



Congerstone Primary School

Management of medication procedures policy

Status	Active May (2022 version to be reviewed by LA Aug 25)
Sources	LA Policy
Version	Dec 2023
Governors committee	All Governors
Consultation Period	Dec 2023
Date approved	Jan 2024
Date of next review	Dec 2024 (earlier if circumstances within school change or IA amends own policy
Target group	Everyone
Linked policies	
Signed – Chair of Governors	
Signed – Headteacher	

Document History:

Version	Date of Review	Reviewed by:	Revisions made:

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, to plan for supporting pupils at their school with medical conditions

This document has been reviewed in line with current up to date legislation and with the support of the Leicestershire Partnership groups/healthcare professionals.

Congerstone Primary School will:

- be responsible for developing and regularly reviewing, our own medication policy and related policies and procedures, copies of which should be available to school staff and parents/carers.
- administer prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one-off basis or for a longer term or continual period for pupils with ongoing support needs.
- be responsible for updating individual health care plans for pupils who have longer term support needs. This health care plan will be developed, recorded, and reviewed at least annually.
- ensure that emergency procedures are in place and shared with all staff
- ensure that all staff are aware of what to do if they think they have made a mistake
- ensure a complaints procedure is in place regarding the support provided to a pupil with a medical condition
- ensure that written records are kept of all medicines administered to pupils

Responsibilities

The Governors and staff wish to ensure pupils with medication needs receive appropriate care and support while at school so that they have full access to education.

The Governing Body;

- should ensure sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The minimum qualification being a sufficient first aid qualification and any training identified by the health care professional.
- ensure arrangements are in place to support pupils with medical conditions in school, including making sure this policy is implemented.
- should ensure pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life

Head Teacher

- accepts responsibility for members of school staff administering or supervising pupils taking prescribed or non-prescribed medication during the school day
- should ensure all relevant staff, including external providers, i.e. music teachers and activity clubs are aware of pupil's conditions.
- should ensure sufficient professionally trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations
- ensures staff administering medicine are provided with a clear health plan and support as required. Appendix C
- should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- should ensure there are adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication and adequate access, to and privacy for, the use of medication
- Controlled drugs –maintain the controlled drug administration register is kept for two years from the date of the last entry in the register. If misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Head Teacher, and reported to the Police/Local Intelligence Network ([LIN](#)). Guidance on this should be sought from healthcare professionals.

School Staff

- When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role.
- Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or carer. **Appendix A**
- Members of staff administering medicine will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct. **Appendix A**
- Staff will then administer the medicine as required, and record this on the form. For long-term medication, an Administration of Medication Continuation Sheet will be used as necessary
- If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parents/carers and/ or a healthcare professional.
- Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.
- If a member of staff thinks they have made a mistake, e.g forgotten to give medication, or given wrong dose/medication. They should stop immediately and report to senior member of staff, so an incident form can be completed and parents/emergency services notified
- Pitstop staff will be made aware of medical conditions within school

School Nursing System and Healthcare Professionals

(incl GPs, paediatricians, nurse specialists/ community paediatric nurses)

- should notify the school nurse and work jointly when a pupil has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local health teams may be able to provide support in schools for pupils with particular conditions (e.g., asthmas, diabetes, epilepsy)
- should ensure any prescribed medications, including dosages, are appropriately monitored, and reviewed
- should be aware of their responsibilities for notifying the school when a pupil has been identified as having a medical condition which will require support in school
- can support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example, on training
- can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs

Pupils and Parents

- Where possible, pupils will be encouraged to self-administer their own medication
- Parents/carers have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition. This responsibility should be communicated via school/previous setting parent/carer meetings and/or prospectus/school website information
- On the child's admission to school the parent/carer should be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital Consultants, allergies, special dietary requirements, and any other relevant information. This information should be renewed annually
- An Individual Healthcare Plan Appendix C will be used to record the support of an individual pupil for their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services
- A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves

Refusal

- If a child/young person refuses to take medicine, staff will not force them to do so. Other examples include spat out or mishandling of medication. Staff will record the incident on the administration sheet, Appendix A part 2 and on AssessNET where applicable
- School will take prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHCP.

