

MEDICAL CONDITIONS, MEDICINE AND INFECTION CONTROL POLICY

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1. Introduction

1.1 The aim of the policy is to provide clear guidance and information on how the City Junior School (the “School”) ensures promotion of an inclusive community that supports and welcomes pupils with medical conditions, providing pupils with medical conditions the same opportunities as other pupils at the School. Through it, the School aims to:

- promote, where possible, regular school attendance by those requiring medication and assist in use and administration, where necessary;
- ensure that the health needs are appropriately managed for those requiring medication, are met as much as possible;
- Ensure that reasonable adjustments are made to facilitate learning whilst supporting pupils with long term and/or serious medical conditions;
- provide a safe environment in which everybody can work or learn.

The policy also aims to provide clear guidance and information on the use and storage of medication in School, as well as our processes for dealing with infection control.

1.2 This policy has been devised for use by School Staff, Pupils and Parents. The policy adheres to the guidance given in the Department of Education’s [*Supporting pupils at school with medical conditions*](#), the Department of Health’s [*guidance on the use of emergency inhalers in schools*](#) and [*guidance on the use of adrenaline auto-injectors in schools*](#) , [*Allergy guidance for schools*](#) and to the principles set out in the Royal Pharmaceutical Society’s [*Professional guidance on the safe and secure handling of medicines*](#) and [*Professional guidance on the administration of medicines in healthcare settings*](#).

1.3 This policy should be read in conjunction with:

- The Health and Safety Policy
- The First Aid Policy
- The Educational Visits Policy
- Complaints Policy
- [Government advice on Pandemic Flu](#) and [Coronavirus](#)

1.4 This policy has regard to Part 3 (Welfare, health and safety of pupils), Paragraphs 11 (Health and Safety) and 13 (First Aid) of the Independent School Standards Regulations.

2. Acquiring and sharing information about medical conditions

2.1 On entrance to the School, a Medical Form (see Annex 1) must be completed by parents. [This provides the opportunity for parents to share information about their child’s medical](#)

conditions and health needs. This information is then entered into the 'Medical Centre' module within iSAMS (the School's management information system). Only the School Nurse has access to this module (see sub-section 2.3 below). If necessary, the School Nurse will contact parents to discuss their child's health needs and create a plan of care for them during their time at the School. This can be reviewed as often as needed.

- 2.2 Should a medical condition be diagnosed or should the management of an existing condition change during the course of a pupil's time at the School, it is the responsibility of parents to update the School about the change. This should be done by contacting the School Nurse directly via email. A follow-up meeting or telephone call can then be arranged if needed.
- 2.3 The School understands that certain medical conditions can be serious and/or potentially life threatening, particularly if ill-managed or misunderstood. Though information is held confidentially, it may be shared, at the discretion of the School Nurse and pastoral team, when it is deemed necessary, in order to promote the welfare of a pupil.

3. Care Plans

- 3.1 Care plans are devised in conjunction with the pupil, their parents and the School Nurse in order to give a pupil the most effective care possible. Pupils with medical conditions, such as severe allergies, asthma and diabetes, will already have a 'Care Plan' or 'Action Plan' from their specialist team and these will form the basis of their School care plan. Where necessary, additional information will be sought from external healthcare professionals who assist in managing a pupil's condition.
- 3.2 Care Plans provided by specialist medical teams and care plans created by the School will normally consider the following (as per the DfE's guidance *Supporting pupils at school with medical conditions*):
- **The medical condition:** triggers, signs and symptoms
 - **Resulting needs:** medication (dose, side effects and storage), other treatments, time, facilities, equipment, testing, access to food and water, dietary requirements and environmental issues
 - **Support for the pupil:** taking into consideration the pupil's educational, social and emotional needs
 - **Written permission from parents for medication to be administered:** Written permission from parents for medication to be administered by staff or self-administered by the pupil during school hours may be provided using the Permission for Medication form (see Annex 2) or by emailing the School Nurse
 - **What to do should an emergency arise:** Whom to contact and the steps needed to be taken to give the pupil the best outcome.
- 3.3 Medical conditions and related care plans, both external and internal, will be stored electronically on the School's management information system. Pupils that have been

recognised as being at risk of anaphylaxis will carry a copy of their Allergy Action Plan, provided by their allergy consultant, together with their personal emergency medication (see Annex 7).

- 3.4 All staff at the School have access to a shared document, created by the School Nurse, containing the names of all children with medical conditions and health needs, an explanation of their condition, management advice, and whether or not they have a healthcare plan containing further information. Confidential information is not shared via this document. Instead, where a confidential issue exists, staff are directed to speak to the School Nurse for further information. The same information is provided to staff, along with any relevant healthcare plans, before groups go off-site on School trips. Allergy information and dietary requirements are shared with the catering staff.

4. Information about medication required by pupils or staff

- 4.1 It is likely that pupils may at some point throughout their time at the School require medication. It is important for the School to be made aware of any medication (regular, or otherwise) a pupil may be taking, regardless of the length of time for which it is to be taken, or of any medication prescribed to be taken in the event of a deterioration of a condition with which a pupil lives (i.e. Emergency Medication).
- 4.2 Informing the School of regular medication required is initially made by using the Medical Form completed on admission to the School (see Annex 1) but the form can be submitted at any time if a pupil starts taking regular medication or their current regimen changes. This information can also be communicated to the School Nurse via email.
- 4.3 It is the sole responsibility of those with parental responsibility for such children, to ensure that the School is made aware of this information in a timely fashion.
- 4.4 Staff should ensure that any medication bought into school for their personal use to manage a medical condition is kept secure and not easily accessible to pupils. Any missing or lost personal medication must be reported to the Deputy Head in person or by email immediately and to the Head of Facilities and Compliance by completing the incident reporting form on SharePoint.

