



CITY OF LONDON SCHOOL FOR GIRLS

MEDICAL CONDITIONS, MEDICINE AND INFECTION CONTROL POLICY

Policy last reviewed by:	Jane Elliott-Waine and Claire Coughlan <u>Katie Allen</u>
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Approved by:	Board of Governors
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1. Introduction

- 1.1 The aim of the policy is to provide clear guidance and information on how 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 of 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* (2015) and to the principles set out in the Royal Pharmaceutical Society's *Professional guidance on the safe and secure handling of medicines* (2018) and *Professional guidance on the administration of medicines in healthcare settings* (2019).

- 1.3 This policy should be read in conjunction with:

- The Health and Safety Policy
- The First Aid Policy
- The Educational Visits Policy
- Government advice on Pandemic Flu (last updated 2017) and - Coronavirus
- Pupil's Mental Health Policy
- Complaints Policy

- 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 and uploaded to the school system as directed by Admissions. This provides the opportunity for parents to share information about their daughter's medical conditions. Should the need arise, this information is followed up by the School Nurse and Individual Healthcare Plans (see the *Individual Healthcare Plans* section below) are drawn up for each pupil who has specific needs in relation to their condition i.e. asthma, diabetes, epilepsy, anaphylaxis or any other serious medical condition. This need will be reviewed on an annual basis or at any other time if a child's needs have changed

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- 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 [via submission of the Medical Form found in Appendix 1. and/or](#) by informing the School Nurse (who may be contacted at schoolnurse@clsg.org.uk).
- 2.3 The School understands that certain medical conditions can be serious 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. Individual Healthcare Plans

- 3.1 Individual Healthcare 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. [Where necessary additional information will be sought from external healthcare professionals who assist in managing pupils conditions.](#)
- 3.2 Individual Healthcare Plans will 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)
 - **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 Healthcare plans will be stored electronically on the [schools/school's](#) management of information software and hard copies can be found in the medical suite. Pupils that have been recognised as being at risk of anaphylaxis will carry a copy of their treatment plan together with their emergency medication.
- 3.4 A list of pupils with the above conditions is provided to appropriate staff to view on the staff intranet, on the staffroom noticeboard and provided to the catering team to ensure their safety whilst attending school.

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 Provision for making the School aware of medication required is initially made by using the Medical Form completed on entrance to the School (see Annex 1). Subsequently, the information provided at entry (which may no longer be current) may be updated or amended at any time by resubmitting the Medical Form to the School Nurse.
- 4.3 It is the sole responsibility of those pupils requiring medication, or of those with parental responsibility for such children, to ensure that the School is made aware of this information in a timely fashion.

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 and which, under the *Misuse of Drugs Regulations (2001)*¹, must be locked away in a non-portable container which is accessible only to named staff. This container will then be strictly monitored, and all uses of the medication will be recorded in a dedicated book. The prescription 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.

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 Individual Healthcare 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 the School or during School activities

¹ See http://www.legislation.gov.uk/uksi/2001/3998/pdfs/uksi_20013998_en.pdf

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), or a signed Individual Healthcare Plan, has been provided to the School Nurse and if the medication complies with the following criteria:

- Medication is in the original container 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 ~~to for~~ conditions where a treatment plan is in place, but they must:

- do so in a responsible manner
- ensure that it is solely for their own personal use
- follow the directions on the packet

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 wall-mounted, locked, medicine cabinet in the Medical ~~Centre~~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 bit only if parent have consented to this on the Medical Forms.

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 ensure there is a list of any pupils whose parents have not consented for OTC medication to be given on the shared area of the intranet in the section – non-confidential medical information.

- 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 tutor. Responsibility for the administration of the medication should be negotiated between the pupil 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.**

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6.7 ~~EM prescribed by a medical professional to treat a named individual for a potentially life-threatening condition must be provided by parents / carers to be held in school so that it may be accessed by staff at any time that it may be needed. Such EM will be stored in a 'School Emergency Medication Kit' (SEMK) (in a green container provided by the School), which will also contain an Individual Healthcare Plan specific to any person for whom EM has been prescribed. The school has obtained EM which will be stored in 'School Trip Emergency Medication Kits' (STEMKs) within the medical suite. 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.~~

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6.8 ~~SEMKs are held in the medical Centre for pupils who have allergies requiring an adrenaline auto-injector and other medical conditions. These are easily identifiable with pupil names and a photo attached and are always accessible to staff. The School's policy on the use of SEMKs for pupils with allergies is given in Annex 5: Emergency Medication (AAls) for off-site activity. The school has acquired generic emergency medication for Asthma and anaphylaxis for use in an emergency. These can be found in a labelled clear clearly labelled box in the following locations:~~

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- ~~— Reception~~
- ~~• The Medical Centre Room~~
- ~~• Dining Hall (C Floor)~~
- ~~— Guildhall (Catering area)~~
- ~~• Grove Park~~

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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 Centre Room and is kept locked. 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.