Medication

- No child under 16 should be given prescription or non-prescription medicines without a parent or guardian's written consent, except in exceptional circumstances where the medicine has been prescribed without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents, while respecting his or her right to confidentiality
- Medication must be in its original packaging, labelled with the pupil's name, dose, and frequency of administration, storage requirements and expiry date
- Non-prescription medicines such as hay fever treatment will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose, and frequency of administration. Staff may take a note of the quantity provided to them, liquids may be marked with a line
- The school should not hold stock of over-the-counter medications
- Aspirin **MUST NOT** be given to children under 16 years of age unless prescribed
- Parents/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term

Controlled Drugs

Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school. Congerstone Primary School will follow additional safety controls for storage, administration, and disposal, under the Misuse of Drugs Regulations 2001, to ensure all legal requirements and best practice are adhered to.

- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.
- Monitoring arrangements may be necessary. The school should have addressed misuse of drugs' and have procedures in place. This may be covered in the school's Drug Education Policy which includes managing a drug related incident For example, where pupils pass their medication to other pupils.
- Storage: the medication should be double locked, i.e., in an appropriate storage container, in a locked room. The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP. Named staff only should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.
- Administration: two members of staff should be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration
- A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual healthcare plan and administered during school hours
- Additional training should be provided to the identified staff
- Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers
- Record keeping: A separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication
- Congerstone Primary School will seek advice from healthcare professionals regarding unused controlled drugs as they should be destroyed under specific controlled conditions. This should be referred to on the IHCP, and advice taken from healthcare professionals

Storage of medication

- Medication should be kept in a known, safe, and secure location.
- Ideally a designated refrigerator in an appropriate location i.e., medical room (lockable is preferred) should be available for cold storage. This will be strictly in accordance with product instructions; paying particular note to temperature and in the original container in which dispensed. Temperature checks carried out daily and recorded (Appendix G, in this document)
- Prescribed emergency medication, such as epi-pens or asthma inhalers, should remain with the pupil, or immediately accessible at all times; including P.E and off-site educational visits, before and after school clubs. Appendix B is used to record the details
- Parents/carer are responsible for ensuring school has an adequate amount of medication for their child
- Congerstone Primary School will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration.
- **Inhalers** will be kept in individual classrooms in an easily identifiable box with the child's name and photo on it, unless there is a specific reason why this is not appropriate, which must be documented in the IHCP

Record Keeping

- When pupils start our school, the admission form asks parents to identify if their child has an allergy or medical condition. School office will follow up on this to see if additional paperwork is required.
- Consent forms must be signed before any medication is given. School is responsible for storing copies of signed consent forms. Consent forms follow the template provided in Appendix A
- The pupil's name, age, and class, Contact details of the parent/carer and GP
- Individual care plans must be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/carers, school and other professional input as appropriate. Appendix C
- Records must be kept for each child detailing each medication administered. There must also be a daily summary sheet detailing all pupils that have received medication that day under the supervision of the school.

Emergency Medication

- In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate
- Congerstone Primary School has chosen to hold an emergency inhaler for use by pupils who have been diagnosed with **asthma** and prescribed a reliever inhaler, OR who have been prescribed a reliever inhaler.
- Congerstone Primary School has chosen to hold an emergency auto-injector for use by pupils who have been diagnosed with allergies and/or prescribed an adrenaline auto injector.
- Written parental consent for emergency medication use will be obtained using Appendix B – School Asthma Card or an individual Auto-injector Plan and a copy of this is kept with the emergency medication to establish which pupils have this in place and will form part of the child's IHCP.
- If there is an emergency situation whereby consent has not been received, either for a pupil with **diagnosed asthma**, or for a pupil with no previous history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received and full details of the advice given, and dosage administered will be recorded.
- If a pupil is going into **anaphylactic shock**, the emergency services will be called immediately
- If there is an emergency situation where a pupil has no previous history or knowledge of having an allergy, but symptoms suggest **anaphylactic shock** is occurring, the emergency services will be called.
- If advised to do so by the emergency services, another pupil's autoinjector will be used even where consent has not been received and full details of the advice given, and dosage administered will be recorded. Congerstone Primary School should inform the emergency services that an emergency adrenaline auto-injector is in the school

