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|--------|--------------------|-----------------|---|
| Author | Judith Astwood     | Target group    | All employees, consultants and volunteers |
| Owner  | CfBT Schools Trust | Next review due | September 2019                            |
| Issued | September 2018     |                 |   |

## **Administration of Medicines & Supporting Pupils with Medical Conditions Policy**

### **Introduction**

This is a template policy provided for all CST schools by CfBT Schools Trust.

It is now possible for school to hold emergency inhalers and auto-adrenaline injectors for use with pupils/students who have been diagnosed with the conditions treated by such devices *and* where parental consent has been gained to use the school devices in an emergency situation. Department of Health advice is that if schools choose to hold this emergency equipment, then it is helpful to have an Asthma Policy, such as that provided by the Trust.

#### **Department of Health Guidance documents that give greater detail in specific areas:**

Guidance on the use of adrenaline auto-injectors in schools (September 2017)

Guidance on the use of emergency salbutamol inhalers in school (March 2015)

#### **To be read in conjunction with:**

- Supporting pupils at school with medical conditions, Statutory guidance (December 2015)
- Attendance and Punctuality Policy
- SEND Policy
- First Aid Policy/Health and Safety Policy including the Incident Matrix and reporting documents
- Education Visits Policy

### **Scope and publication**

This policy applies to all pupils, parents and staff at Abacus Belsize Primary School

Copies of the policy are available on request, in large print or other accessible formats if required.

This policy should be read in conjunction with the school's Health and Safety Policy

### **Aims**

CfBT Schools Trust is committed to ensuring that all pupils with medical conditions, both physical and mental health, can access and enjoy the same opportunities at the school as any other pupil and to ensuring that they are able to play a full and active role in school life, remain healthy and achieve their academic potential.

The Education Director will monitor that the school implements and maintains an effective management system for the administration of medicines to all pupils in our care in order to ensure that the school provides support to individual pupils with medical needs.

## Personnel

The person responsible for leading on supporting pupils with managing medicines in school is called:

**Title: TA with responsibility for medicines**

**Name: Nazira Begum**

**Location: Whole school**

## Responsibilities

### Trust

The Trust is responsible for:

- Fulfilling the statutory duty to support pupils with medical conditions
- Ensuring that policies, plans, procedures and systems in place are properly and effectively implemented. (This monitoring role is the responsibility of the Education Directors.)
- Ensuring that the school is covered by the Department for Education's Risk Protection Arrangement (RPA) or the equivalent level of insurance.

### Headteacher

The Headteacher is responsible for:

- Clearly identifying the roles and responsibilities for those involved in the supporting pupils with medical conditions.
- Ensuring that sufficient numbers of staff are suitably trained and able to access all relevant information and teaching support materials required to assist pupils with medical conditions.
- Ensuring that sufficient numbers of trained staff are available to support pupils' medical needs at all times whilst they are under the care of the school, including making contingency plans for staff absence and emergency situations.
- Ensuring that information regarding an individual pupil's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need to know basis.
- Ensuring that risk assessments take into account the additional risks posed to individual pupils as a result of their medical conditions.

### Medicines Lead

The Medicines Lead is responsible for:

- Training frontline admin/office staff to understand the systems and processes in school for receiving medicines, completing forms or signposting parents to the person who leads on managing medicines. (Appendix 2 provides an overview for this).
- Ensuring that IHCPs are completed for relevant pupils/students and that they are updated annually.
- Monitoring that medication is being administered according to any agreements recorded.
- Monitoring that records of medication administered are being completed in line with policy.
- Ensuring that pupils/students additional medical needs are being met to the highest standards both on the premises and off (whilst on educational visits and activities).

- Ensuring they are familiar with this policy and all the appendices including the consent forms and plans.
- Ensuring that the school has two emergency asthma inhalers and two emergency auto-adrenaline injectors which are in date at all times and that they are stored in line with school procedures.
- Ensuring that all staff, including supply and agency staff, and volunteers working with their class know which children might require emergency medication (i.e. inhalers or auto-immune injectors) and where this can be found.
- Ensuring that a child who has had a prolonged absence from school due to a long-term health need is receiving the additional support required to help them readjust and access learning.
- Risk-assessing the procedures for administering medicines in the school.

## Staff

Staff are responsible for:

- Ensuring that pupils receive any support or medication stated in their plans/agreements at the times and according to the dose stated.
- Ensuring that all staff, including supply and agency staff, and volunteers holding this information are aware of the need for confidentiality.
- Ensuring that any concerns are shared with the person responsible for Supporting pupils with medical conditions.
- Recording all doses of medication administered.
- Reporting, in writing, to parents that medication has been administered.

## Liaising with parents

The school promotes ongoing communication with parents in order to ensure that the specific medical needs of all pupils in our care are known and met.

Parents must inform the Headteacher and Medicines Lead if their child has or develops a medical condition and, where appropriate, provide the school with appropriate medical evidence and/or advice relating to their child's medical condition.

Where appropriate, parents will be invited to consult with the school and relevant healthcare professionals in order to produce an IHCP for their child. A template letter to parents can be found in Appendix 11.

Parents should also inform the Medicines Lead if their child will require prescription or non-prescription medication to be taken over a specified period of time at the school, and of any changes to the medication required.

The school requests that medication is only taken at the school if it is essential, i.e. where it would be detrimental to the pupil's health not to administer the medication during the school day.

To this end, medicines should generally be taken at home, before and after the school day where possible. The school will therefore only administer medicine if it is prescribed as four times a day or more. Any variance to this will be at the discretion of the Headteacher.

Where pupils require medication for pain relief (i.e. Calpol, Paracetamol, Ibuprofen etc) for a specific medical or health issue, parents need to bring this to the school office and complete an 'Agreement for School to Administer Medicines' form (Appendix 4). School will administer this in line with the manufacturer's guidelines, including the timeframes advised i.e. not administering it for more than a 24-hour period (except at the direct discretion of the Headteacher and/or Medicines

Lead). School will need to know the time when the last dose was given at home in order to agree to give subsequent doses.

Unless otherwise stated in an IHCP or similar plan, the medicine will need to be brought in each morning and collected each afternoon. This will allow for communication between parents and school about the doses that have been administered, both at home and at school.

Prescription and non-prescription medicines will only be administered at school:

- when it would be detrimental to a child's health or school attendance not to do so **and**
- when we have parent's written consent.

Staff at the school will not administer any medication to a pupil without obtaining prior written permission from his or her parents. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.

Unless in exceptional circumstances, no pupil under the age of 16 will be given prescription or non-prescription medication without parental consent.

