature-----

Print Name-----

Date-----



Template 2 - Individual healthcare plan (IHCP)

Name of School	St Mary's Catholic Primary School	
Pupil's name:		Picture
Tutor Group/Year		
Date of Birth:		
Pupil's Address:		
Family Contact Information		
Relationship to Pupil:		
Medical Diagnosis or Condition:		
GP Name and Address:		
Clinic/Hospital Contact:		
Date:		
Review Date:		

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: (e.g. before sport/at lunchtime)

--



Arrangements for school visits/trips etc.	
Describe what constitutes an emergency for the pupil, and the action to take if this occurs:	
Plan developed with	
Is any specific training required?	
<i>For office use:</i> Date and name of Staff member completing training	

The above information is, to the best of my knowledge, accurate at the time it was given and I give my consent to school staff administering any medicine that may be required in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change to dosage or frequency of medication required or if medication is to be stopped.

I agree that my child's medical information can be shared with school staff responsible for their care.

I understand that whilst school staff will use their best endeavors to carry out these arrangements, no legal liability can be accepted by the School staff or Governors in the event of any failure to do so, or of any adverse reaction by my child to the administration of medication

Parent/Carer Signature	Print Name
Date	Review Date



Template 3 - Individual protocol for Mild Asthma

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

Name of School	St Mary's Catholic Primary School	Picture
Pupil's name:		
Tutor Group/Year		
Date of Birth:		

Nature of Allergy	
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Family Contact Information		
Relationship to Pupil:		
Phone Numbers		

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

- 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 YES/NO
- 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. YES/NO

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 <i>I am the person with parental responsibility</i>	Date

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)
1 st inhaler		With pupil/In classroom			
2 nd inhaler Advised		In office/first aid room			
Spacer (if required)					



Record any further follow up with the parent/carer:

Template 4 - Individual protocol for an Jext pen adrenaline auto injector

Name of School	St Mary's Catholic Primary School	Picture
Pupil's name:		
Tutor Group/Year		
Date of Birth:		

Nature of Allergy	
--------------------------	--

Family Contact Information		
Relationship to Pupil:		
Phone Numbers		

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

**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**

Stay Calm

Reassure

One member of staff to Dial 999

REMEMBER

**A = AIRWAY
 B = BREATHING
 C = CIRCULATION**

Call Parents

Reassure

.....

Telephoning for an ambulance

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

Give school details:

Give details: Child's 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 Emerade adrenaline auto injector

Name of School	St Mary's Catholic Primary School	Picture
Pupil's name:		
Tutor Group/Year		
Date of Birth:		

Nature of Allergy	
--------------------------	--

Family Contact Information		
Relationship to Pupil:		
Phone Numbers		

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 6 - Individual protocol for an EpiPen adrenaline auto injector

Name of School	St Mary's Catholic Primary School	Picture
Pupil's name:		
Tutor Group/Year		
Date of Birth:		

Nature of Allergy	
--------------------------	--

Family Contact Information		
Relationship to Pupil:		
Phone Numbers		

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 **DONNA** 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: Child's 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 - Individual protocol for Antihistamine as an initial treatment protocol for allergic reaction

Name of School	St Mary's Catholic Primary School	Picture
Pupil's name:		
Tutor Group/Year		
Date of Birth:		

Nature of Allergy	
--------------------------	--

Family Contact Information		
Relationship to Pupil:		
Phone Numbers		

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.....