- Pupils with a known allergy, but who do not have an auto-injector, but may require an anti-histamine e.g , for example to wasp stings are asked to complete an Allergy Form (Appendix B).

Return of Medication and or disposal, including Sharps Bins and Medication Errors

- Sharp items must be disposed of safely using a sharps bin. These are available on prescription for pupils who require regular medication of this type, e.g., Insulin. These should be returned to the pupil / parent as per 'sharps guidelines (<https://www.hse.gov.uk/pubns/hsis7.pdf>). Schools can purchase a sharps bin for generic use, e.g., for the disposal of sharps that have been used in an emergency. It is then the school's responsibility to arrange for its safe disposal (Hazardous Waste Regulations 2005).
- Parents/carers are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term. Parents will be sent a letter requesting collection. After two attempts the medication should be taken to a local pharmacist, for safe disposal. It is advised to keep a record of medication that is taken, and a signature is obtained from the receiving pharmacist. (See example letter Appendix C, in this document)

Complaints Procedure

Congerstone Primary School will ensure that any complaints concerning the support provided to pupils with medical conditions will be investigated appropriately.

- Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure
- Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Transport, School Trips, Visits and Sporting Events

- Medication required during a trip should be carried by the child if this is normal practice. If not, then a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication as necessary.
- Medication provided by the parent must be accompanied with written directions for its use. All responsible persons should have access to this information prior to the visit to enable sound judgements, should a medical emergency arise. Team leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.
- For pupils with known medical conditions, staff will contact the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This should be agreed and documented with the school, the parent, and group leader.

Appendix A: Medicine Consent Form

Congerstone Primary School Medicine Consent Form	
Child's name and class	
Child's date of birth	
My child has been diagnosed as having (<i>condition</i>)	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time/s of dose	
With effect from [start date]	
Until [end date]	
The medicine should be taken by (<i>mouth, nose, in the ear, other: please provide details as appropriate</i>)	
<input type="checkbox"/> I consent for my child to be supervised by a member of staff, whilst my child <u>takes their medicine by him/herself</u> according to the dose/frequency above.	
<input type="checkbox"/> I consent for my child to be given the <u>medication by a member of staff</u> according to the dose/frequency above.	
By signing this form I confirm and understand the following statements:	
<ul style="list-style-type: none"> • That my child has taken this medicine, or at least two doses of this medicine, before and has not suffered any adverse reactions. 	
<ul style="list-style-type: none"> • That I will update school with any change in medication routine, use or dosage 	
<ul style="list-style-type: none"> • That I undertake to maintain an in date supply of the medication 	
<ul style="list-style-type: none"> • That school staff are acting voluntarily in administering medicines and have a right to refuse to do so 	
<ul style="list-style-type: none"> • That school will not be held responsible if, due to unforeseen circumstances, my child does not receive their medication 	
<ul style="list-style-type: none"> • That school is not responsible for any loss of/or damage to any medication 	
<ul style="list-style-type: none"> • That staff will act in the best interests of my child whilst administering medication 	
<ul style="list-style-type: none"> • That staff will keep a record of medicine given. 	
Signed	
Name (please print)	
Contact details	
Date	
Staff member signature	
Name (please print)	
Date	

Appendix B additional forms for Allergic reactions, Asthma and Auto-Injector (e.g epi pen)