Staff will ensure that parents are informed in writing on each and every occasion that any medication was administered, and for any reason medication has not been administered parents will be informed and will be given an explanation.

## Individual Health Care Plans (IHCPs)

The school will focus on the on the needs of each individual pupil and how their medical condition impacts of their school life, including how the medical condition impacts on a pupil's ability to learn and will take steps to help increase pupils' confidence and ability to self-care.

Where a pupil has long-term or complex medical condition or health needs, the school will, where appropriate, produce an IHCP for that pupil, in accordance with Appendix 1. A template IHCP is set out in Appendix 3.

The IHCP will be prepared following consultation with the parents, the pupil (where appropriate) and school nurse and/or any other relevant healthcare professional. Where there are healthcare professionals leading on the long-term treatment for the pupil, they should be responsible for writing the IHCP as they hold the relevant expertise, i.e. where a child has an asthma care nurse or the GP has prescribed emergency medicine for severe allergies. The school holds no such expertise.

Where appropriate, the IHCP should be linked with a pupil's statement of Special Educational Needs or Disability (SEND) and/or Education, Health and Care Plan (EHCP). Where a pupil has special educational need, but does not have a statement or EHCP, their special educational need should be mentioned in their IHCP.

The IHCP will be presented to the parents for approval prior to its implementation to ensure the school holds accurate information about the medical condition of any pupil with long-term needs.

Once the IHCP is approved the Headteacher and Medicine Lead will be responsible for its maintenance and implementation.

The IHCP will be reviewed at least annually or more frequently where a pupil's needs change.

## Asthma Care Plans

Where a child is suffering from Asthma and has been prescribed an inhaler, there will be a meeting between the Medicine Lead and the parents to complete an Asthma Care Plan (as opposed to an IHCP). Asthma Plans are completed annually as it is recognised that this condition and the relevant medication can change over time. The information collected (See Appendix 5) includes identifying potential triggers, treatment, emergency contacts and what to do in an emergency.

This documentation will be held on the school management system as well as in the First Aid Room and in a named wallet alongside the child's inhaler in the classroom.

Where the pupil/student self-administers the inhaler, there is no requirement for the school to record the dose – although they might choose to do so. Where the dose is administered, this will be recorded by the trained member of staff assisting.

The school keeps an Asthma register which is kept updated regularly. It is posted in the Office and the Staff Room to assist identification of pupils who may require emergency support (see Appendix 8).

The school also displays, alongside the above, a flowchart for helping children who need emergency support for their asthma (see Appendix 9).

### See also:

DOH Guidance on the use of emergency Salbutamol inhalers in school (March 2015)

## Severe Allergy Plans

Pupils who suffer from severe allergies and have been prescribed an auto-adrenaline injector (AAI) require a Severe Allergy Plan. This needs to be completed by a healthcare professional and then shared with the school.

All school staff involved in supporting this pupil are trained by the healthcare professional in the correct use of the AAI and the procedures required to deal with an emergency situation.

A register of these pupils and their photos are displayed in the school kitchen and Staff Room along with their Severe Allergy Plan (under data protection criteria) and the procedures for recognising and managing anaphylaxis. (Appendix 12)

AAIs will not be administered to anyone unless they have been prescribed this medication and have written permission from their parents for its use (for anyone under the age of 16).

**If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device or a spare one.**

In the event of a possible severe reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare AAI is appropriate (see Appendix 10).

In the case where emergency services are required, those dealing with the incident should clearly pass this message onto office staff, who will call for the ambulance straight away, and then inform leadership. The ambulance should be called *before* parents are contacted. A **designated first aider** should remain with the child until the ambulance arrives.

In the case that a child needs to be assessed at a hospital then parents should be contacted immediately. If the child's contacts cannot be reached, then a member of the leadership team and a first aider should transport the child to hospital. Office staff should continue to attempt to contact family members.

The incident needs to be recorded according to the Health and Safety Policy and the Incident Matrix needs to be followed.

Our school holds emergency use autoadrenaline injectors (AAIs), where available for use when the pupil's own AAI fails or is not available. We use these only on pupils who have a diagnosis of severe allergic reactions/anaphylaxis and where we have parental consent to use these. These are sourced from our local pharmacy via a letter from the Headteacher on the school letterhead.

These emergency AAIs are held in the Main Office, known to all staff. See Appendix 13 for the AAI kit contents.

## See also

DOH Guidance on the use of auto-injectors in school (September 2017).

## Information about pupils with medical needs

Any information (IHCPs/Asthma Plans/Severe Allergy Plans etc) about any of our pupils who require additional support for health and wellbeing is stored on the school's secure management system and updated regularly (as condition or medicines change) as well as annually. Any information is dated in order to ensure that current details are followed.

Photo boards of pupils/students with medical conditions will be displayed in the main office and Staff Room for easy identification of emergency needs.

All IHCPs and plans are stored near to the medication required in order that the doses given are recorded immediately the medication is given.

All such documentation is stored with good data protection practice in mind.

## Training

The school will ensure that there are members of staff who are appropriately trained to manage medicine as part of their duties. Staff must not give medication or undertake healthcare procedures without appropriate training. As a result, all staff will receive training in school procedures for supporting pupils with medical needs as part of safeguarding children.

The Headteacher is responsible for the administration of medicine and the arrangements for pupils with medical conditions within the school. He/she will delegate duties as appropriate to the school nurse and other named members of staff who have received appropriate training.

The Headteacher will ensure that all staff are supervised where appropriate. Any staff responsible for the administration of medicine will have access to pupils' IHCPs.

Relevant members of staff will receive appropriate training and support from the school nurse and/or a qualified health professional, including training on the side effects of medication and what to do if they occur. If the administration of medication involves technical, medical or other specialist knowledge, appropriate individual training tailored to the individual pupil will be provided to appropriate staff by the school nurse and/or a qualified health professional, where appropriate.

The school nurse and/or qualified health professional will provide written confirmation that the member of staff is proficient in the procedure which is set out in Appendix 6.

Staff **must not** give prescription medicines or undertake health care procedures without appropriate training. For the avoidance of doubt, a first aid certificate **does not** constitute appropriate training in supporting pupils with medical conditions.

The school engages the following health professionals to train and assist school staff in dealing with medical conditions and administering medicine:

Camden School nursing team

All staff will be made aware of the terms of this policy and the school's arrangements for supporting pupils with medical conditions and their role in implementing the terms of this policy.

All new starters will be made aware of the terms of this policy during their induction.

## Insurance

Abacus Belsize Primary School will ensure that there is adequate insurance in place which appropriately reflects the level of risk at the school. The Trust maintains records of the RPAs for the school. This can be checked with the Procurement and Contracts Manager at the Trust.