5. Different categories of medication within School

- 5.1 **CONTROLLED DRUGS (CDs)**
Controlled drugs are medications that have been prescribed by a medical professional for the use of a named individual. They will be locked in a non-portable cabinet, in line with the *Misuse of Drugs Regulations (2001)*¹, and will be accessible to named staff only. All uses

¹ See http://www.legislation.gov.uk/ukxi/2001/3998/pdfs/ukxi_20013998_en.pdf

of the medication will be recorded in the Medical Centre module within iSAMS. The prescription or a letter from the pupil's consultant will determine dosage, frequency and method of administration.

5.2 **PRESCRIPTION MEDICATION (PM)**

Prescription medication is medication which has been prescribed by a medical professional for use by a named individual. The prescription will determine dosage, frequency and method of administration and all PMs will be stored securely in the medical room unless an arrangement has been made with the School Nurse for a pupil to carry their own medication

5.3 **EMERGENCY MEDICATION (EM)**

Emergency medication is medication prescribed by a medical professional to treat a named individual for a potentially life-threatening condition. There are specific recognised circumstances when this medication **must** be administered. Only trained staff may administer this medication in line with the pupil's Care Plan.

5.4 **OVER-THE-COUNTER (OTC) MEDICATION**

Over-the-counter medication can be bought without a prescription and, therefore, comes with generic directions for use and not specific directions for use by an identified person.

6. **Storage and carriage of medication at School or during School activities**

6.1 If possible, the administration of any medication should be scheduled outside of school hours. If, however, the medication is required at school, the storage of PM will only be accommodated in school if a Permission for Medication Form (see Annex 2) has been provided **or an email has been sent** to the School Nurse and if the medication complies with the following criteria:

- Medication is in the original **packaging** in which it was dispensed
- The original dispensing label is intact, and all necessary instructions are clearly visible
- The name of the person for whom the medication was prescribed is clearly visible on the label
- The dosage and frequency of the medication is clearly displayed on the label
- The route of administration is clearly displayed on the label
- The expiry date is clearly displayed on the label

6.3 Pupils can carry and administer their own PM **with the School Nurse's permission**, but they must:

- be able to do so in a responsible manner
- **understand** it is solely for their own personal use
- follow the directions on the packet

ensure their medication is labelled with their name and form

Any lost or found medication should be reported, as soon as possible, to Reception or, where found during an activity outside of the School, the member of staff responsible for the trip / visit.

6.4 The School Nurse stores a supply of OTC medication in a **locked** cabinet in the Medical Room. The stock of medication in this cabinet is limited in accordance with guidelines on the amount of medication which should be stored in schools at any one time. The School Nurse may offer paracetamol, ibuprofen, piriton etc. to treat minor ailments but only if parents have consented to this on the Medical Forms **or parents provide verbal consent by telephone at the time of treatment.**

6.5 **School trips**

- When planning and preparing for school trips, staff can request OTC medication from the School Nurse who will supply what is necessary. Medication will be provided in a small bag which should be kept separate from first aid kits and be accessible only to staff. The nurse will **provide a list of pupils attending, any medical conditions they have and their consent status for OTC medication. This information will be placed in the electronic trip folder prior to the trip.**
- Should PM other than EM i.e. antibiotics, be required during a school trip, the nurse will ensure that they have communicated all relevant information to the **trip leader and/or first-aider.** Responsibility for the administration of the medication should be negotiated between the pupil's **parents** and member of staff before the trip commences so that both are clearly aware of their roles.

6.6 **The School cannot be held responsible for any problems experienced related to medication about which the School Nurse has not been notified and which pupils self-administer.**

6.7 The school has obtained EM which will be stored in 'School Trip Emergency Medication Kits' (STEMKs) within the medical room. The School's policy on the use of STEMKs for pupils with allergies is given in *Annex 5: Emergency Medication (AAls) for off-site activity.* All pupils prescribed emergency medication by a medical professional to treat a severe allergic reaction or attack should carry a 'personal emergency medication kit' (PEMK) on their person at all times.

6.8 The school has generic emergency medication for Asthma and anaphylaxis for use in an emergency. These can be found in the following locations:

- The Medical Room
- **Grays Inn Hall (in cupboard under the check-in desk)**

6.9 **Maintenance of EM at School: the cold chain**

Where some medication needs to be kept refrigerated this will be kept in a refrigerator dedicated to the keeping of medication. This is located within the Medical **Room.** This refrigerator will have its temperature checked daily during term time to ensure the

stability of the medication retained within, and pupils will be advised to take their medication home during school holidays.

6.10 Maintenance of EM at School: checking expiry dates

It is the responsibility of the parent / carer to note the expiry date of any prescribed EM (including AAIs) provided to the School and to ensure it is replaced before that expiry date has passed. Pupils should be encouraged to regularly check the expiry dates of EM and to inform their parent / carer if the expiry date is approaching. The School Nurse will endeavour to provide timely reminders, but this should not be relied upon as the sole means of checking expiry dates.

6.11 Disposal of medication

Disposal of expired medication provided to the School for the use of an individual pupil is the responsibility of the person who supplied it to the school; such medication will be returned to the named pupil when it has expired.

7. Parental consent and administration of medication by School staff, including over-the-counter (OTC) medication

7.1 No medication will be given to a pupil in the School by any member of staff without the prior written consent of [parents](#).

This consent is provided on the Medical Form when the pupil begins at the School. Any decision to change consent status during the school year, including withdrawing consent, should be provided to the School Nurse [via email or by completing](#) a new 'Consent for Over the Counter Medication Form' (see Annex 3).

7.2 The School has a small supply of extra emergency salbutamol inhalers. These are only for use by pupils who have been diagnosed as asthmatic or prescribed a reliever inhaler, and only if the School has received written parental consent for their use [which is requested on the admission medical form but can be provided at any time during the pupil's time at CJS \(see Annex 4\)](#). These will be stored in the Medical Room so as to be available for emergency use.

7.3 The school nurse will only administer medication once the following has been checked:

- The name of the recipient
- Any medication already taken by the recipient that day and times when taken
- Any allergies or existing medical conditions of the recipient contraindicating the medication
- The nature of the illness or injury
- The medication's strength, dosage and route of administration
- Side-effects and what to do if they occur (see the user leaflet inside the medication packet)

- The expiry date of the medication
- That parental consent has been obtained for OTC medication
- PM have been supplied in line with the details above and instructions are followed

7.4 Any member of staff may administer PM or OTC medication whilst on a school trip in accordance with this policy. Should staff wish to receive further training on administration of medication they should consult the School Nurse (see also the *Staff Training* section).