Congerstone Primary School Allergy Form		
This allergy form is for children who; <ul style="list-style-type: none"> • <u>do not</u> have an Emergency Auto- injector (Epi-Pen or Jext) • may require medication for an allergy e.g anti histamine 		
Child	Date of Birth	Year/class
Has your child been diagnosed with an allergy which requires an Emergency Auto-injector?	No	Yes – if yes complete Auto Injector allergy Plan
What is your child allergic too		
What symptoms will they show?		
What actions need to be taken		
Contact details	Parents	GP
By signing this form, I confirm and understand the following statements <ul style="list-style-type: none"> • That I will update school with any changes • That school will do their best to ensure your child does not come into contact with the allergy, but that they cannot be held responsible if, due to unforeseen circumstances, their child does come into contact with the allergen 		
Signed	Name	Date

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth DD MM YY

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date DD MM YY

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date DD MM YY

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists
Call **0300 222 5800**
WhatsApp **07378 606 728**
(Monday-Friday, 9am-5pm)
AsthmaAndLung.org.uk

What signs can indicate that your child is having an asthma attack?

Does your child tell you when they need medicine?

Yes No

Does your child need help taking their asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Pollen Stress
Exercise Weather
Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**



My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them.



Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.

Last reviewed and updated 2021; next review 2024.

Asthma and Lung UK, a charitable company limited by guarantee with company registration number 01983814, with registered charity number 306730 in England and Wales, SC038416 in Scotland, and 1177 in the Isle of Man

I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents and carers – get the most from your child's action plan

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with their school

Learn more about what to do during an asthma attack [asthma.org.uk/child-asthma-attacks](https://www.asthma.org.uk/child-asthma-attacks)

ASTHMA QUESTIONS?

Parents and carers ask our respiratory nurse specialists

Call **0300 222 5800**

WhatsApp **07378 606 728**

(Monday-Friday, 9am-5pm over 16 only)



CHILD ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date:

1 My every day asthma care

I need to take my preventer inhaler every day.

It is called:

and its colour is:

I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if my asthma's OK

Other asthma medicines I take every day:

My reliever inhaler helps when I have symptoms.

It is called:

and its colour is:

I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.



If I need my reliever inhaler (usually blue) when I do sports or activity, I need to see my doctor or my asthma nurse.

2 My asthma is getting worse if...

- I wheeze, cough, my chest hurts, or it's hard to breathe **or**
- I need my reliever inhaler (**usually blue**) three or more times a week **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my GP or nurse).

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my reliever inhaler (**usually blue**) every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

URGENT!

If your reliever inhaler is not lasting four hours, you need to take emergency action now (see section 3)

Remember to use my spacer with my inhaler if I have one.

If I don't have one, I'll check with my doctor or nurse if it would help me.

Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts.

If I have an asthma attack I will:

1. Call for help. Sit up – don't lie down. Try to keep calm.
2. Take one puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I am worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**



Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

BSACI ALLERGY ACTION PLAN
Improving Allergy Care

RCPCH **anaphylaxis UK**
AllergyUK

This child has the following allergies:

Name: _____

DOB: _____

Photo

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

<p>A AIRWAY</p> <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	<p>B BREATHING</p> <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	<p>C CONSCIOUSNESS</p> <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious
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IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

✓
 ✓
 ✗

- 2 Use Adrenaline autoinjector without delay** (eg EpiPen®) (Dose: . . . mg)
- 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives. **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

● Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

_____ (if vomited, can repeat dose)

- Phone parent/emergency contact

Emergency contact details:

1) Name: _____

2) Name: _____

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: _____

Print name: _____

Date: _____

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit sparepensinschools.uk

How to give EpiPen®

- 1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember "blue to sky, orange to the thigh"
- 2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
- 3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand luggage or on the person, and **NOT** in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: _____