All staff who are required to administer medicines or to provide support to pupils with medical conditions are covered by the school's liability insurance. A copy of the relevant insurance policy is available to all staff on request.

## Medical records and consent

Parents of all pupils at the school are required to complete the relevant parental agreement to administer medicine before medication is administered to their child. The document they sign will be dependent on the needs of the child and the types of support required.

Where school staff administer medicines in accordance with a medical plan or written agreement with parents (i.e. Appendix 4), all doses given will be recorded and countersigned by a witness.

Staff administering medicines will sign the relevant records: Appendix 4 for short term medicines or at the back of the IHCP or Asthma plan, whichever is relevant to the case, **each time** a medicine is administered. Written records of all medication administered to every pupil are retained by the Medicines Lead and relevant records can be provided, subject always to the law on data protection, to parents on request. These records are regularly reviewed by the Medicines Lead.

## Prescription and non-prescription medication

As a general rule, staff will not administer any medication that has not been prescribed for that particular pupil by a doctor, dentist, nurse or pharmacist.

Staff may only administer certain non-prescription medication such as pain and fever relief under the restrictions mentioned previously, if the parents have already provided their written consent for this to happen in relation to specific medicines and only if there is a health reason to do so. Parents will be asked to sign Appendix 4 to confirm their agreement to staff administering such medication over a short duration and to confirm that the pupil has not suffered an adverse reaction to the medication in the past.

**No pupil shall be given medicine containing aspirin unless prescribed for that particular pupil by a doctor.**

## Self-medication

The school recognises that pupils should be allowed to carry their own medicines and relevant devices (such as inhalers) according to their age, maturity and the impact/effects of the medication on others, wherever possible, or should be able to access their medicines for self-medication quickly and easily. This will be agreed upon in the IHCP or Asthma Plan.

Following consultation between the school, parents and the pupil, a pupil will be permitted to store and carry their own medication if in the opinion of the Medicines Lead they are sufficiently competent to do so. This will be reflected in a pupil's IHCP.

The school will also consider the safety of other children and medical advice from the prescriber in respect of the pupil in reaching this decision. There is no requirement for staff to record doses of inhalers that have been self-administered but school may choose to record this information for monitoring purposes.

Pupils will be made aware the medication is strictly for their own personal use and it should not be passed to any other pupils under any circumstances, and to do so is a breach of school rules.

## Administration of medication

Where a pupil requires supervision to take their medication or where such medication will be administered by staff, pupils receiving medication should be made aware of when and where they should attend at the prescribed times during the course of the medication to receive their treatment.

The child will attend/be accompanied to the Office by a Teaching Assistant.

All medicines supplied to the school by parents must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration.

**Before** providing the medicine to the pupils, staff administering medication will check:

- the pupil's full name
- the name of the medication
- the name of the child on the label
- the prescribed dose
- the expiry date
- the method of administration
- the time/frequency of administration
- any side effects
- the written instructions on the container
- when any previous dose was given

In order to avoid any errors, the name and the dose will be checked by another member of staff and the record of the dose countersigned by them.

If staff are in any doubt over the procedure, including where a child might be sick after taking medication, to be followed, the parents will be contacted before action is taken.

If a pupil refuses their medication, Staff will record this and report to parents as soon as possible.

No member of staff will administer more than the stated dose in the time period stated for any reason. (This **does not** include the emergency use of inhalers or auto-adrenaline injectors for those with IHCPs for these medical conditions).

## Storage of medication

Medicines are always securely stored in accordance with individual product instructions.

The school will carry out a risk assessment to consider any risks to the health and safety of the school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

Non-emergency medicines will be stored in a locked cupboard with the key readily available at all times, not easily accessible by pupils.

Where such medicines need refrigeration, the medicine will be put in a sealed plastic container, particularly necessary if the fridge also contains food.

All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

Medicines other than inhalers, unless otherwise specified in an IHCP, will be kept in the medicine fridge in the front office.



Emergency medication such as inhalers, adrenaline pens and blood glucose testing meters will be kept in the pupil's classroom/bag in a clearly marked container/bag in order to be easily accessible. They will not be locked away to ensure quick access in emergency. In order to ensure safety of classmates and avoid misuse of equipment, staff will instruct the whole class about the equipment, why it is vital to the pupil, where it is kept and how they need act.

Pupils who do not carry and administer their own medication understand which members of staff will administer their medication.

If a pupil is prescribed a controlled drug, unless otherwise agreed as part of an IHCP, it will be kept in safe custody in a locked, non-portable container and only named staff and the pupil will have access. A record of any doses used and the amount of the controlled drug held at the school will be maintained.

Those pupils who are permitted to possess a controlled drug will be advised that it is an offence to pass the drug to any other person for use.

Parents should collect all long-term medicines belonging to their child at the end of each term and are responsible for ensuring that any date-expired medication is collected from the school.

## Safe disposal of medicines and medical equipment

Medicines which are out of date will be returned to the parents for them to dispose of.

Sharps/needles etc are disposed of in the Sharps bins provided by the local health authority on diagnosis of the pupil/student. Disposal of the sharps bins are through the free local authority refuse arrangements which are: 020 7974 4444.

## Emergency procedures

In the event of an emergency related to the administration of medicine, the Headteacher and Medicines Lead should be called as soon as possible, if not already present. If he/she does not consider that he or she is able to deal with the presenting condition, then they should continue any first aid or medical procedures being provided whilst another person summons emergency medical care. This does not, however, affect the ability of any person to contact the emergency services in the event of a medical emergency. Staff should always dial 999 for the emergency services in the event of a serious medical emergency before implementing the terms of this policy and make clear arrangements for liaison with the ambulance services on the school site.

All action taken should reflect the details outlined and agreed in the pupil's/student's IHCP if one is in place. A checklist for contacting the emergency services can be found in Appendix 10.

## Off-site visits and sporting events

The school actively supports all pupils with medical conditions to access and enjoy the same opportunities at the school as any other pupil, which includes ensuring that they are able to take an active role in school trips and sporting activities, unless it is contraindicated by a medical professional involved in a pupil's care (such as his or her GP).

If a pupil attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy. Any treatment or action required will be documented in the Risk Assessment for the visit.

All pupils requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff shall carry the medication, individually labelled, along with the written agreement/plan. All doses administered by staff will be recorded on the plan/record.

Secure storage for medicines will be available at all short-term accommodation used by the school. (See Educational Visits Policy).

## Unacceptable practice

Staff should use their discretion and training with regard to each individual pupil's medical needs, by reference to their IHCP and/or EHCP, as appropriate.

