

## THE WINDMILLS JUNIOR SCHOOL

### **Medicines in School Policy & Supporting Pupils with Medical Conditions**

Reviewed annually: Reviewed June 2026

Next Review: June 2027

#### **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 The Windmills Junior School will ensure that these arrangements fulfil their statutory duties and follow guidance outline 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.

This policy has been adopted by the Governing Board.

#### **Organisation**

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

The Lead for Managing Medicines at The Windmills Junior School is Caroline Wells or in their absence Heidi Morris or Natalie Williamson. 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 Windmills Junior School community will be made aware of and have access to this policy. This policy will be reviewed annually and is shared with the governors as part of the policy review cycle.

#### **Insurance**

Staff who follow the procedures outlined in this policy and who undertake tasks detailed as 'cover available' in the RMP Medical Malpractice Treatment Table will be insured under the WSCC Public Liability insurance policy. The Treatment Table is available to view on West Sussex Services for Schools under Other Documents in the Insurance, Resources section.

In addition to this policy the Council also maintains a Medical Malpractice policy to incorporate insurance cover for the more invasive and complicated procedures that staff are now expected to undertake and that are not covered under a standard Public Liability policy.

There is a brief section on Medical Malpractice in the Insurance Guide 23/24, (on WSSfS, Insurance, Resources, Core Policy Information) which outlines the policy, but any further specific questions will need to be directed to Sharon Andrews for clarification.

## **Admissions**

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will complete an assessment of the support required. This might include the development of an Individual Health Care Plan (IHP) and 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 EHC for pupils who:

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

Parents/guardians should provide the Head teacher with sufficient information about their child's medical condition and treatment, or special care needed at school. Arrangements can then be made, between the parents/guardians, Head teacher, community school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

## **All prescribed and non-prescribed medication**

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

The school will keep a small stock of paracetamol and antihistamine for administration with parental consent (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 A, Appendix 2).

## **Confidentiality**

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or 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.**

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

- **Short term ad-hoc non-prescribed medication** - The school will request parent/guardian consent to administer ad-hoc non-prescription by contacting the parent/guardian to gain consent at the time of administration. Conversations will be recorded in the medical folder held in the classroom. This will include the date, dose

given and signature of the staff member administering the medication. The school will send regular reminders requesting parents/guardians to inform the school if there are changes to consent gained when the pupils joined the school. If the school is not informed of any changes by the parent/guardian, it will be assumed that consent remains current.

- **Prescribed and non-prescribed medication taken regularly** - each request to administer medication must be accompanied by 'Parental consent to administer medication form (Template A, Appendix 2) 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. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

### **Non-prescription Medicines**

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

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

- paracetamol (to pupils of all ages)
- antihistamine

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

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

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day.
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time.
- Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a doctor's note. In the absence of a doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours the school will

advise the parent to contact their doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion.

- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their doctor.
- Skin creams and lotions may be self-administered by children. Parents need to give their consent for this using the parental/guardian consent form (Template A, Appendix 2).
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- if parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

### **Short term ad-hoc non-prescribed medication**

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

ONLY the following will be administered following the necessary procedures:

- For relief from pain -standard paracetamol will be administered in liquid form for the relief of pain
- For mild allergic reaction – antihistamine (see Anaphylaxis) NB parental consent should be gained for those pupils known to require anti-histamine as part of their IHCP. Verbal consent to administer for hay fever will be gained at the time of administration by contacting the parents and this will be recorded in writing. In an emergency medication can be administered with the consent of the emergency services.
- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available. Parental consent to administer gained as part of the educational or residential visit.

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

### **Pain relief protocol for the administration of paracetamol**

If a request for non-prescribed pain relief is made by a pupil or carer/staff:

- The school will contact the parent/guardian and confirm that a dose of pain relief (Paracetamol) was NOT administered before school and these conversations will be recorded. If a dose of pain relief has not been administered in the past 4 hours, the school will with parental consent administer 1 dose.
- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol) was administered before school, then the school will refuse to administer pain relief.

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

- 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.

The conversation with the parent/ guardian will be recorded.

## **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 will 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. The school complies with the School Nursing Service recommendation that staff administering asthma inhalers are trained in their administration and that training is renewed annually. The school will develop 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 complies with the School Nursing Service recommendation that staff who will be administering auto-injectors are trained and that training is renewed annually.

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

Parental consent to administer the 'school inhaler and/ or auto-injector' will be gained when the pupil joins the school using Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1). The school will hold 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.

## **Mild Allergic Reaction**

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

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

## **Hay fever**

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

## **Severe Allergic Reaction**

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

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

## **Medical Emergencies**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or 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.

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

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) will be held by the school to cover emergency use.

## **Controlled Drugs**

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Individual pupil medical record and sign out book in the locked cupboard).

## **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 Template A 'parental consent to administer medication' form (Appendix 2).

## **Storage and Access to Medicines**

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

Emergency medicines such as inhalers and adrenaline auto injectors must not be locked away. If appropriate certain emergency medication can be held by the pupil or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked

to supply a second adrenaline auto injector and this will be kept in the classroom. Second asthma inhalers will be kept in the medical room. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the fridge in the medical room to which pupil access is restricted and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs.

### **Waste medication**

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

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

### **Spillages**

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

The school has additional procedures in place for the management of bodily fluids which are detailed in the First Aid in School Policy i.e. bodily fluids risk assessment.

If the school holds any cytotoxic drugs, their management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

### **Record Keeping – administration of medicines.**

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

### **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 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 instructed and guided in the procedures adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines MUST complete and pass a competency test.

Supply staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. All relevant 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) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the hospital.

## **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 A, Appendix 2) 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 antihistamine for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply (Template A, Appendix 2). 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 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.

### **Complaints**

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



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/selfadministered with/without supervision

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

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

\_\_\_\_\_  
Signed by parent or guardian

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Review date

Copies to:

## Appendix 1

### Template 2: Individual protocol for Mild Asthma

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

CHILD'S NAME.....

D.O.B. ....

Class .....



#### Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

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

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

.....  
Do they have a spacer?

.....

3. What triggers your child's asthma?

.....

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

Please delete as appropriate:

- My child carries their own inhaler 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

<b>Parental Update</b> (only to be completed if your child no longer has asthma)	
My child ..... no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed	Date
<i>I am the person with parental responsibility</i>	

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 <sup>st</sup> inhaler		With pupil/In classroom			
2 <sup>nd</sup> inhaler Advised		In office/first aid room			
Spacer (if required)					
Record any further follow up with the parent/carer:					

## Appendix 1

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

CHILD'S NAME.....

D.O.B. ....

Class .....

Nature of Allergy:

.....

.....



#### Contact Information

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name					Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

#### **GP**

Name:

Phone No:

Address:

#### **Clinic/ Hospital Contact**

Name:

Phone No:

Address:

#### **MEDICATION - Antihistamine**

Name of antihistamine & expiry date .....

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

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

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

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

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

Signed:.....Print name.....Date.....

*I am the person with parental responsibility*

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

**Symptoms may include:**

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

**Inform  
parent/guardian to  
collect**

.....  
**from school**

**Stay Calm**

**Reassure**  
.....

**Give Antihistamine  
delegated person  
responsible to administer  
antihistamine, as per  
instructions on prescribed  
bottle**

**Observe patient and  
monitor symptoms**

**If symptoms progress and  
there is any difficulty in  
swallowing/speaking  
/breathing/  
cold and clammy  
Dial 999**

**A = Airway  
B = Breathing  
C = Circulation**

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

**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.

## Appendix 1

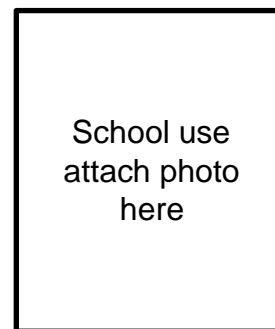
### Template 4: Individual protocol for an Emerade adrenaline auto injector

CHILD'S NAME.....

D.O.B. ....

Class .....

Nature of Allergy:



#### Contact Information

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

If I am unavailable please contact:

Name					Relationship to pupil		
Phone numbers	Work		Home		Mobile		Other

#### GP

Name:

Phone No:

Address:

#### Clinic/ Hospital Contact

Name:

Phone No:

Address:

#### MEDICATION Emerade

Name on Emerade & expiry date: .....

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

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

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

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

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
- I give my consent for the school to administer my child's Emerade **or the school held adrenaline auto-injector** (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan

Signed:.....Print name..... Date.....

*I am the person with parental responsibility*

**Individual protocol for.....using an EMERADE (Adrenaline auto injector)**

**Symptoms may include:**

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

**Stay Calm**

Reassure.....

**One member of staff to Dial 999**

**REMEMBER**

**A = Airway  
B = Breathing  
C = Circulation**

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

Remove cap protecting the needle  
Hold Emerade against upper outer thigh and press it against patients leg. You will hear a click when the adrenaline is injected.

**Hold Emerade in place for 10 seconds.**

Can be given through clothing, but not very thick clothing.  
Note time injection given.

**If no improvement give 2<sup>nd</sup> 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.

## Appendix 1

### Template 5 : Individual protocol for an EpiPen adrenaline auto injector

CHILD'S NAME.....

D.O.B. ....

Class .....

Nature of Allergy:

.....



#### Contact Information

Name				Relationship to pupil				
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name				Relationship to pupil				
Phone numbers	Work		Home		Mobile		Other	

#### GP

Name:

Phone No:

Address:

#### Clinic/ Hospital Contact

Name

Phone No:

Address:

#### MEDICATION EPIPEN

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

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

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

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

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

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
- I give my consent for the school to administer my child's EpiPen **or the school held adrenaline auto-injector** (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan

Signed:.....Print name..... Date.....

*I am the person with parental responsibility*

**Individual protocol for using an Epipen (Adrenaline Auto injector)**

**Symptoms may include:**

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

**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 2<sup>nd</sup> 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.

# Appendix 1

## Template 6 : Individual protocol for an Jext pen adrenaline auto injector

CHILD'S NAME.....

D.O.B. ....

Class .....

Nature of Allergy:



### Contact Information

Name				Relationship to pupil				
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name				Relationship to pupil				
Phone numbers	Work		Home		Mobile		Other	

### GP

Name:

Phone No:

Address:

### Clinic/ Hospital Contact

Name:

Phone No:

Address:

### MEDICATION JEXT

Name on JEXT & expiry date: .....

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

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

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

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

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
- I give my consent for the school to administer my child's Jext pen **or the school held adrenaline auto-injector** (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan.

Signed:.....Print name..... Date.....

*I am the person with parental responsibility*

**Individual protocol for using a JEXT Pen (Adrenaline Autoinjector)**

**Symptoms may include:**

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

**Stay Calm**

Reassure .....

**One member of staff to Dial 999**

**REMEMBER**

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

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

Remove yellow cap, place black tip against upper outer thigh, push injector firmly into thigh until it clicks.

**Hold in JEXT Pen in place for 10 seconds.**

Can be given through clothing, but not very thick clothing

Note time of injection given

**If no improvement give  
2<sup>nd</sup> JEXT Pen  
5 minutes later**

**Call Parents**

Reassure

.....

**Telephoning for an ambulance**

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

**Give school details:**

**Give details:** 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.

## Appendix 2

### Template A: The Windmills Junior School - parental consent to administer medication

The school/setting will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Last day medicine needs to be administered	

#### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Time of next dose	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

#### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Mrs C Wells

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

Signature(s)

Date

## Appendix 2

### Template B: 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

01273 842421

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

The Windmills Junior School  
Dale Avenue  
Hassocks

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

BN6 8LS

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 on Dale Avenue

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


## Appendix 2

### Template C: Examples of medical record sheets

	<b>Name</b>	Sally evans
	<b>D.O.B</b>	07/02/2008
	<b>Class</b>	Mantaray

Date	Time	Medication given & Amount	Signature

	<b>Name</b>	Harry Smith
	<b>D.O.B</b>	13/03/2009
	<b>Class</b>	Pelican

Date	Time	Reason for visit to medical room	Signature

## Appendix 3

### Protocol for the administration of medicine

- Check name on medication (never give medication to anyone other than the person named on the prescription)
- Check dosage method and timings
- Check expiry date
- Check medicine is in its original container and clearly labelled (do not accept medication that has been decanted into another container)
- Check details on possible side effects are included with medication (usually a leaflet)
- Check storage requirements (refrigeration)
- Follow any specialist requirements/other instructions e.g. take on an empty stomach, do not crush tablets etc. If applicable consult individual health care plan. In addition if administering non-prescription paracetamol follow WSCC protocol
- Keep records of administration – parental consent template A and admin of medicines template C
- If giving a controlled drug ensure administration is witnessed and signed by witness on template C.

#### **Before administering medication** Check you are giving the:

- RIGHT MEDICATION to the RIGHT CHILD
- Medication is the RIGHT STRENGTH
- You are giving the RIGHT DOSE
- You are administering via the RIGHT ROUTE ( i.e. oral, apply to skin etc.) and are following any specific instructions i.e. take with food
- You are administering at the RIGHT TIME of day – with the correct interval between doses
- And the medication is IN DATE