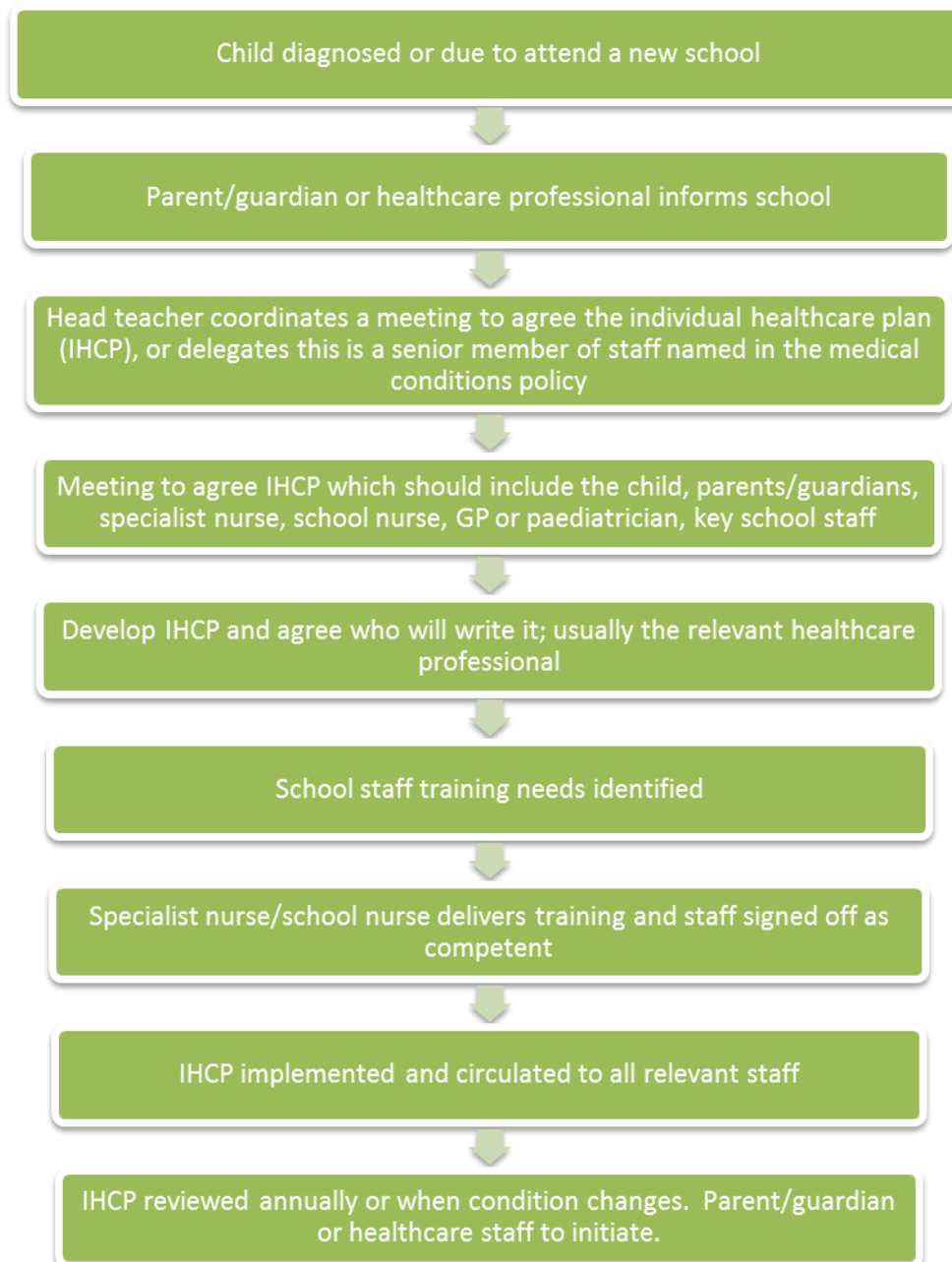
Hospital/Clinic: _____

Date: _____

Appendix C: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil and ensure that the pupil's needs will be met in the educational setting. Plans should be agreed by the head teacher and parents/guardians, be formally recorded, and reviewed at regular intervals.