However, staff should be aware that the following practices are generally unacceptable:

- Preventing access to medication and relevant devices (such as inhalers), where this is reasonably required.
- Preventing the administration of agreed medication.
- Assuming all pupils with the same conditions require the same treatment.
- Ignoring the views of the pupil or their parents; or ignore medical evidence or opinion (although this may be challenged).
- Frequently sending pupils with medical conditions home or preventing them from taking part in normal school activities, unless this is provided for in their IHCP/EHCP or by their medical advisors.
- Sending unwell pupils unaccompanied to the school office or medical room.
- Penalising pupils for their attendance record, if their absences are related to their medical condition (e.g. hospital appointments).
- Preventing pupils from drinking, eating or taking toilet or other breaks when required to enable them to manage their medical condition effectively.
- Requiring parents, or otherwise making them feel obliged, to attend the school to administer medication or otherwise provide medical support to their child during the school day.
- Preventing pupils from participating in or creating unnecessary barriers to children participating in all aspects of school life, including school trips.

## Complaints

If parents or pupils are dissatisfied with the medical support provided at the school, they should raise these in the first instance with the Headteacher.

If the Headteacher cannot resolve the issue, then a formal complaint can be raised via the school's complaints procedure.

## Safeguarding

Where there are any concerns about a child's wellbeing, including frequent use of medication, staff will speak with the Designated Safeguarding Lead or their Deputy about such concerns. (Refer to the Child Protection Policy and Safeguarding Policy for procedures).

## Staff Medicines

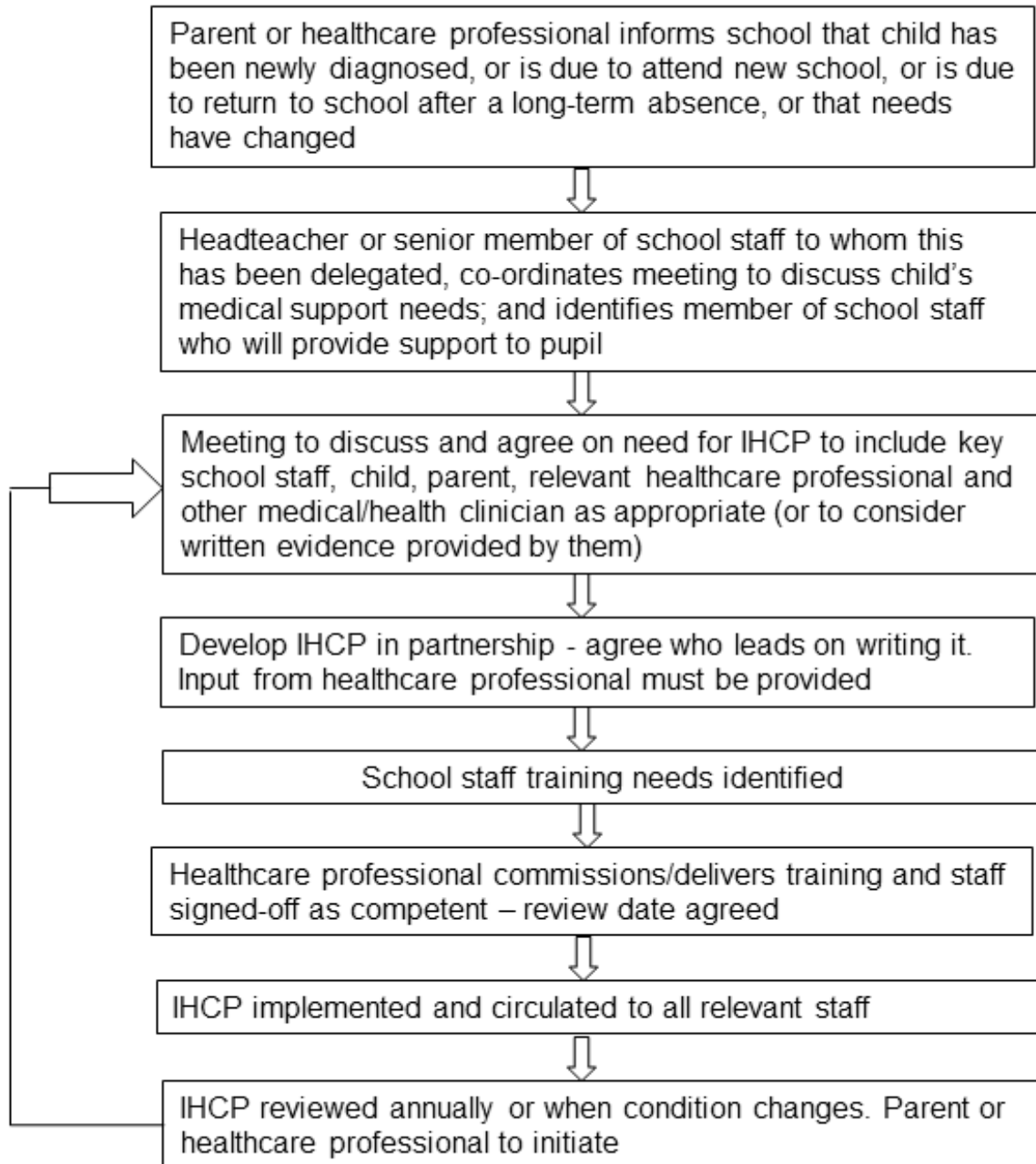
Where staff are taking medication for their own medical conditions, these will be stored securely, locked away, and out of reach of children. We are aware of the serious implications of children accessing medicines not prescribed for them. The arrangements for this school are that staff will keep all personal medication in the staff room and will only bring such medication that is necessary for the working day.

If staff are taking medication which may affect their ability to care for children, they must seek medical attention and speak with their line manager.

## Review

This policy will be reviewed by the Trust each year and its procedures will be reviewed and updated by the Headteacher on an annual basis.