7.5 Only those members of staff who have undergone training with the School Nurse or through INSET, or who have been identified as being qualified through training undertaken before joining the School, and which is still valid, may administer EM. The school nurse will provide basic refresher training to staff regarding medical conditions and how to provide treatment during INSET days through the year. There must be at least one member of staff who is trained in administering EM on all off-site school activities.

7.6 All pupils are entitled to privacy for the administration of any medication especially where invasive techniques are required. Privacy will be maintained as far as possible (and in accordance with child protection guidelines). This will maintain the dignity of the pupil concerned. Privacy will also allow the pupil the opportunity to discuss any confidential matters with the School Nurse / staff involved.

7.7 **Informing parents /carers**

Parents / carers will be provided with details, where necessary, when OTC medicine has been administered by the School Nurse.

8. Procedure to be followed in the event of a medication error

8.1 The School Nurse will keep a record (in the pupil's medical notes section of the School's Information Management System) of every occasion where any medication is administered to a pupil. These records will include all relevant details of the medicine, its dosage and the reason for administration. Only the School Nurse will have access to such records.

8.2 In the unlikely event that a pupil is given the wrong medication, the wrong dose or at the wrong time, the School Nurse (or other member of staff administering the medication) will:

- Ensure that any necessary first aid is promptly administered
- Ensure that, if necessary, the pupil is transferred to hospital for further treatment / investigation
- Inform a parent / carer of the situation and provide any relevant information and / or advice as soon as is possible

- Record all necessary information and keep it securely with the pupil's medical records

The Deputy Head must also be informed, who will consider what other actions (e.g. further staff training) may be necessary and appropriate.

9. Staff training regarding common medical conditions

- 9.1 There are certain medical conditions which the School believes necessitate training for all staff to ensure that they feel confident in encouraging and managing pupils with medical conditions. These conditions include Anaphylaxis, Asthma, Diabetes and Epilepsy, though this is not an exhaustive list. The School aims to provide regular basic training on recognition and management of these conditions for relevant staff, both during staff training days and also as the need arises.
- 9.2 Notices produced by the School Nurse giving information about medical conditions are displayed in classrooms or the Staff Room as appropriate. Staff are also expected to access reference material provided on [SharePoint](#) or in the Medical Centre to ensure their knowledge is kept up to date, thereby ensuring that **all** staff are aware of common medical conditions and how they may affect the pupils in their care. Having accessed such information, staff are required to ensure that they make any necessary adjustments to ensure that pupils with a medical condition are not endangered or hindered from participation by the classroom environment or by activities associated with lessons.
- 9.3 Staff intending to take pupils with specific conditions on trips or visits away from the main School site should ensure that they, or another member of staff accompanying them on the trip, feel confident and competent to manage the condition(s) before the trip departs. Should this not be the case, alternative arrangements should be investigated with the School Nurse and, if reasonable, action taken to ensure all pupils are able to participate safely. This should form part of the education trips risk assessment process. [For further guidance, please see the Educational Visits Policy.]
- 9.4 Should staff wish to learn more about a specific medical condition, they are encouraged to arrange a meeting with the School Nurse.

10. Pupils with complex medical needs

- 10.1 Parents and pupils or current or prospective pupils can feel confident that the School is aware of and adheres to the *Equality Act 2010* legislation.

- 10.2 The School recognises the duty to ensure that pupils with complex medical needs do not experience discrimination because of their condition and will make reasonable adjustments as necessary.
- 10.3 The School seeks to alleviate disadvantages experienced or anticipated by pupils. We aim to meet the particular needs of pupils, once identified, within the pupil's [care plan](#), which will be completed in consultation with pupils, parents and health care workers. Where required, additional support will be provided by the [Assistant Head \(Pastoral\)](#).

11. Infection Control

- 11.1 If your child is infectious, please do not send them into school. If you are unsure, please contact the School Nurse for advice, or refer to [advice from the NHS, Public Health England or the Public Health Agency \(links below\)](#). The school will follow any instructions and guidelines set out by Public Health England and local Health Protection Teams. [Public Health Agency: Guidance on infection control in schools and other childcare settings](#)
[NHS: Is my child too ill for school?](#)
- 11.2 Please inform the school nurse as soon as possible if your child contracts chickenpox, shingles, measles or any other illness that could cause problems for those who have a reduced immunity or who are pregnant. [If your child develops symptoms of vomiting and/or diarrhoea, they must remain at home for 48 hours after the last episode of vomiting or diarrhoea.](#)

12. Contingency Plan for dealing with Infection outbreaks including Pandemic Influenza, Reportable Infections and Coronavirus

- 12.1 In the event of an incident of pandemic influenza, reportable infections and/or pandemics, the school will respond in line with its Critical Incident Plan. This will be informed by the London Resilience Partnership's [Pandemic Influenza Framework](#) guidance and the Government's [Pandemic Flu](#) guidance.
- 12.2 **Coronavirus / COVID-19 (2023 update)**
The school continues to follow advice and guidance from the following organisations as part of the government's 'Living with Covid' strategy:
- [UKHSA general guidance](#)
 - [Public Health England](#)
 - [Gov.uk Coronavirus](#)
 - [Covid symptoms in children](#)
- [Covid symptoms in adults](#)

12.3 Further guidance about controlling the spread of infections is given in the City of London Corporation's *Infection Control Guidance* (see Annex 6).

12.4 Staff and pupils continue to engage with health protection measures, including encouraging participation in national vaccinations programmes.

13. Monitoring and Review of Policy

13.1 This policy will be reviewed annually (or more regularly where required) prior to approval by Governors.

Annex 1: Medical Form



City Junior School Medical Form

STRICTLY CONFIDENTIAL			
<p>Please ensure that you have addressed ALL the areas on this form before returning it. This information will be held confidentially by the School Nurse but may be shared with other relevant professionals or City Junior School staff, only when deemed necessary and at the discretion of the School Nurse.</p>			
Name:		Date of Birth:	Class:
GP name & Surgery:		GP Telephone:	
VACCINATIONS			
<p>Mark only one box with an X</p>			
<input type="checkbox"/>	ALL pre-school vaccinations have been administered in accordance with UK Childhood Immunisation Programme.		
<input type="checkbox"/>	SOME but NOT ALL pre-school vaccinations have been administered (<i>include details below</i>).		
<input type="checkbox"/>	NO vaccinations have been administered.		
	<p><i>Please give details:</i></p>		
	<p><i>If you are unsure as to the immunisations received by your child, you may find it helpful to check their 'Red Book'.</i></p>		
<p>While at CJS, your child will be offered the nasal spray flu vaccine annually during the Autumn Term. These sessions are run by the Central and North West London NHS Foundation Trust's Child Immunisation Service. More information about the vaccine can be found here: https://www.nhs.uk/conditions/vaccinations/child-flu-vaccine/</p>			

Mark the appropriate boxes on the left with an X and provide details in the box on the right		
		<i>Please give details here:</i>
<input type="checkbox"/>	Hearing Difficulties	
<input type="checkbox"/>	Eyesight Issues	
<input type="checkbox"/>	Physical Disability	
<input type="checkbox"/>	Epilepsy / Seizures	
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Asthma (please also complete Annes 4)	

<input type="checkbox"/>	Anaphylaxis (Adrenaline injector required)	
<input type="checkbox"/>	Allergies, other than above	
<input type="checkbox"/>	Skin Conditions	
<input type="checkbox"/>	Migraines	
<input type="checkbox"/>	Behavioural Challenges	
<input type="checkbox"/>	Musculoskeletal Issues	
<input type="checkbox"/>	Gastro-intestinal problems	
<input type="checkbox"/>	My child has a medical condition not listed above and previous surgical procedure you need to be aware of as it may affect their during their time at CJS.	
	<i>Please give details:</i>	
<input type="checkbox"/>	My child is unable to take part in some school activities on medical grounds.	
	<i>Please give details:</i>	

MEDICATION	
<i>Mark the appropriate boxes with an X or leave blank</i>	
<input type="checkbox"/>	My child requires prescribed medication.
	<i>Please state drug, strength, dosage, frequency and purpose:</i>
<input type="checkbox"/>	This medication is required during school hours. <i>(At all times parents / guardians are responsible for ensuring medication at school is in date.)</i>
	<i>If you require any medication to be held in school for your child's sole use, please email the School Nurse (nurse@cityjuniorschool.org.uk) providing your consent and instructions on administration. Medication must be provided in the original packaging, with the expiry date, your child's name and prescription instructions included.</i>
<input type="checkbox"/>	I consent to CJS staff administering appropriate 'over the counter medication' to my child to treat minor ailments while they are in their care provided, they adhere to information provided in this form and literature contained in medication packets.
	<i>Over-the-counter medication is readily available from a pharmacy without a prescription and may be used to treat minor ailments such as a headache or sore</i>

	<i>throat. Such medications include paracetamol, ibuprofen, cetirizine (antihistamine), and throat lozenges.</i>
	Please note this consent is valid throughout your child's time at CJS. However, you may withdraw consent at any time by contacting the School Nurse at: nurse@cityjuniorschool.org.uk
<input type="checkbox"/>	My child should NOT be given the following over the counter medication under any circumstances.
	<i>Please give details:</i>

UPDATES and CHANGES IN MEDICAL DETAILS	
The School Nurse should be informed as soon as possible if your child is diagnosed with a new medical condition, or if there are any changes or updates to an existing medical condition, by emailing nurse@cityjuniorschool.org.uk	

PARENT EMERGENCY CONTACT DETAILS					
Please provide emergency contact information for those with parental responsibility to be used in emergency situations. Please include names, telephone numbers and each contact's relationship to your child.					
Emergency Contact Number 1:		Contact Name:		Relation:	
Emergency Contact Number 2:		Contact Name:		Relation:	

<u>Agreement & Confidentiality</u>					
The information provided on this form will be held by the School as your child's school health record. In accordance with the School Nurse's professional obligations, medical information about pupils, regardless of their age, will remain confidential in most circumstances. However, if the School Nurse considers it in the pupil's best medical interest, or necessary for the protection of the wider School community, to share information with a relevant party or body (for example, where a member of staff is acting in loco parentis) she may do so.					
As a condition of entry to CJS, staff are permitted to act 'in loco parentis' in emergency situations in the absence of those with parental responsibility.					
Please sign your name in the box below to acknowledge that you have understood and accept the terms of the Agreement & Confidentiality statement above.					
Signed:		Print:		Date:	

Annex 2: Permission for Medication Form

**City
Junior
School**

City Junior School Permission for Medication Form

Please use a separate form for each medication and ensure that **ALL** white areas are completed.

The School Nurse/ Staff will only be able to administer medicine once this form has been fully completed and signed, or the information requested herein has been communicated to the School Nurse by email.

This form can be sent to the School Nurse for:

- drugs to be held in the School medical room for your child's sole use
- short courses of medication e.g. oral antibiotics.

Please provide details of the prescription medication below.

Pupil's Name:	DOB:							
Medical condition:	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Behavioural Difficulties	<input type="checkbox"/>	Hearing Difficulties	<input type="checkbox"/>	Epilepsy / Seizures
	<input type="checkbox"/>	Anaphylaxis (AAI required)	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	Skin Conditions
	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Eyesight Issues	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	Other
	Please give details:							
Medication:								
Reason for medication:								
Dose to be given (mg/ml):								
Times to be given whilst at school:								
Date commenced and additional instruction i.e. course length.								
Refrigeration:	Yes / No							
Common side effects of which to be aware:								
Having provided the above medication in the original container in which it was dispensed and having ensured that the original dispensing label is intact with all necessary instructions clearly visible, I consent to the above prescription medication being administered to my <i>child</i> by <i>CJS</i> Staff in accordance with instructions on the label.								
Signature of Parent / Guardian:		Print name (of Parent guardian):		Date:				

Annex 3: Consent For Over the Counter Medication Update Form



City Junior School Consent Form for Over-the-Counter medication Update Form

This consent form is required for the School to be able to provide Over the Counter Medication to a pupil.				
Pupil's Name:				
Pupil's Form & Year Group:				
Place 'X' in box if in agreement with the statement				
<input type="checkbox"/>		I consent to School staff administering appropriate ' <i>over the counter medication</i> ' to my child to treat minor ailments while they are in the School's care provided they adhere to information provided in this form and literature contained in medication packets.		
		[Over the Counter Medication includes, but is not restricted to: <i>Paracetamol & Ibuprofen (pain relief), Calcium Carbonate (upset stomachs), Throat Lozenges (sore throat), Loratadine (antihistamine), Wasp-eze (stings), Cetirizine, Burn-eze (burns)</i>		
<input type="checkbox"/>		My child should NOT be given the following over the counter medication <u>under any circumstances:</u> <i>Please give details:</i>		
<input type="checkbox"/>		I understand that failure to complete and return this form will result in over the counter medication not being offered to my child.		
Please note that this form will be valid throughout your child's time at the School. However you can withdraw consent at any time by writing to or emailing the School Nurse at : H.Coveney@cityjuniorschool.org.uk				
Signature of Parent / Guardian:		Print name (of Parent/ Guardian):		Date:

Annex 4: Use of Emergency Salbutamol Inhaler Consent Form



City Junior School Consent Form for use of Emergency Salbutamol

The School must have written consent to provide the emergency Salbutamol inhaler in the event of a pupil showing symptoms of asthma or having an asthma attack. This can be provided by completing this form and sending it to the School Nurse or by emailing the information requested herein to the School Nurse.

Pupil's Name: DoB:	
Pupil's Form & Year Group:	

Place 'X' in box if in agreement with the statement

<input type="checkbox"/>	I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler. [Please delete as appropriate].
<input type="checkbox"/>	My child has a working, in-date inhaler, clearly labelled with their name, which she will bring with their to school every day.
<input type="checkbox"/>	In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the School.

<input type="checkbox"/>	My child should NOT be given the following over the counter medication under any circumstances:
	<i>Please give details:</i>

Please provide parental contact details below:

<i>Address:</i>	
<i>Email:</i>	
<i>Telephone:</i>	

Signature of Parent / Guardian:		Print name (of Parent / Guardian):		Date:	
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Annex 5: Emergency Medication (AAIs) for off-site activity

1. Introduction

- 1.1 All pupils prescribed an adrenaline auto-injector (AAI) by a medical professional to treat a severe allergic reaction should carry a 'personal emergency medication kit' (PEMK) on their person at all times. This should consist of two AAIs, antihistamine medication, a salbutamol inhaler, if required for a reaction, and a copy of their Allergy Action Plan.
- 1.2 In addition, the school has purchased generic AAIs which will be placed into 'School Trip Emergency Medication Kits' (STEMK). These kits will also contain antihistamine, a salbutamol inhaler and a list of pupils whose parents have consented to the use of this emergency medication.
- 1.3 STEMKs for trips are held in the medical room and the school nurse will be notified in a timely manner when and by who they are required. The staff member leading the trip or the trip first-aider will be responsible for ensuring they have obtained the kit before departure and return them back to the School Nurse as soon as possible on their return. At times when the school nurse may not be available alternative arrangements will be to obtain the STEMK from reception.

2. Travelling off-site

- 2.1 At all times, when in care of school staff, a pupil with a relevant medical condition should have access to the medication contained in the STEMK as it could save their life if ever required.
- 2.2 **Off-site activities departing from School**
When a pupil with a prescribed AAI is travelling off-site and **is departing** from the School during a regular school day, it is the responsibility of the pupil to have their PEMK on their person. The member of staff responsible for the trip must ensure pupils are carrying their own, in date, PEMK and that the STEMK is carried at all times and is easily accessible if required in an emergency.
- 2.3 It will be the responsibility of the member of staff taking the trip to collect any STEMKs from the school nurse and return it back to the school nurse on arrival back at school, if return is after school hours, it should be returned to reception for safe keeping and the school nurse will retrieve the following morning. They will also need to check that pupils are carrying their PEMK when leaving school.
- 2.4 In the event of a pupil not having both their PEMK and STEMK, the pupil will not be permitted to attend the trip / off-site activity. They will be required to remain at school, and the School Nurse should be informed and the form teacher. Exceptions to this may only be granted by the Head or Deputy Head.
- 2.5 **Off-site activities not departing from School**
When a pupil with a prescribed AAI is travelling off-site and **is not departing** from the School during the regular school day, it is the responsibility of the pupil and their parents to ensure they have their PEMK on their person.

- 2.6 It is the responsibility of the member of staff leading the trip / off-site activity to:
- Collect the pupil's STEMK from the School Nurse or reception. The STEMK should be taken on the trip and returned to the School Nurse or reception at the first opportunity on arrival back from the trip / off-site activity.
 - Check the pupil has **their** own PEMK when registering the pupils on arrival.
- 2.7 In the event of a pupil not having **their** PEMK the pupil will not be permitted to attend the trip / off-site activity and will be required to return home. The School Nurse and Head of Year should also be informed. Exceptions to this may only be granted by the Head or Deputy Head.

3. Residential and overseas trips

- 3.1 For residential and overseas trips, the **Trip Leader and/or first-aider** must consult with the School Nurse about the specific arrangements (for all elements of the trip) for pupils with prescribed AAls.
- 3.2 Further information is provided in the Educational Visits Policy.