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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 AAls) 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 ~~any time they have their SEMK in their possession~~ and to inform their parent / carer if the expiry date is approaching. The School Nurse will endeavour to provide termly 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 Prep through to Y11 by any member of staff without the prior written consent of parents / carers.
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 on 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 (see Annex 4). These will be stored in the Medical [Centre 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 (Prep to Y11 only)
- 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.

As pupils are entitled to confidentiality when visiting the School Nurse, and so not all medications administered will, necessarily, be reported to parents.

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 Senior 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 the intranet 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

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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 Individual Healthcare Plan (IHP), which will be completed in consultation with pupils, parents and health care workers. Where required, additional support will be provided by the Head of SEND in the completion of the IHP.

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 the guidelines in the link below. The school will follow any instructions and guidelines set out by Public Health England and local Health Protection Teams.
- 11.2 As advised by Public Health England, your child must remain at home until 48 hours have passed since the last episode of diarrhoea and vomiting.

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. Guidance on infection control in schools, [https://www.publichealth.hscni.net/sites/default/files/Guidance on infection control in %20schools poster.pdf](https://www.publichealth.hscni.net/sites/default/files/Guidance%20on%20infection%20control%20in%20schools%20poster.pdf)

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

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12.1 In the event of an incident of pandemic influenza, reportable infections and/or the 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 The school is currently following advice and guidance from the following organisations to assist in its response to Coronavirus:

- Public Health England
- Gov.uk Coronavirus
- DfE - School Coronavirus Operational Guidance

City of London Corporation's intranet relating to Covid-19

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).

13. Monitoring and Review of Policy

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

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Annex 1: Medical Form



City of London School for Girls Medical Form

STRICTLY CONFIDENTIAL

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 of London School for Girls staff, only ***when deemed necessary*** and at the discretion of the School Nurse.

Name:		Date of Birth:		Class:	
GP Surgery:		GP Telephone:			

Mark the appropriate boxes on the left with an ***X*** and provide details in the box on the right

		Please give details <i>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	
<input type="checkbox"/>	Anaphylaxis (Epipen <u>AAI</u> required)	
<input type="checkbox"/>	Allergies, (other than above)	
<input type="checkbox"/>	<u>Skin Conditions</u>	
<input type="checkbox"/>	Migraines	
<input type="checkbox"/>	Behavioural Difficulties <u>Challenges</u>	
<input type="checkbox"/>	<u>Mobility problems</u>	
<input type="checkbox"/>	My daughter has a medical condition not listed above <u>and previous surgical procedure you need to be aware of as it may affect her during her time at CLSG.</u> Please give details:	
<input type="checkbox"/>	My daughter is unable to take part in some school activities on medical grounds. Please give details:	

MEDICATION	
<i>Mark the appropriate boxes with an X or leave blank</i>	
<input type="checkbox"/>	My daughter requires <u>daughter requires</u> prescribed medication. Please state drug, strength, dosage, frequency and purpose:
<input type="checkbox"/>	This medication is required during school hours. (At all times parents / guardians are responsible for ensuring medication at school is in date.)
	If you wish any of these drugs to be held in School for your child's sole use, please contact the School Nurse to request a permission form for the administration of this medication at school. Medication must be provided in the original box containing the medication with the expiry date, name of pupil and prescription instructions.

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<input type="checkbox"/>	I consent to CLSG staff administering appropriate 'over the counter medication' to my daughter to treat minor ailments while she is in their care provided <u>provided</u> , 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 mild ailments including a headache or sore throat. Without written consent pupils below the 6th Form will not be given any such medication.] Paracetamol & Ibuprofen (pain relief), Calcium Carbonate (upset stomachs), Antiseptic Throat Lozenges (sore throat), Loratadine (antihistamine), Imodium (diarrhoea), Cinnarizine (motion sickness), Wasp-eze (stings), Burn-eze (burns) - check online for ingredients]</i>
	Please note this consent is valid throughout your daughter's time at CLSG. However, you may withdraw consent at any time by contacting the School Nurse at: schoolnurse@clsg.org.uk
<input type="checkbox"/>	My daughter should NOT be given the following over the counter medication under any circumstances.
	<i>Please give details:</i>

IMMUNISATIONS/VACCINATIONS

Mark **only one** box with an **X**

<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.
	<i>Please give details:</i>
	<i>If you are unsure as to the immunisations received by your daughter, you may find it helpful to check her 'Red Book'.</i>
CLSG Immunisation Programmes run by City and Hackney <u>Immunisation/Vaccination</u> Team (details will follow at the appropriate time):	
Your daughter will be offered the HPV in Y8. Y10Y9 : Tetanus, Diphtheria & Polio (Td/IPV), <u>Measles, Mumps & Rubella catch-up (MMR)</u> & Meningococcal ACWY (MenACWY).	