Appendix 1: Model process for developing Individual Health Care Plans



## Appendix 2: Checklist when receiving medicines

|    |  |
|----|--|
| 1  | Is this a fourth dose? If YES go to Q3. If NO go to Q2   |
| 2  | If not, why does it need administering in school?  |
| 3  | Has it been prescribed by a doctor, dentist, nurse or pharmacist?<br>If YES go to Q4. If NO go to Q5   |
| 4  | Is it in the original packaging?***<br>Does it have the Pharmacist's name, address, telephone number and logo?<br>(If no logo, phone the pharmacy – do not administer.) <sup>1</sup> |
| 5  | Does it have the child's name and date of birth stated clearly on the packaging (and contents – if a bottle)?  |
| 6  | Does the content match the container in name and dose size?<br>(i.e. 200mg Paracetamol not 500mg).   |
| 7  | Is it in date?   |
| 8  | Where does it need to be stored?   |
| 9  | Who brought the medicine in to school?   |
| 10 | Who will be collecting the medicine at the end of the day? (Not the child)   |
| 11 | Has an administering medicines consent form or an IHCP been completed?   |

\*\*\* Note if Insulin, this may not be in the original container but might be in the form of pen or pump.

| Type of permission/ medical record to complete | Long-term medicines   | Short-term medicines   | Asthma Plan                 | Allergies   |
|--|---|--|-----------------------------|---|
|  | Appendix 3 IHCP   | Appendix 4 Agreement for school to administer medicines/record | Appendix 5 Asthma Care Plan | 1. Specific allergy treatment plan<br>2. Generic allergy plan i.e. not severe   |
| Who completes it                               | SENCO – if linked to SEN<br>Health Care Professional involved<br>Other designated member of SLT | Parent   | Parent with class teacher   | 1. Health Care professionals (who train relevant school staff to administer required medicine)<br>2. Parents with school Appendix 4 or IHCP depending on need |
| Types of illnesses/ medication                 | Epilepsy<br>Diabetes<br>Cystic Fibrosis<br>Chronic Fatigue<br>Arthritis<br>Coeliac Disease      | Pain<br>Fever<br>Antibiotics                                   | Asthma – use of inhalers    | Allergies to food, animals etc  |

### Appendix 3: Individual Healthcare Plan (IHCP)

Place on school letterhead or insert school name and logo

|  |  |
|--|--|
| <b>Child's name</b>                              |  |
| <b>Photo*</b><br><i>*If parents give consent</i> |  |
| <b>Class/Form</b>                                |  |
| <b>Date of birth</b>                             |  |
| <b>Age</b>                                       |  |
| <b>Medical diagnosis or condition</b>            |  |
| <b>Date of plan</b>                              |  |
| <b>Date of plan review</b>                       |  |

|  |  |
|--|--|
| <b>Family contact information: FIRST contact</b> |  |
| <b>Full name</b>                                 |  |
| <b>Relationship to child</b>                     |  |
| <b>Phone number (work)</b>                       |  |
| <b>Home</b>                                      |  |
| <b>Mobile</b>                                    |  |
| <b>Address, if different to child</b>            |  |

|   |  |
|---|--|
| <b>Family contact information: SECOND contact</b> |  |
| <b>Full name</b>                                  |  |
| <b>Relationship to child</b>                      |  |

|                                       |  |
|---------------------------------------|--|
| <b>Phone number (work)</b>            |  |
| <b>Home</b>                           |  |
| <b>Mobile</b>                         |  |
| <b>Address, if different to child</b> |  |

| <b>Clinic/Hospital Contact/Pharmacy</b> |  |
|---|--|
| <b>Name</b>                             |  |
| <b>Role</b>                             |  |
| <b>Contact number</b>                   |  |

| <b>GP</b>               |  |
|-------------------------|--|
| <b>Name</b>             |  |
| <b>Surgery/Practice</b> |  |
| <b>Contact number</b>   |  |

| <b>School</b>  |  |
|--|--|
| Who is responsible for providing support in school?                              |  |
| What are the expectations of the role? (even if the child is self-administering) |  |
| Who will cover this role if they are absent?                                     |  |

| <b>Medical needs</b>                            |  |
|---|--|
| What are the medical needs?                     |  |
| What are the symptoms experienced by the child? |  |

|   |  |
|---|--|
| What are the signs that can be seen that are an indication of the child being unwell? |  |
| What can trigger an incident?   |  |
| Is treatment required?<br>If so, what treatments are needed?                          |  |
| What equipment/device is required?  |  |
| Where is this stored?   |  |
| Where will treatment be administered?   |  |

| <b>Medication</b>   |  |
|---|--|
| Name of medication  |  |
| Dose  |  |
| Time the dose is to be taken  |  |
| Method of administration<br>(including 'with water' etc)                                |  |
| Side effects  |  |
| Contraindications (any circumstances in which the medicine should not be given)         |  |
| What other medication are they on?  |  |
| Who is administering the medicine?<br>(including who is supervising self-administering) |  |
| Have they been appropriately trained? (Give date)                                       |  |



| <b>Which other staff have been appropriately trained to administer medicine (in case of absence or on school visits)?</b> | <b>When?</b> |
|---|--------------|
| <i>Name</i>   | <i>Date</i>  |
| <i>Name</i>   | <i>Date</i>  |
| <i>Name</i>   | <i>Date</i>  |

|  |
|--|
| <b>Daily Care requirements (including intimate care/need for food with medicines/need for bloods testing etc):</b>   |
| <b>Potential risks to staff (including manual handling/blood borne virus etc):</b>                                   |
| <b>Specific support for the pupil's educational, social and emotional needs:</b>                                     |
| <b>Arrangements for school visits/trips (including overnight/residential):</b>                                       |
| <b>Other information: (Requirements for emergency evacuation/fire drill etc. Is a PEEP and/or an EHCP in place?)</b> |
| <b>Describe what constitutes an emergency, and the action to take if this occurs.</b>                                |

| <b>Who is responsible in a medical emergency?</b> |  |
|---|--|
| <b>On site</b>                                    |  |
| <b>Off site</b>                                   |  |

| <b>Who needs to be aware of this plan, the child's condition and the support required?</b>    |             |                          |                          |
|---|-------------|--------------------------|--------------------------|
| <i>Check appropriate box</i>  |             |                          |                          |
| <b>Role</b>   | <b>Name</b> | <b>Yes</b>               | <b>No</b>                |
| Office/Admin staff  |             | <input type="checkbox"/> | <input type="checkbox"/> |
| Class teacher   |             | <input type="checkbox"/> | <input type="checkbox"/> |
| Classroom support   |             | <input type="checkbox"/> | <input type="checkbox"/> |
| Dinner time support   |             | <input type="checkbox"/> | <input type="checkbox"/> |
| After school club support   |             | <input type="checkbox"/> | <input type="checkbox"/> |
| Headteacher   |             | <input type="checkbox"/> | <input type="checkbox"/> |
| Site manager  |             | <input type="checkbox"/> | <input type="checkbox"/> |
| Whole teaching staff  |             | <input type="checkbox"/> | <input type="checkbox"/> |
| Whole school staff  |             | <input type="checkbox"/> | <input type="checkbox"/> |
| External providers<br><i>sports coaches/swimming<br/>instructors/peripatetic teachers etc</i> |             | <input type="checkbox"/> | <input type="checkbox"/> |
| Supply/cover/PPA cover teachers   |             | <input type="checkbox"/> | <input type="checkbox"/> |
| EYFS unit staff   |             | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Plan developed with</b> <i>tick and name where applicable</i> |  |
|--|--|
| <input type="checkbox"/> Parent                                  |  |
| <input type="checkbox"/> Pupil                                   |  |
| <input type="checkbox"/> School representative                   |  |
| <input type="checkbox"/> School nurse/health representative      |  |

**Parental agreement for school to administer medicine (Including self-administration):**

I understand that I must deliver the medicine personally to .....  
(agreed member of staff)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering/my child self-administering\_(select as appropriate) medicine in accordance with the school policy and this plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

I agree to the school sharing information appropriately to relevant members of staff (on a need to know and confidentiality basis in line with the school policy).

