



**CRANLEIGH**  
EX CULTU ROBUR

## MEDICAL CARE *and* FIRST AID

### Introduction

#### Aim

The School is statutorily required to provide satisfactory medical and nursing care and First Aid cover. Although routine General Practitioner (GP) medical care is only provided for boarders, who are registered with the School Medical Officer (SMO) for this purpose, arrangements are in place within the School Medical Centre (SMC) and through trained First Aid personnel throughout the school to provide emergency facilities for all pupils and staff. All Pupils should be registered with the local NHS GP Surgery, Shere Surgery, and their care will be managed by the Lead GP.

The School aims to make provision up to stipulated minimum medical standards and the requirements of Health and Safety legislation. In order to achieve this objective the SMC is manned and equipped to the standard required to fulfil its role as doctor's surgery, in-patient care unit and First Aid centre and to undertake its duty of care to pupils.

### Medical

#### The Medical Centre and Medical Staffing

The School's medical and nursing services are based in the SMC. The SMC is staffed by Registered General nurses and Registered Nurses (Child Branch) under the day-to-day control and coordination of the Practice Manager and Lead Nurse. The SMC is attended by the SMO who has overall responsibility for medical standards within the School.

Nurses working in the SMC are Registered General Nurses (RGN) whose names are on the register of their regulatory body, the NMC (the Nursing and Midwifery Council). They are required to re-register annually and to undertake the Revalidation process every three years (NMC Code 2015)

#### Registration and Access

Pupils who board are required to register with the SMO for the provision of General Medical Services (GMS).

Although emergency treatment will be provided by the SMC for all pupils during school hours, Day pupils are expected to consult their own GP for routine medical matters.

Male and female GPs are available for consultations.

#### Induction and Documentation

A comprehensive medical questionnaire in the form of a parental medical declaration, is to be completed for every new pupil prior to arrival. Parents must inform the School in writing if their child subsequently develops any known medical condition, health problem, allergy or has been in contact

with an infectious disease. All new pupils are given a routine medical examination during their first year at the School.

Parents are required to indicate their consent (or not) to a pupil receiving Over the Counter Medicines on the medical declaration.

Parental consent or otherwise must be recorded for every pupil on iSAMS.

Specific medical conditions/allergies/disabilities must also be recorded for every pupil on iSAMS along with the pupil's individual healthcare plan.

Adequate, contemporaneous and written medical and nursing records are to be maintained in the SMC and these are to be distinct from the personal records held within their Houses.

## **Confidentiality and Consent**

In accordance with the SMO's and SMC nurses' professional obligations, medical information about pupils, regardless of their age, is confidential. However, in providing medical and nursing care for a pupil, it is recognised that on occasions the SMC staff may liaise with the Head, the Deputy Head, House staff and parents or guardians, and that information, ideally with the pupil's prior consent, will be passed on as necessary.

The SMO and SMC nurses undertake to respect a pupil's confidence except on those occasions when, having failed to persuade that pupil or their authorised representative to give consent or divulgence, they consider that it is in the pupil's better interests, or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body. Such information will be given and received on a confidential, 'need-to-know' basis.

The School acknowledges individual pupil's rights to consent to, or refuse, medical or dental treatment. This is based on so-called 'competency' and not age. The doctor, dentist or nurse proposing the treatment must judge whether or not the pupil understands the nature of the treatment, as well as the consequences of refusal.

## **Emergency Medical Treatment**

Parents are required to authorise the Head to consent on their behalf to the pupil receiving emergency medical treatment including blood transfusions within the United Kingdom, general anaesthetic and operations under the National Health Service or at a private hospital where certified by an appropriately qualified person necessary for the pupil's welfare and if the parents cannot be contacted in time.

Parents are required to take responsibility for routine dental care during the school holidays. The SMC will arrange for emergency dental care and eye care if required during term time for boarders.

## **Routine Medical Matters**

Routine immunisations will be conducted in accordance with schedules issued by the Department of Health and only with parental consent. Registered nurses in the SMC, who have undertaken recognised training in Vaccination, will administer vaccinations under the direction of Patient Specific directives signed by the SMO.

Registered nurses from outside agencies (e.g. Children and Family Health Surrey) will also conduct vaccination/immunisation clinics for pupils.

All new pupils will undergo a medical examination including routine screening of height, weight and vision early in their first year at the school.

Health advice is provided for pupils, staff and parents on request if appropriate.

SMC staff must be alert to Social Care needs, including child protection issues.

Where appropriate and with the pupil's consent, boarding house staff will be kept regularly up to date by Medical Centre staff with any medical issues relating to pupils.

## MANAGEMENT OF MEDICINES

- All medicines - over-the-counter and prescription - are usually issued from the SMC.
- Parents must complete and sign a Parental Consent Form for any prescribed medicines brought into school which have not been prescribed by the SMO.
- Prior to administering an over-the-counter medicine Parental Consent must be checked on iSAMS.
- When any drug is administered to a pupil it must be recorded on iSAMS.
- All medicines - over-the-counter or prescription - must be stored in a locked cupboard in the boarding house or Medical Centre.
- As a minimum standard matrons and House staff who regularly dispense medication must successfully complete the Opus on-line course 'Medicines Awareness in Schools'.
- When any designated staff member administers any drug to a pupil they must:
  1. Check the identity of the pupil;
  2. Check the medication/label;
  3. Check the dose;
  4. Check the parental consent for medication on iSAMS;
  5. Check the pupil diary on iSAMS;
  6. Record a pupil's refusal to take medication.
  7. Ensure that the pupil consumes the medication immediately
  8. Document the administration on the pupil's ISAMs diary immediately.