IN LOCO PARENTIS

As a condition of entry to CLSG, staff are permitted to act 'in loco parentis' in emergency situations in the absence of those with parental responsibility. Please provide contact numbers for those with **PARENTAL RESPONSIBILITY** for use by the emergency services in the event of such an emergency.

Emergency Contact Number 1:		Contact Name:		Relation:	
Emergency Contact Number <u>2</u>:		Contact Name:		Relation:	

The information provided on this medical form is accurate as of the time of writing. I understand that it is my responsibility to update the SCHOOL NURSE (at schoolnurse@clsg.org.uk) should any of this information change.					
Signed:		Print:		Date:	

Annex 2: Permission for Medication Form



City of London School for Girls Permission for Medication Form

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

Pupil's Name:								
Purpose / Condition:	<i>Please give details:</i>							
Medication:	<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
	<i>Please give details:</i>							
Date Commenced:								
Common side effects of which to be aware:								
<p><i>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 daughter by CLSG Staff in accordance with instructions on the label.</i></p>								
Signature of Parent / Guardian:		Print name (of Parent guardian):		Date:				

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Annex 3: Consent For Over the Counter Medication Update Form



City of London School for Girls 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:		i.e. Y7, Y8, Y9 etc			
Place 'X' in box if in agreement with the statement					
<input type="checkbox"/>		<p>I consent to School staff administering appropriate 'over the counter medication' to my daughter to treat minor ailments while she is in their care provided they adhere to information provided in this form and literature contained in medication packets.</p> <p>[Over the Counter Medication includes, but is not restricted to: Paracetamol & Ibuprofen (pain relief), Calcium Carbonate (upset stomachs), Antiseptic Throat Lozenges (sore throat), Loratadine (antihistamine), Imodium (diarrhoea), Cinnarizine (motion sickness), Wasp-eze (stings), <u>Cetirizine</u>, Burn-eze (burns) -check online for ingredients]</p>			
<input type="checkbox"/>		<p>My daughter should NOT be given the following over the counter medication under any circumstances:</p> <p>Please give details:</p>			
<input type="checkbox"/>		<p>I understand that failure to complete and return this form will result in over the counter medication not being offered to my daughter.</p> <p>Please note that this form will be valid throughout your daughter's time at the School. However you can withdraw consent at any time by emailing the School Nurse at: schoolnurse@clsg.org.uk</p>			
Signature of Parent / Guardian:		Print name (of Parent / Guardian):		Date:	

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Annex 4: Use of Emergency Salbutamol Inhaler Consent Form



City of London School for Girls Consent Form for use of Emergency Salbutamol

This consent form is required for the School to be able to provide emergency Salbutamol inhaler in the event of a pupil showing symptoms of asthma or having an asthma attack.	
Pupil's Name:	
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 her name, which she will bring with her to school every day.
<input type="checkbox"/>	In the event of my child displaying symptoms of asthma, and if her inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the School. for such emergencies.
<input type="checkbox"/>	My daughter should NOT be given the following over the counter medication <u>under any circumstances:</u> Please give details:

Please provide parental contact details below:					
Address:					
Email:					
Telephone:					
Signature of Parent / Guardian:		Print name (of Parent / Guardian):		Date:	

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.
- 1.2 ~~In addition, AAIs prescribed by a medical professional to treat a named individual for a potentially life-threatening allergy must be provided by parents / carers to be held in school so that it may be accessed by staff at any time that it may be needed. Such EM will be stored in a 'School Emergency Medication Kit' (SEMK) (in an orange container provided by the School), which will also contain an Individual Healthcare Plan specific to any person for whom an AAI has been prescribed. 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 signed to agree in the use of this emergency medication.~~
- 1.3 ~~SEMKs are held in the medical room. These are easily identifiable as belonging to a named pupil and are accessible to staff at all times. 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 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 should have access to her SEMK as the medication/equipment and accompanying Individual Healthcare Plan could save her life if ever required. At all times when in care of school staff, a pupil with an Individual Healthcare Plan should have access to the medication contained in the STEMK as it could save her 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 her PEMK on her 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 assessable 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 reception and return it back to the school nurse reception 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 and~~ to check that pupils are carrying their PEMK when leaving school.
- 2.4 In the event of a pupil not having both her PEMK and STEMK, the pupil will not be permitted to attend the trip / off-site activity. She will be required remain at school, and the School Nurse should be informed and the Head of Year. Exceptions to this may only be granted by the Head, Senior Deputy Head, Deputy Head (Co-curricular and Partnerships) or Deputy Head (Pastoral).
- 2.5 **Off-site activities not departing from School**

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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 to have her PEMK on her person.