The procedure for development of an IHCP is given below:



Appendix C: FORM 1 – INDIVIDUAL HEALTH CARE PLAN

This form will be personalised for pupils with complex medical needs at Congerstone Primary School – (Appendix A part 2 RECORD OF MEDICATION, can also be personalised)

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

Family Contact Information

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

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

--

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

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications,

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

Form copied to

Parental and Pupil Agreement

I agree that the medical information in this plan may be shared with individuals involved with my child's care and education (this includes the emergency services).

I agree that my child can be administered their medication by a member of staff in an emergency

I understand that I must notify the school of any changes.

Signed (pupil) _____ Date _____

Signed (parent) _____ Date _____

Print name _____

Healthcare Professional Agreement

I agree that the information is accurate and up to date.

Signed _____ Date _____

Print name _____ Job Title _____

Headteacher Agreement

It is agreed that (name of child) _____

Will receive the above listed medication at the above listed time

Will receive the above listed medication in an emergency

This agreement will continue until the end date of the course of medication or until instructed by the child's parents.

Signed _____ Date _____

APPENDIX E –

CONTACTING EMERGENCY SERVICES

- If urgent treatment is required the call to 112/ 999 should not be delayed in order to consult with parents or carers (For medical concerns ring NHS 111)

- Be ready with the following information:

1. Your telephone number 01827 880243

2. Our location is

School location	If off site complete before leaving
Congerstone Primary School Shackerstone Shackerstone Rd Nuneaton Warwickshire CV13 6NH	

3. Give the exact location of the person needing help

4. Give your name

5. Give the name of the person needing help

6. Give a brief description of the person's symptoms and any known medical conditions

7. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil

8. Don't hang up until the information has been repeated back to you

9. Ideally the person calling should be with the child, as the emergency services may give instructions for first aid and medication

10. Never cancel an ambulance once it has been called

APPENDIX F - Advice on Medical Conditions

The Community Paediatrician or nurse, on request, will give advice to schools regarding medical conditions. Parents or guardians of children with medical conditions seeking general information should be advised to seek advice from their GP, school health professionals (providing name and contact details) or from specialist bodies, an selection of which are listed below.

Department of Education Guidance	Supporting Pupils with Medical Conditions
Government Commonly encountered controlled drugs	Commonly encountered controlled drugs
Government Controlled drugs	Policy drug misuse
Asthma General Information	www.asthma.org.uk
Epilepsy	www.epilepsy.org.uk
Haemophilia	www.haemophilia.org.uk
Anaphylaxis	www.anaphylaxis.org.uk See separate LCC Allergy and Anaphylaxis Guidance Document: 'Emergency Action Plan' forms for EpiPen/Jext Pens. If administered please report this to: Bridge Park Plaza, Fax: 0116 258 6694 and email to childrensallergy@uhl-tr.nhs.uk
Thalassaemia	https://ukts.org/
Sickle Cell Disease	www.sicklecellsociety.org
Cystic Fibrosis	www.cftrust.org.uk
Diabetes	www.diabetes.org.uk Paediatric Diabetes Specialist Nurse: 0116 258 6786 Consultant Paediatrician: 0116 258 7737 Diabetes Care line services: 0345 123 2399
Insurance Section LCC	James Colford, Tel: 0116 305 6516 (for insurance concerns)
Health, Safety & Wellbeing, LCC, County Hall,	Tel: 0116 305 5515 Email: healthandsafety@leics.gov.uk
Public Health	PublicHealth@leics.gov.uk
Diana Children's Community Service	Bridge Park Plaza, Thurmaston, Leicester LE4 8PQ Telephone: 0116 2955080
Public Health (school) Nurses	https://www.healthforkids.co.uk/leicestershire/school-nurses/

APPENDIX G - Refrigeration Temperature Check List