Annex 6 – Management of Asthma Guidelines

1.0 Introduction

- 1.1 Asthma is a common lung condition that causes occasional breathing difficulties and affects 1 in 11 children. The main symptoms of asthma are wheezing, breathlessness, tight chest and coughing and is usually treated by using an inhaler. There are two main types:
- A reliever inhaler – used to relieve asthma symptoms for a short time
 - A preventer inhaler – used daily to prevent asthma symptoms occurring.
- 1.2 CJS pupils who have been diagnosed with asthma should carry their own labelled reliever inhaler with them at all times. CJS also stores a small number of salbutamol inhalers which have been ordered, without prescription, for use in emergencies. The emergency inhalers should only be used by pupils, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler or have been prescribed an inhaler as a reliever medication. An emergency inhaler will be carried by a staff member whilst on school trips / off site events as part of the STEMK.

2.0 Use of inhalers

- 2.1
- Call the School Nurse or a first-aider if nurse not available.
 - Keep calm and reassure the child. Do not leave the child alone.
 - Encourage the child to sit up and slightly forward, to breathe slowly and deeply if they can.
 - Use the pupil's own inhaler– if not available, use the schools' emergency inhaler.
 - Immediately help the pupil to take two separate puffs of salbutamol via the spacer.
 - If there is no immediate improvement, continue to give two puffs every two minutes, up to a maximum of 10 puffs.
 - Ensure tight clothing is loosened and **continue to** reassure them.

3.0 After an asthma attack

- 3.1 Minor asthma attacks should not interrupt a pupil's involvement in school. As soon as they feel better, they can return to normal school activities. Continue to monitor their condition. The pupil's parents must be informed about the asthma attack.

4.0 Emergency Situations

- 4.1 Call 999 for an ambulance urgently – following CJS Guidelines for contacting emergency services if:

- The child does not feel better or you are worried at ANYTIME before you have reached 10 puffs
- The child is either distressed or unable to talk / appears exhausted
- Has a blue / white tinge around their lips / mouth
- Has collapsed.

Continue to give reliever medication every 2 minutes until help arrives or the child's condition improves (up to 10 puffs).

Use the inhaler plus the 'spacer device' from the medical room if the child is unable to use the inhaler correctly.

A child should always be taken to hospital in an ambulance as may require oxygen. School staff should not take a child in a private car as the child's condition may deteriorate quickly.

Parents or emergency contacts must be informed as soon as possible.

Annex 7 – Management of Anaphylaxis Guidelines

1.0 Introduction

- 1.1 Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly but can occur 2- 3 hours later. It is potentially life threatening and always requires an emergency response.
- 1.2 Common allergens that can trigger anaphylaxis are:
- Foods (e.g. peanuts, tree nuts, milk dairy foods, wheat, fish/ seafood, sesame and soya)
 - Insect stings (e.g. bee, wasp)
 - Medications (e.g. Antibiotics, pain relief such as ibuprofen)
 - Latex (e.g rubber gloves, balloons, swimming caps).
- 1.3 All pupils must also carry their own personal emergency medical kit (PEMK) on their person at all times and must have this with them when they go offsite, including school trips and offsite sports events. The PEMK should contain 2x AAI's, a copy of the pupil's allergy action plan and any other medication that is listing on the plan.

2.0 Signs and symptoms

2.1

Airway	Breathing	Consciousness/Circulation
Persistent cough	Difficult or noisy breathing	Feeling lightheaded or faint
Vocal changes (hoarse voice)	Wheezing (like an asthma attack)	Confusion
Difficulty in swallowing		Clammy skin
Swollen tongue		Unresponsive/unconscious

3.0 Treatment

- 3.1 If any of the above signs are present:
1. Lie child flat with legs raised: (If breathing is difficult, allow child to sit)
 2. Use Adrenaline injector without delay allow the child to self-administer, if able, alternatively this can be done by a school nurse or a first aider.
 3. Dial 999 to request an ambulance and say ANAPHYLAXIS.
- ** IF IN DOUBT, GIVE ADRENALINE****
- 3.2 After giving adrenaline:
1. Stay with child until ambulance arrives. DO NOT stand the child up.
 2. Commence CPR if there are no signs of life
 3. If no improvement after 5 minutes, give a further dose of adrenaline using another auto injector, if available.

4. Note times of administration of any medication. Place any used AAI's in a sealed box to take to hospital, with any other used medication and take to hospital with the pupil.
 5. Inform the parent / emergency contact as soon as possible.
- 3.3 Anaphylaxis may occur with initial mild signs: always use adrenaline auto injector FIRST in someone with a known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) - even if no skin symptoms are present.
- 3.4 AAI's can be used through clothes and should be injected in the upper outer thigh in line with the instructions provided by the manufacturer, examples include:
- Administration on the AAI – EpiPen – Follow instructions written on the device. Hold injector into the leg for **3** seconds.
 - Administration on the AAI – Emerade – Follow instructions written on the device. Hold injector into the leg for **5** seconds.
 - Administration on the AAI – Jext – Follow instructions written on the device. Hold injector into the leg for **10** seconds.

If in doubt hold for 10 seconds.

- 3.5 CJS may administer their 'spare' adrenaline auto – injector (AAI), obtained, without prescription, for use in emergencies, but only to a pupil at risk of anaphylaxis where both medical authorisation and written parental consent for use of the spare AAI has been provided.

Annex 8 – Management of Diabetes Guidelines

1.0 Introduction

1.1 Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. This is caused by a lack of, or insensitivity to insulin resulting in an inability to control the use and storage of glucose. There are types:

- **Type 1 Diabetes** – Where the body's immune system attacks and destroys the cells that produce insulin. Type 1 diabetes usually starts below the age of 30 and is treated with insulin.
- **Type 2 Diabetes** – Where the body does not produce enough insulin, or the body's cells do not react to insulin. Type 2 Diabetes is more commonly diagnosed over the age of 40.

2.0 Diabetes Management

2.1 Although diabetes cannot be cured, it can be treated effectively. The aim of treatment is to keep the blood glucose levels close to normal range (4-7mmol/L). This involves:

- Usually at least 4 insulin injections a day or the use of an insulin pump.
- Regular meals containing carbohydrate and possibly snacks in between when required.
- Finger prick blood tests before each meal and at any other time when necessary.

Known Diabetics should have an individual treatment plan which can be referred to when required.

2.2 Any prescribed insulin and required equipment such as blood glucose testing kits, injector pens, and glucose tablets / Glucose juice must be carried by the pupil at all times. Each pupil will also keep spare insulin and required equipment in the medical room, which is always accessible. Glucose drinks are also stored in the medical room to drink as and when required.

2.3 There are two main short-term complications which can arise;

- **Hypoglycaemia** is more likely to be seen in school and could be caused by too much insulin, too little food or too much exercise. (A blood sugar level below 4mmol/L)
- **Hyperglycaemia** is caused by high blood glucose levels due to too little insulin or no insulin, or too much food.

3.0 Signs, Symptoms and Treatment

3.1 Signs and Symptoms of **Hypoglycaemia** include:

- Sweating
- Being anxious or irritable
- Restlessness
- Feeling hungry
- Difficulty concentrating

- Blurred vision
- Trembling and feeling shaky
- Cold and clammy
- Paleness
- Tiredness

3.2 Treatment for **Hypoglycaemia** include:

- Call for the school nurse if hypoglycaemia is suspected.
- Do not leave the child / call for help if necessary.
- Give the child a quick acting carbohydrate – with 2 – 4 glucose tablets or a glucose juice or a sweet/ sugary drink immediately – No diet or low sugar drinks. (**only if the child is conscious and able to swallow**)
- Repeat a blood glucose check in 15 minutes – if the blood sugar remains below 4, repeat previous step.
- If awake and alert, follow with a long-acting carbohydrate such as a sandwich or a biscuit. Monitor that the child has recovered.
- Notify parents / emergency contact.
- *If hypoglycaemia is suspected the child needs help to drink or is uncooperative but conscious use Glucogel.
- If the condition is deteriorating – Dial 999. Place in the recovery position and monitor closely. The school nurse can administer a Glucagon intramuscular injection.
- Notify parents / guardians

3.3 Signs and Symptoms of **Hyperglycaemia** include:

- Increased thirst
- Frequent urination
- Drowsiness and lethargy
- Loss of appetite
- Abdominal pains
- Weakness
- Generalised aches
- Heavy, laboured breathing
- Breath that smells fruity.

3.4 Treatment for **Hyperglycaemia** include:

- Advise pupil to test blood glucose frequently.
- Refer to school Nurse to test urine for Ketones. If positive contact parent and advise they speak to their GP or diabetes Nurse.
- Encourage oral fluids (water / sugar free drink)
- Dial 999 if no improvement.

Annex 9 – Management of Epilepsy Guidelines

1.0 Introduction

- 1.1 An epileptic seizure is caused by a brief disruption of brain function involving abnormal electrical activity in the nerve cell. Known epileptics should have an individual care plan and if severe may also need emergency treatment kept on site.

2.0 Symptoms of epilepsy

- 2.1 Seizures can affect people in different ways, depending on which part of the brain is involved. Possible symptoms include:
- Becoming stiff or rigid
 - Uncontrollable jerking and shaking, called a “fit”
 - Losing awareness and staring blankly into space
 - Strange sensations such as a “rising” feeling in the stomach, unusual smells or tastes, and a tingling feeling in the arms or legs
 - Frequent falls or dropping things
 - Incontinence of urine
 - Confused after a fit

3.0 Types of seizures and Management

- 3.1 **Tonic – Clonic (Convulsive) seizures** are the type of seizure most people recognise. Someone who is having a tonic – clonic seizure goes stiff, loses consciousness, falls to the floor and then begins to jerk or convulse.
- 3.2 The following steps should be followed:
- Call for assistance and call for the school nurse
 - Protect the person from injury (move harmful objects nearby)
 - Cushion the head if possible
 - Look for an epilepsy identity card or jewellery – it may give you information about their seizures and what to do
 - Gently place in the recovery position once muscle spasm / jerking has stopped
 - Give reassurance
 - Stay with the person until fully recovered
 - Inform parents / emergency contact
 - DO NOT restrain their movements
 - DO NOT give anything to eat or drink until they have fully recovered.
 - DO NOT try to move them unless they are in danger
 - DO NOT attempt to wake them or bring them round after a seizure.
- 3.3 **Focal seizures** - Focal seizures are sometimes referred to as a partial seizure. Someone having a focal seizure may not be aware of their surroundings or what they are doing. They may have unusual movements and behaviour such as plucking at their clothes, smacking their lips, swallowing repeatedly or wandering around.

- 3.4 The following steps should be followed:
- Do not leave the person and stay until recovery is complete
 - Guide them away from any potential danger
 - Give reassurance and remain calm
 - Look for an epilepsy identity card or jewellery – it may give you information about their seizures and what to do.
 - Reorientate them
 - Contact school nurse
 - Inform parents / emergency contact.
 - DO NOT use restraint
 - DO NOT act in a way that could frighten the person, such as shouting or making abrupt movements.
 - DO NOT attempt to wake them or bring them round

Status epilepticus – A person with epilepsy can experience a longer seizure or a series of seizures without gaining consciousness. If this continues for more than 30 minutes, it is called status epilepticus and is a medical emergency as there is a risk of brain damage. Some pupils are prescribed emergency medication to deal with this, but it can only be administered by a properly trained member of staff. The local authority can provide training if a pupil is required to have this medication in school and this will be organised by the school nurse.

4.0 Emergency situations

- 4.1 Call 999 for an ambulance if:
- if a seizure lasts more than 5 minutes in a known epileptic.
 - if there are multiple seizures,
 - It is the first fit in an unknown epileptic,
 - If the person is injured during a seizure.

Appendix 10: CoL guidance on Infection Control

The City of London Corporation's guidance *HSG33: Infection Control Guidance* accompanies this policy as a standalone document. It can also be found on the City of London Corporation Staff Intranet (CoLNET).

Annex 11: Food Allergen Protocol



City Junior School Food Allergen Protocol

1. Introduction

- 1.1 Anaphylaxis is a severe allergic reaction at the extreme end of the allergic spectrum, affecting the entire body, and can occur within minutes of exposure. The most common food allergens are nuts, seeds, tree nuts, milk / dairy, eggs, fish and shellfish, some fruit and vegetables, although many other foods have been known to trigger anaphylaxis. Non-food causes include wasp or bee stings.
- 1.2 This protocol has been devised for use by School Staff, Pupils and Parents. This document adheres to the guidance given on the [*Anaphylaxis UK website and associated documents*](#), The Department of Education's [*Allergy guidance for schools*](#) and the food standards Agency [*Natasha's Law*](#).
- 1.3 This document should be read in conjunction with:
 - The Health and Safety Policy
 - The First Aid policy.
- 1.4 City Junior School does not claim to be an 'allergen-free school'. We have taken the decision to be 'allergen-aware' rather than 'allergen-free'. The reasons behind this decision are as follows:
 - It is impossible, given current food manufacturing processes, to guarantee that food products will be free from possible 'traces of nuts' and other allergens;
 - Our catering team does not use nuts, nut oils or products containing nuts within the school menu. However, there can be no absolute guarantee that cross contamination has not occurred somewhere in the food supply chain and therefore will advise 'may contain' as per product guidelines;
 - There is no evidence that food bans help reduce the risk of accident exposures;
 - Evidence suggests a food ban on, say, peanuts may lead to a false sense of security about the risk of accidental exposure;
 - Food bans often focus on nuts; however, many food allergies are caused by other foods such as cow's milk or wheat. In the UK, more fatal reactions in children are caused by milk than by peanut;
 - It would be impossible to provide an absolute guarantee that the School is nut free. For example, pupils regularly bring in food from home or purchase food items on the way to School;
 - There is a strong case to be argued that pupils with food allergies will develop a better awareness and understanding of how to manage their allergies if they grow up in an environment where allergens are regularly present;
 - Any ban on a particular food is very difficult to enforce.

The Anaphylaxis Campaign advises that this is a pragmatic approach.

2. Minimising the risk of anaphylaxis and other allergenic reactions occurring

2.1 On admission to the school all parents are required to complete the medical conditions form which informs the school of any requirements to complete an care plan as set out in the Medical Conditions, Medicines and Infection Control Policy. This can be updated at anytime and ongoing changes will be overseen by the School Nurses to ensure that the risks are minimised and managed. Staff with severe allergies should inform their line manager, colleagues and the school nurse, if they feel appropriate to do so.

2.1 The catering team are central to the management of allergies in schools therefore:

- The school provides to the catering department a list of names and photographs of pupils with severe food allergies, moderate food allergies, food intolerances and dietary requirements;
- Catering staff never knowingly use any nuts (including tree nuts and peanuts). Any items containing seeds including sesame, poppy, pine nuts etc. will be clearly labelled;
- Pupils who are known to have severe food allergies are introduced to key members of the catering team during the first week of the Autumn Term. Pupils choose their lunch options with their parents a week in advance and are given appropriate wrist bands prior to lunch time by their form teachers. However pupils are encouraged to seek guidance from catering staff if they have a query about the day's menu;
- Food preparation staff take precautions to reduce the risk of cross contamination;
- All recipes are analysed, and allergens contained therein are highlighted and recorded. Changes to allergens are emailed to the School Nurse every morning;
- The catering team produces a daily menu and the allergens contained in each dish are listed on the reverse. This is on display at the serving counter with posters asking diners to ask about allergy information;
- When the school provides packed lunches for trips away, catering staff liaise with the School Nurse ahead of time to ensure pupils with allergies have been catered for;
- Where required by Natasha's Law a full list of ingredients will be provided on the labelling on produces sold on site;
- Staff are discouraged from helping with food choices as they may be unaware of pupils allergy requirements.

2.2 As mentioned above we cannot say we are allergen or nut free, but we will endeavour to educate and communicate the reasons why we are allergen aware. General information on how to minimise the risk of allergens/nuts in school include:

- Being aware that unlabeled food poses a greater risk of allergen exposure than prepacked foods with precautionary "may contain" labels;
- Pupils and staff will be asked to be sensitive when bringing food into school and told not to share any food which contains known allergens. Those pupils and staff with known severe food allergies will be told not to eat food or snacks offered to them by others unless the contents are known;
- If any pupil brings food into school to share for a birthday or a charity bake sale they must ask permission from a member of staff. They will be told that the food must not contain any nuts or nut products. In addition, all food offered to others must be accompanied by a clearly typed list of ingredients;

- The success of minimising anaphylaxis risk, and all other allergenic reactions, requires the cooperation of pupils, staff and parents. Parents are asked not to provide pupils with snacks and cakes that contain nuts and mixed seeds;
- Whilst most allergic reactions are the result of food ingestion, we recognise that severe allergic reactions can occur as a result of individuals being susceptible to airborne allergens. Allergic reactions can also be triggered by touching surfaces, such as computer or piano keyboards which may have been inadvertently contaminated. Pupils and staff who are severely allergic to airborne allergens should alert the School Nurse, who will ensure all members of the school community are aware of the issue.

3. Pupils' and Staff Responsibility to Self-Manage their Allergies

3.1 Whilst the school will exercise all due care and attention to minimise risk, pupils are expected to self-manage their allergy, too. They should have an understanding of:

- Foods which are safe or unsafe for them;
- When to ask the catering staff to change serving utensils if they think cross-contamination has taken place;
- Make themselves known to catering staff (School Nurse or Form Tutor to introduce pupil) and that they are aware of the allergen list provided at the server counter;
- Their specific symptoms, if an allergic reaction occurs;
- Their responsibility to carry two Adrenaline Auto Injectors with them at all times together with any other medication prescribed for allergic reaction;
- Who to advise, if and when an allergic reaction happens;
- Letting friends and staff know about their allergy, in case of emergency;
- When to seek guidance (and from whom) if in doubt;
- The need to see the School Nurse at start of new term to check AAIs are in date and to check that the pupil knows how to use them;
- .