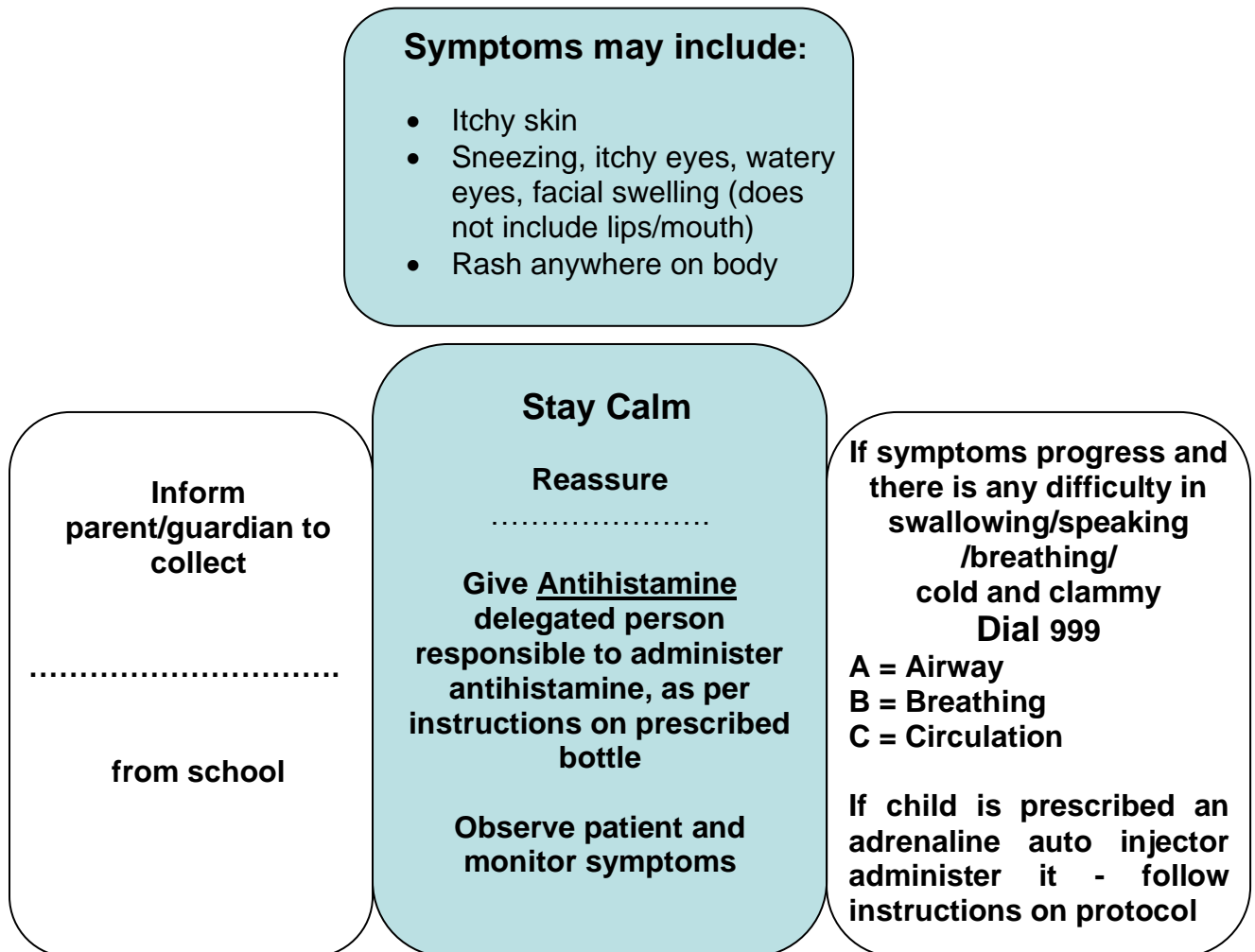
I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education, and I give my consent to the school to



administer anti-histamine as part of my child's treatment for anaphylaxis. I confirm I have administered 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)





If symptoms progress Dial 999 - Telephone for an ambulance

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.

**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 8 - St Mary's Catholic Primary School - Parental agreement to administer medicine

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

Date for review to be initiated by	
Name of school/setting	St Mary's Catholic Primary School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	<u>A member of staff in the SCHOOL OFFICE</u>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to St Mary's Catholic Primary 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.

Signature(s) _____

Date _____



Template 8a - Individual Protocol for non-prescribed medication

This form should be completed in conjunction with Template 8 – 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.....



Template 9 - 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 _____

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 10 - St Mary's Catholic Primary School - Staff training record administration of medicines

Name

--

Date of training completed

--

Training provided by

--

Refresher/update training date

--

Profession and title

--

I confirm thathas received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template 12 - St Mary's Contacting Emergency Services Info Sheet

Request an ambulance – dial **9999**, 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

01243 822287

2. your location as follows

**St Mary's Catholic Primary School
Glamis Street
Bognor Regis
West Sussex**

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

PO21 1DJ

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 Entrance by Office

5. When asked give your name

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

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

Template 13 - 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 medication.

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, 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 via the receipt of a Medication Administered Form. The school will hold a small stock of the following medicines:

Medicine	Has been administer before with no adverse effect
<input type="checkbox"/> Liquid Paracetamol	<input type="checkbox"/>
<input type="checkbox"/> Anti-histamine	<input type="checkbox"/>
<input type="checkbox"/> Travel sickness tablets	<input type="checkbox"/>

Tick the non-prescription medications above that you give your consent for the school to administer during the residential visit 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.

Signature(s) Parent/Guardian

Date

Print name

Date.....

Pupil Health Information Form

This information will be kept securely in your child's personal pupil file. 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: