



**Name of Policy:** Managing Medicines Policy  
**Authors:** WSCC. Adapted and reviewed by Chris Carter/Ben Dale  
**Date:** January 2021  
**Review date:** January 2023  
**Approval:** Governor Policy Group 20/1/21

**Woodlands Meed Equalities Statement is available on the website:** [www.woodlandsmeed.co.uk](http://www.woodlandsmeed.co.uk) under policies.

### **Woodlands Meed's Overall Aims: Building Unique Futures Together**

This includes:

- Providing a safe, secure environment
- Recognising the individual needs and strengths of each child
- Planning and facilitating unique, enjoyable opportunities to maximise learning and potential
- Working with parents/carers and outside agencies to achieve the best for each child
- Ensuring opportunities from the wider community are utilised.

#### **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 Woodlands Meed 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.

#### **Organisation**

The governing body will develop policies and procedures to ensure the medical needs of pupils at Woodlands Meed 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 Woodlands Meed is Chris Carter or in their absence Gillian Barton or Adam Rowland. 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 Woodlands Meed community will be made aware of and have access to this policy. This policy will be reviewed annually and its implementation reviewed and as part of the Head teacher's annual report to Governors.

### **Insurance**

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

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

### **Admissions**

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc nonprescriptions medication using Forms B and C: Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines'. An assessment of the pupil's medical needs will be completed this might include the development of an Individual Health Care Plans (IHCP) or Education Health Care Plans (EHCP) and require additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place to ensure they can be accommodated safely.

### **Pupils with medical needs**

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

- Have long term, complex or fluctuating conditions
- Require medication in emergency situations

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

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

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

The school will keep a small stock of paracetamol, ibuprofen and antihistamine, 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 or class team with the appropriate consent form Form A, B or C. The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day either verbally or via the home school books.

If non-prescription medication is required for longer than 48 hours:

- 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 nonprescription 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 nonprescribed 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.

### **Confidentiality**

As required by the Data Protection Act 1998, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHCP or EAP (Emergency Action Plan). 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 using Form C to administer ad-hoc non-prescription medication when the pupil joins the school. The school will send annual reminders requesting parents/guardians to inform the school if there are changes to consent. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.
- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by the appropriate medication form (Form A –prescribed medication, Form B – Paracetamol, ibuprofen and antihistamines, Form C – other non-prescribed medication, or if applicable on the IHCP). 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.

### **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 the Medicines Administration Form and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

### **Non-prescription Medicines**

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

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

- Paracetamol (to pupils of all ages)
- Ibuprofen (pupils age 12 and over. Not to be given to pupils with asthma) □  
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 Form C;
- 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 Forms C 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 nonprescription* medication will be administered at a time;
- For more than 48 hours – parents will be advised if symptoms persist to contact their Doctor; 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.
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.

- Medication that is sucked i.e. 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, ibuprofen 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:

N.B. Special schools may wish to add that they will administer creams/lotions for nappy or skin rashes to the list of ad-hoc non-prescribed medication.

- For relief from pain
  - Standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, headache, migraine.
  - Standard Ibuprofen will ONLY be administered in tablet form to pupils age 12 and over for period pain, migraine and muscle/skeletal disorders involving inflammation i.e. joint sprains.
  - Ibuprofen will NOT be administered to any pupil diagnosed with asthma.
- For mild allergic reaction – Standard Piriton (see Anaphylaxis)
- 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.

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

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

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

- The school will contact the parent/guardian and confirm that a dose of pain relief was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded.
- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol and Ibuprofen) 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.

- IBUPROFEN - The school will NOT administer Ibuprofen at all during the school day if it has been administered at home before school.

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

- The school will assume the recommended time between doses has elapsed and will administer 1 standard of dose of PARACETAMOL without any need to confirm this with the parent/guardian but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.
- If the pupil's symptoms require the administration of IBUPROFEN then the school will establish if a dose has been administered before school, as detailed above on page 5.

The school will inform the parent/guardian if pain relief has been administered this will include the type of pain relief and time of administration. School will record this on the regular medicine administration form used in class (Template H).

### **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 pupil's 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 IHCP'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. Relevant staff are trained in the administration of auto injectors and training is renewed annually.

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

### **Mild Allergic Reaction**

Non-prescription antihistamine will be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan of a pupil with severe allergic reactions, anaphylaxis medication rather than antihistamine will be administered following the guidance on their emergency action plan.

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 IHCP and EAP. 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 IHCP or EAP, the emergency procedures detailed in the plan are followed, and a copy of the IHCP or EAP 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 adrenaline auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using the pupil Asthma Care Plan for asthmatics and specific allergic reaction and anaphylaxis forms (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.

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

## **Controlled Drugs**

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only staff will have access. Controlled drugs for emergency use e.g. midazolam will be locked away locally and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for

the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school in the controlled drugs record book.

### **Pupils taking their own medication**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHCP or EHCP and parents should complete the self-administration section of 'Parental consent to administer medication' form section in Forms A and C.

### **Storage and Access to Medicines**

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

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must be stored securely but easily accessible. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the medication room fridge to which pupil access is restricted, and will be 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/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 our intimate care policy.

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 trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Leads for Medicines MUST complete a competency test and achieve a score of 100% in order to administer medication.

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

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the special school nurses.

### **Transport to and from school (Special schools only)**

If a medical emergency occurs whilst a pupil is being transported to school the emergency services will be called and the parents informed. WSCC transport maintains its own Transport Care Plans with details of medical needs included therein, which are shared with relevant transport teams and with school.

### **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 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, ibuprofen, antihistamines) for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply (Form B). 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, special school nurses and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHCP 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 IHCP 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.

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

### **Complaints**

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

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

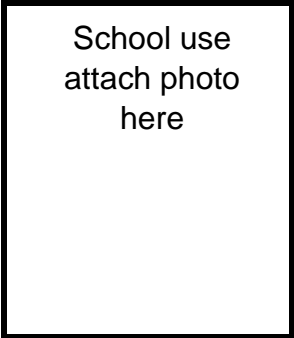
CHILD'S NAME.....

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 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.

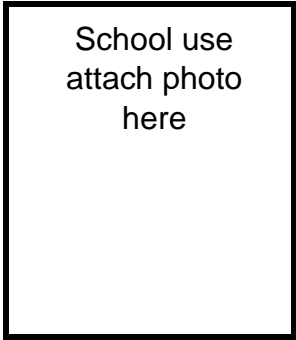
CHILD'S NAME.....

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.

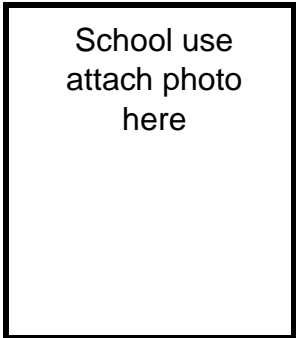
**Template 5 : Individual protocol for an EpiPen adrenaline auto injector**

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:

**MEDICATION EPIPEN**

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

**Clinic/ Hospital Contact**

Name

Phone No:

Address:

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

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

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

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

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



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

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

**Symptoms may include:**

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

**Stay Calm**

Reassure .....

**One member of staff  
to Dial 999**

**REMEMBER**

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

**Give EPIPEN first  
then dial 999**

**Administer EpiPen in the  
upper outer thigh**

Remove grey safety cap  
Hold epiPen with black tip  
downwards against thigh  
jab firmly.

**Hold epiPen in place  
for 10 seconds**

Can be given through clothing,  
but not very thick clothing.

Note time of injection given

**If no improvement give  
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.

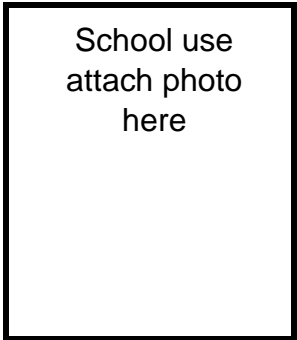
**Template 6 : Individual protocol for an Jext pen adrenaline auto injector**

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.

**Template G: contacting emergency services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

- 1. telephone number**

**School telephone**

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

**School address**

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

**Postcode**

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

**Best entrance is:**

- 5. your name**
- 6. provide the exact location of the patient within the school setting**
- 7. provide the name of the child and a brief description of their symptoms**
- 8. put a completed copy of this form by the phone**



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