2.6 It is the responsibility of the member of staff leading the trip / off-site activity to:

- Collect the pupil's PEMK from the school nurse or Reception. The PEMK 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 her own PEMK when registering the pupils on arrival.

2.7 In the event of a pupil not having both her PEMK ~~and her SEMK~~, the pupil will not be permitted to attend the trip / off-site activity and will be required to return home. ~~Her parents should be contacted and the pupil provided with her SEMK. The pupil should return their SEMK to the school nurse on the first occasion they are next in school.~~ The School Nurse and Head of Year should also be informed. Exceptions to this may only be granted by the Head, Senior Deputy Head, Deputy Head (Co-curricular and Partnership) or Deputy Head (Pastoral).

3. Residential and overseas trips

3.1 For residential and overseas trips, the Visit Leader must consult with the School Nurse about the specific arrangements (for all elements of the trip) for pupils with prescribed AAIs.

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. ~~and there are two main types:~~
- A reliever inhaler – ~~u~~Used to relieve asthma symptoms for a short time
 - A preventer inhaler – ~~u~~Used daily to prevent asthma symptoms occurring.
- 1.2 CLSG ~~students~~ pupils who have been diagnosed with asthma should carry their own labelled reliever inhaler with them at all times. A spare inhaler, in date and clearly labelled ~~and in date~~ should be kept in the school's medical room, together with a completed school asthma card. This spare inhaler can be used in the event of an emergency and will be taken by a staff member for each pupil whilst on a school trips / off site events.
- 1.3 CLSG also store a small number of salbutamol inhalers which have been ordered, without prescription, for use in emergencies. The emergency inhalers should only be used by ~~children~~ 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.

2.0 Use of inhalers

- 2.1
- Call the school nurse or 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 ~~student's~~ pupil's own inhaler– if not available, use the schools' emergency inhaler.
 - Immediately help the ~~student~~ 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 reassure them.

3.0 After an asthma attack

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

4.0 Emergency Situations

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

- ~~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 ~~isetic Shock~~ 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, ~~t~~Free nuts, milk dairy foods, wheat, fish/ seafood, sesame and soya)
- Insect ~~s~~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. CLSG students who have been identified of being at risk of anaphylaxis must provide the school with a spare emergency kit, which includes an individual treatment plan, 1-2 AAI's, antihistamine and a salbutamol inhaler (if prescribed) to be stored in the medical room which is accessible at all times.~~

~~1.4 All students must also carry their own emergency kit on their person at all times and must have this with them when they go offsite, including school trips and offsite sports events.~~

2.0 Signs and symptoms

2.1

Airway	Breathing	Consciousness/Circulation
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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

Don't wait for all symptoms on the list to occur before acting

- Swelling of lips, tongue and throat
- Difficulty in swallowing or speaking
- Wheeze or difficulty in breathing (tight chest)
- Hives or itching on the body
- Dizziness or feeling faint
- Unconsciousness and collapsed
- Abdominal cramps, nausea and vomiting

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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. ~~Phone parent / emergency contact.~~
4. ~~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. ~~Put~~ Place any used ~~auto injectors~~ AAI's in a sealed box to take to hospital, with any other used medication and take to hospital with the pupil.
5. Phone parent / emergency contact as soon as possible.

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3.3 Anaphylaxis may occur with initial mild signs: ~~a~~ 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 ~~to 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.

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3.5 CLSG may administer their 'spare' adrenaline auto – injector (AAI), obtained, without prescription, for use in emergencies, ~~if available~~, 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 student-pupil at all times. Each student-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 and 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. 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.

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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 – this can 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 actinglong-acting carbohydrate such as a sandwich or a biscuit. Monitor that the child has recovered.
- Notify parents / emergency contact.
- *If hypoglycaemia is suspected but 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–Glucagon intramuscular injection.
- Notify parents / guardians

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

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

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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. Epilepsy can start at any age, but usually starts in either childhood or in people over 60. Known epileptics should have an individual care plan and if severe may also have 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
- ~~Becoming stiff or rigid~~
- 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
- ~~Collapsing~~
- Incontinence of urine
- Confused after a fit

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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 ~~f~~Following steps should be followed:

- Call for assistance and call for the school nurse
- Protect the student 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 ~~when not in~~ once muscle spasm / ~~once~~ jerking has stopped
- Give reassurance
- Stay with the student person until ~~they are~~ 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 ~~f~~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.
- ~~Explain anything that they may have missed.~~ Reorientate them
- Contact school nurse
- Inform parents / emergency contact.
- DO NOT use restraint
- DO NOT act in a way that could frighten the student 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.

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4.0 Emergency situations

4.1 Call 999 for an ambulance if:

- ~~It is the first fit in an unknown epileptic, 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 a seizure lasts more than 5 minutes in a known epileptic.~~
- If the ~~student~~ person is injured during a seizure.

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