Name: .....

Signed .....(parent/carer)

Date .....

**Individual Healthcare Plan (IHP): Updates within the academic year**

**Abacus Belsize Primary School**

|                                       |  |
|---------------------------------------|--|
| <b>Child's name</b>                   |  |
| <b>Class/Form</b>                     |  |
| <b>Date of birth</b>                  |  |
| <b>Age</b>                            |  |
| <b>Medical diagnosis or condition</b> |  |
| <b>Date of plan:</b>                  |  |
| <b>Date of plan review:</b>           |  |

**Updates to Plan:**

|  |
|--|
|  |
|--|

**Appendix 3b: Record of medication for child with IHCP**

|                         |  |
|-------------------------|--|
| <b>Name of child</b>    |  |
| <b>Date of birth</b>    |  |
| <b>Group/Class/Form</b> |  |

| <b>Date</b> | <b>Time given</b> | <b>Dose given</b> | <b>Staff member</b><br><i>Print name</i> | <b>Signature</b> | <b>Counter signatory</b><br><i>Print name</i> | <b>Signature</b> |
|-------------|-------------------|-------------------|--|------------------|---|------------------|
|             |                   |                   |  |                  |   |                  |
|             |                   |                   |  |                  |   |                  |
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**Appendix 4: Agreement for school to administer medicines (& record)**

Please note that school can only administer medicine if this is a fourth dose. Any other arrangement will be at the discretion of the Headteacher.

|                         |  |
|-------------------------|--|
| <b>Name of child</b>    |  |
| <b>Date of birth</b>    |  |
| <b>Group/Class/Form</b> |  |

|  |  |
|--|--|
| Name and strength of medicine          |  |
| Date medicine provided by parent       |  |
| Quantity received                      |  |
| Expiry date                            |  |
| Dose & time to be taken                |  |
| Frequency & duration of administration |  |
| Quantity returned                      |  |

**I agree to school contacting emergency services should my child require it.**

**Parent name:**

**Parent signature:**

**Staff name:**

**Staff signature:**

*Continued over page*

| Previous dose (time) | Date | Time | Dose | Staff member<br><i>Print name</i> | Signature | Counter signatory<br><i>Print name</i> | Signature |
|----------------------|------|------|------|-----------------------------------|-----------|--|-----------|
|                      |      |      |      |                                   |           |  |           |
|                      |      |      |      |                                   |           |  |           |
|                      |      |      |      |                                   |           |  |           |
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|                      |      |      |      |                                   |           |  |           |

**Any adverse reactions noted:** *Give date and time noted. Report to parent.*

## Appendix 5: My Asthma Care Plan

|                                  |            |
|----------------------------------|------------|
| Name of child                    |            |
| Class/form                       |            |
| Date of birth/age                |            |
| Type of medicine (& expiry date) |            |
| Date of plan review              | (Annually) |

| Emergency contact numbers: FIRST contact |  |
|--|--|
| Full name                                |  |
| Relationship to child                    |  |
| Phone number (work)                      |  |
| Home                                     |  |
| Mobile                                   |  |
| Address, if different to child           |  |

| Emergency contact numbers: SECOND contact |  |
|---|--|
| Full name                                 |  |
| Relationship to child                     |  |
| Phone number (work)                       |  |
| Home                                      |  |
| Mobile                                    |  |
| Address, if different to child            |  |

| GP/health practitioner |  |
|------------------------|--|
| Name                   |  |
| Surgery/Practice       |  |
| Contact number         |  |

| <b>Inhaler use</b>  |                              |                             |
|---|------------------------------|-----------------------------|
| Does your child tell you when he/she needs their inhaler?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does your child need help administering their inhaler?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does your child need to take their inhaler before exercise or play?                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>What signs does your child display when they need their inhaler? <i>Select or add</i></b>          |                              |                             |
| Shortness of breath   |                              | <input type="checkbox"/>    |
| Sudden tightness in chest   |                              | <input type="checkbox"/>    |
| Wheeze or cough   |                              | <input type="checkbox"/>    |
| Other (please state):   |                              | <input type="checkbox"/>    |
| <b>What are your child's triggers (things that can make their asthma worse)? <i>Select or add</i></b> |                              |                             |
| Pollen  |                              | <input type="checkbox"/>    |
| Exercise  |                              | <input type="checkbox"/>    |
| Cold/flu  |                              | <input type="checkbox"/>    |
| Stress  |                              | <input type="checkbox"/>    |
| Weather   |                              | <input type="checkbox"/>    |
| Air pollution   |                              | <input type="checkbox"/>    |
| Other (please state):   |                              | <input type="checkbox"/>    |

| <b>Is your child on any other asthma medication while in school's care? <i>Give details below</i></b> |             |                  |                     |
|---|-------------|------------------|---------------------|
| <b>Medication</b>   | <b>Dose</b> | <b>Frequency</b> | <b>Side effects</b> |
|   |             |                  |                     |
|   |             |                  |                     |
|   |             |                  |                     |

If the above signs occur, please help/allow (delete as appropriate) my child to take the medicine stated above. After treatment and as soon as they feel better they can return to normal activity.

I confirm that my child has an inhaler and spacer in school and I will ensure that it is in date.

I consent to my child using the school's emergency reliever inhaler and spacer should it be necessary.

I understand that in an emergency, the school will first contact emergency services and then me.

Signed.....(parent/carer)

Date.....



**Appendix 5b: Record of medication for child with Asthma Plan (where staff help with administering)**

|                         |  |
|-------------------------|--|
| <b>Name of child</b>    |  |
| <b>Date of birth</b>    |  |
| <b>Group/Class/Form</b> |  |

| <b>Date</b> | <b>Time given</b> | <b>Dose given</b> | <b>Staff member</b><br><i>Print name</i> | <b>Signature</b> | <b>Counter signatory</b><br><i>Print name</i> | <b>Signature</b> |
|-------------|-------------------|-------------------|--|------------------|---|------------------|
|             |                   |                   |  |                  |   |                  |
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|             |                   |                   |  |                  |   |                  |

**Appendix 6: Staff training record: administration of medicines**

|                            |  |
|----------------------------|--|
| Name of School             |  |
| Name of staff member       |  |
| Type of training received  |  |
| Date of training completed |  |
| Training provided by       |  |
| Profession and title       |  |

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training has been updated for [name of member of staff].

Trainer's signature .....

Date .....

I confirm that I have received the training detailed above.

Staff signature .....

Date .....

Suggested review date .....

**Appendix 7: Administering Medicines training record for staff**

**Date:**

**Outline of course content:**

| Name | Signature |
|------|-----------|
|      |           |
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**Appendix 8: Model asthma/severe allergic reaction register***(Keep separate registers for the above medical needs for ease of identification of pupil/student)***Asthma register for [academic year]**

|                           |               |   |
|---------------------------|---------------|---|
| Photo<br>(where possible) | <b>Name:</b>  | <b>Asthma plan in place (include date for renewal)</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                |
|                           | <b>Class:</b> | <b>Parental consent for the use of the emergency inhaler received</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

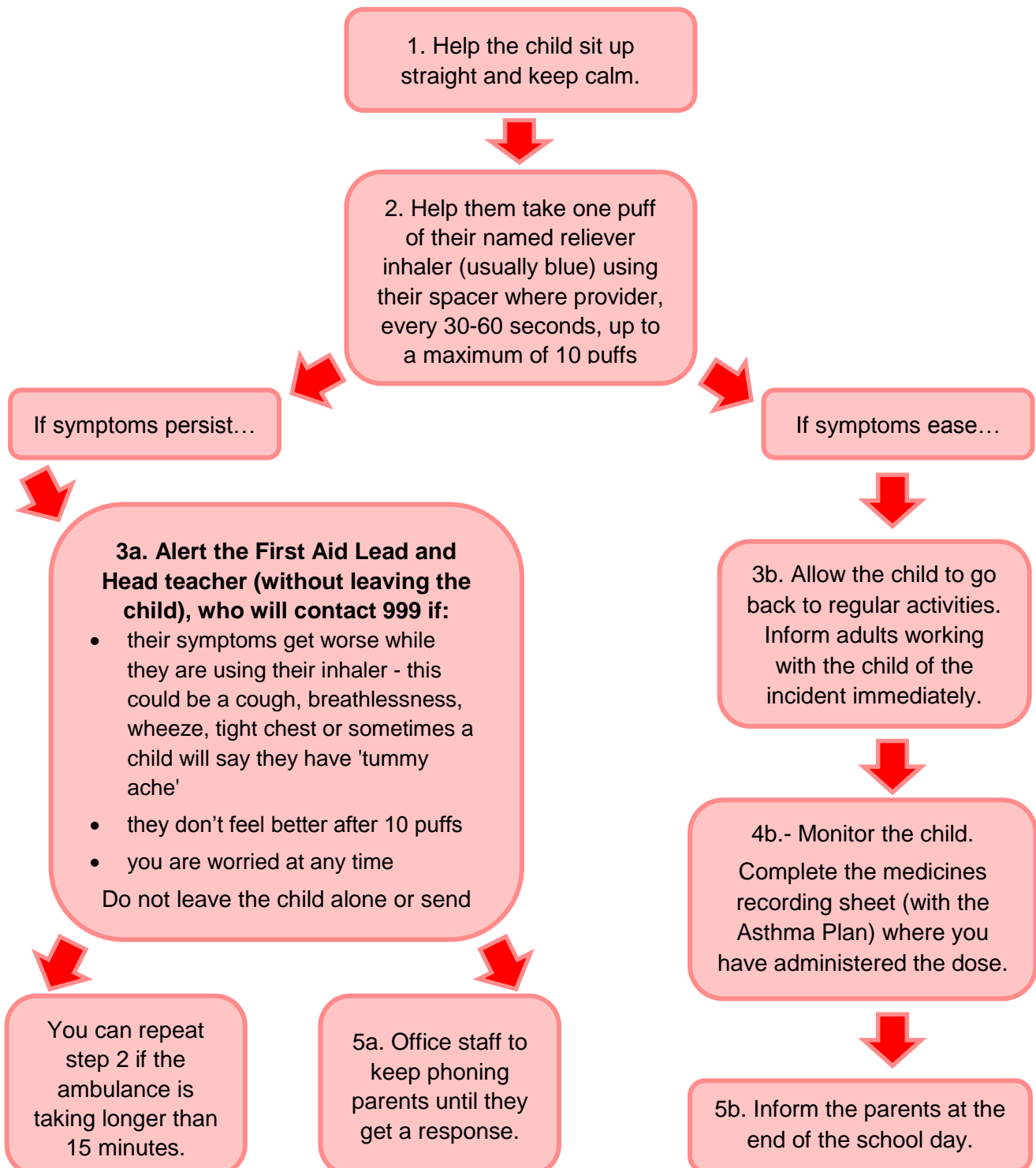
|                           |               |   |
|---------------------------|---------------|---|
| Photo<br>(where possible) | <b>Name:</b>  | <b>Asthma plan in place (include date for renewal)</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                |
|                           | <b>Class:</b> | <b>Parental consent for the use of the emergency inhaler received</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|                           |               |   |
|---------------------------|---------------|---|
| Photo<br>(where possible) | <b>Name:</b>  | <b>Asthma plan in place (include date for renewal)</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                |
|                           | <b>Class:</b> | <b>Parental consent for the use of the emergency inhaler received</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

## Appendix 9: What to do if a child is having an asthma attack

Inhalers are kept in the child's classroom, in a named wallet with the child's Asthma Plan. If the inhaler doesn't work or is empty, then check the plan to see if the child has consent to use the school's emergency inhaler. (This is kept in the First Aid room in a box labelled EMERGENCY INHALERS.)

Where consent has been withheld but there is a need to use the emergency inhaler, seek help from the First Aid Lead and Headteacher.



## **Appendix 10: Contacting emergency services**

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

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

- Your telephone number
- Your name
- Your location as follows [school address]
- State what the postcode is - please note that postcodes for satellite navigation systems may differ from the postal code
- Provide the exact location of the pupil
- Provide the name of the child, age and a brief description of their symptoms
- Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- Put a completed copy of this form by the phone.

Ensure that, where the pupil/student has an IHCP relating to any medical condition (whether related or otherwise to this emergency), is made available to the emergency services upon arrival.

Ensure that, where the pupil/student is on any medication, this information is made available to the emergency services on arrival.

### **Practical points**

- Ensure someone is stationed at the entrance to direct the ambulance crew to the pupil.
- Assign someone to contact, and keep contacting, the parent.
- Assign a senior person/first aider to stay with the child at all times.
- Give the paramedics:
  - a clear concise account of the incident
  - any medication given
  - the time the medication was given
  - the container the medication was in
  - knowledge of any other medications the pupil/student may be on.

## Appendix 11: Template letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Carer,

### Developing an Individual Health Care Plan for [name of pupil]

Thank you for informing us of [name]'s medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an Individual Health Care Plan to be prepared, setting out what support the pupil needs and how this will be provided. Individual Health Care Plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although Individual Health Care Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's Individual Health Care Plan has been scheduled for [date]. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached Individual Health Care Plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you to contact me [them] by email or to speak by phone if this would be helpful.

Yours faithfully,

Name

Position

School

## Appendix 12: Recognition and management of an allergic reaction/ anaphylaxis

Signs and symptoms include:

**Mild-moderate allergic reaction:**

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

**Action:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s) - **always bring AAI to the child not the other way around**
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

**Watch for signs of anaphylaxis (below) – life threatening allergic reaction**

| Airway  | Breathing  | Consciousness   |
|---|--|---|
| Persistent cough<br>Hoarse voice<br>Difficulty swallowing<br>Swollen tongue | Difficult or noisy breathing<br>Wheeze or persistent cough | Persistent dizziness<br>Becoming pale or floppy<br>Suddenly sleepy, collapse, unconscious |

**If any ONE (or more) of these signs are present:**

- Lie child flat with legs raised: (if breathing is difficult, allow child to sit)
- Use Adrenaline autoinjector\* without delay
- Dial 999 to request ambulance and say ANAPHYLAXIS

**\*\*\*If in doubt, give Adrenaline \*\*\***

**After giving Adrenaline:**

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

**Anaphylaxis may occur without initial mild signs: ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.**



### **Appendix 13: Auto Adrenaline Injector (AAI) kit contents**

- Two AAIs, generally of the make most commonly prescribed in school (i.e. EpiPen or Emerade or Jext)
- Instructions on how to use the device
- Instructions on storage of the device
- Manufacturers information
- A checklist of the injectors, identified by their batch number and expiry date with monthly check records
- A note of the arrangements for replacing the injectors
- A register to whom the AAI can be administered
- Blank Administration records (which can be attached to their IHCP post the incident)

**Appendix 14: Model Monitoring Record of Support for pupils/students with medical needs**

| Name of pupil | Medical need | Type of plan | Review date<br><i>dd/mm/yy</i> | Medicines and where stored | Expiry date<br><i>dd/mm/yy</i> | Method of renewal/disposal | Staff trained<br><i>dd/mm/yy</i> | Admin records checked<br><i>dd/mm/yy</i> | RA/EV RA procedures in place |
|---------------|--------------|--------------|--------------------------------|----------------------------|--------------------------------|----------------------------|----------------------------------|--|------------------------------|
|               |              |              |                                |                            |                                |                            |                                  |  |                              |
|               |              |              |                                |                            |                                |                            |                                  |  |                              |
|               |              |              |                                |                            |                                |                            |                                  |  |                              |
|               |              |              |                                |                            |                                |                            |                                  |  |                              |
|               |              |              |                                |                            |                                |                            |                                  |  |                              |
|               |              |              |                                |                            |                                |                            |                                  |  |                              |
|               |              |              |                                |                            |                                |                            |                                  |  |                              |
|               |              |              |                                |                            |                                |                            |                                  |  |                              |
|               |              |              |                                |                            |                                |                            |                                  |  |                              |
|               |              |              |                                |                            |                                |                            |                                  |  |                              |

## Appendix 15: CALPOL guidelines from manufacturer

### Dosage for CALPOL® Infant Suspension

| Age of child  | How much            | How often (in 24 hours) |
|---|---------------------|-------------------------|
| 2-4 years   | 7.5ml (5ml + 2.5ml) | Up to 4 times           |
| 4-6 years   | 10ml (5ml + 5ml)    | Up to 4 times           |
| <ul style="list-style-type: none"> <li>Do not give more than 4 doses in any 24-hour period</li> <li>Leave at least 4 hours between doses</li> <li>Do not give this medicine to your child for more than 3 days without speaking to your doctor or pharmacist</li> </ul> |                     |                         |

### Calpol-SIXPLUS Suspension usage

It's formulated with over twice the strength of infant paracetamol to provide effective, relief from pain and fever in children aged 6 and over and starts to work on fever in just 15 minutes without being harsh on the tummy.

| Age of child                      | How much       | How often (in 24 hours)          |
|-----------------------------------|----------------|----------------------------------|
| 6–8 years                         | <b>5ml</b>     | <b>Up to 4 times in 24 hours</b> |
| 8–10 years                        | <b>7.5ml</b>   | <b>Up to 4 times in 24 hours</b> |
| 10–12 years                       | <b>10ml</b>    | <b>Up to 4 times in 24 hours</b> |
| 12–16 years                       | <b>10-15ml</b> | <b>Up to 4 times in 24 hours</b> |
| Adults and children over 16 years | <b>10-20ml</b> | <b>Up to 4 times in 24 hours</b> |

**For all the dosage information above please remember:**

Leave at least 4 hours between doses

Contains paracetamol – do not use more than one product containing paracetamol at the same time.

Do not give more than 4 doses in any 24-hour period.

Do not give this medicine to your child for more than 3 days without speaking to your doctor or pharmacist.

Shake bottle for at least 10 seconds before use. If using sachet format, massage sachet before use.

Always read the label.

### Calprofen Ibruprofen Solution usage

Our CALPROFEN® starts to work on a fever in just 15 minutes and lasts for up to 8 hours. You can use it as fast-acting pain relief, to reduce your child's temperature and to relieve the symptoms of cold and flu. Each pack contains a measuring spoon.

| Age of child | How much    | How often (in 24 hours)          |
|--------------|-------------|----------------------------------|
| 3–7 years    | <b>5ml</b>  | <b>3–4 times a day</b>           |
| 8–12 years   | <b>10ml</b> | <b>Up to 4 times in 24 hours</b> |

**For all the dosage information above please remember:** If fever doesn't go down, contact your GP.

**For all the dosage information above please remember:** Do not give to children weighing less than 5kg.

Do not give to children aged 6 months and older for more than 3 days.

If symptoms last for more than 24 hours more than 3 days in children over 6 months, seek medical advice.

For further advice, always read the label.

**NB: Medicines are often sold according to the age and the weight of the child. Please check these are appropriate to the child in receipt of the medicine.**