### Over-the-counter Medicines

- A record of over-the-counter medicines and their stock balance are kept by the Medical Centre staff.
- Over-the-counter medicines for use in the boarding houses must be kept in a locked cupboard in Matron's office.
- House matrons, House masters/mistresses and other authorised personnel may administer the following over-the-counter medicines:
  1. Paracetamol/ Calpol Six Plus;
  2. Ibuprofen/Liquid Ibuprofen;
  3. Cetirizine/Loratadine.

(Dosage guidance tables can be found at Appendix 4, 5 and 6).

### Prescription Medicines

- A record of medicines prescribed by the GP is kept by the Medical Centre and signed for by the House staff when they have been collected.
- Prescription medicines must only be issued to the pupil for whom they have been prescribed.
- Prescription medicines must stay in their original container/packet and the dispensing label must not be altered.

## OUTSIDE SPECIALIST OPINIONS AND THE MEDICAL CENTRE

Parents may on occasion, take their child to a doctor outside the Medical Centre either because it is outside school term time, or sometimes to obtain a second opinion.

Parents are advised to speak to the Medical Centre in the first instance where possible, to avoid potentially unsafe drug interactions should a child be prescribed medication without the full medical history being known by the prescriber. This is more likely to be the case for what parents may consider 'non-medical' cases such as ADHD. Parents are sent a letter giving this advice and this is attached at Appendix 1.

See also Appendix 2 for the preferred pathway for referral for an ADHD/ADD assessment.

If parents do decide to seek an outside medical opinion either with or without first consulting one of the school doctors, it is important that the specialist copies a letter of their findings and recommendations to the medical centre so it can be added to the pupil's medical record.

## MANAGEMENT OF MEDICINES NOT ISSUED FROM MEDICAL CENTRE

Pupils are advised not to bring medicines of any kind in from home. However, there are circumstances where this is necessary: -

- Medicines prescribed and issued overseas - in this instance the parent must inform the School and complete and sign the consent form for any prescribed medicines brought into school;
- The pupil must see the school doctor asap to have a UK prescription issued for the medicine. As with all other medicines these must be kept in a locked cupboard in Matron's office; Parents should be aware that a specialist referral may be necessary.
- Medicines issued by a doctor externally (e.g. Roaccutane) - in this instance the parents must inform the School about the prescription and again complete and sign the consent form. Any necessary monitoring or after-care required will be set out in a Shared Care Agreement between the prescribing Consultant and the SMO. As with all other medicines these must be kept locked in a cupboard in Matron's office.
- Each House is to maintain a 'House Drugs Register' in which a note of all drugs - prescribed or otherwise - is to be made. For prescribed drugs collected from the Medical Centre or brought from home, a note is to be made of:
  - the type and quantity of each drug;
  - for whom it has been prescribed;
  - The date and time of collection from the Medical Centre or handing in by the pupil or parent(s) if brought from home; and
  - The date and time of each issue of individual doses of the drug to the pupil.
- Drugs are to be given to pupils by House staff in strict adherence to direction from Medical Centre staff or in accordance with the prescription. If in any doubt, House staff are to seek clarification from the Medical Centre.

## Security of Drugs

### Medical Centre

- The Medical Centre Sister is to ensure that medical drugs are stored safely in a locked cabinet at all times when in the Medical Centre.

### Boarding Houses

- Each boarding house is to have a secure cabinet in the House matron's room in which all medical drugs are to be secured. It may be either a combination lock or a key lock cabinet. If it is a combination cabinet then only the House matrons, House master/mistress and deputy are to know the combination and the cabinet is not to be opened when any other staff or pupils are in the Matron's room. If the cabinet is secured by a key then only the above named are to have keys and these keys are to be retained by each individual and not stored in a 'convenient' place in the Matron's room (e.g. top drawer of desk, on top of the cabinet, behind a book, etc). Security of drugs is absolutely paramount.

### Authorisation for Dispensing and Using Over-the-counter (GSL) Medicines

- Authorisation for the administration of non-prescribed medication is issued by the SMO for both trained nursing staff and House staff (see appendices 7 and 8). Written instructions concerning the indications for use of the drug in question, dose, precautions regarding administration and side effects can be found in Appendices 4, 5 and 6. If a pupil is requiring regular analgesia for more than 48 hours the house staff are to inform the medical centre and arrange a review by a nurse/doctor.

### Medicines for Specific Medical Conditions

- Details of the administration of emergency medicines for conditions such as Asthma, Epilepsy, Diabetes, Anaphylaxis will be set out in the pupil's individual healthcare plan which can be found on iSAMS.

## MANAGEMENT OF CONTROLLED DRUGS

The most common controlled medications in school are medications for ADHD.

These prescription medicines are controlled under the Misuse of Drugs Legislation (and subsequent amendments). These medicines are called 'controlled medicines' or 'controlled drugs'.

Good practice dictates that the storage of controlled drugs must comply with the Misuse of Drugs (Safe Custody) Regulation, 1973. This states that controlled drugs must be stored in a secure lockable cupboard which contains nothing other than controlled drugs.

Only those with authorised access must hold the keys to the cupboard.

A Controlled Drug Register (CD) must be maintained wherein the receipt and administration of controlled drugs must be recorded along with the stock balance.

The stock balance must be checked each time a receipt or administration is entered.

At weekends/Exeats House matron must check the stock balance of a pupil's controlled drug with the parent or pupil. All the balance must be handed to the parent or pupil in a secure, key-coded box and the register signed by House matron and parent or pupil. The code for the box must not be given to the pupil. When the pupil returns to House the parent or pupil must return the controlled drug locked box to House matron or House master/mistress and both must sign the controlled drug register.

When controlled drugs need to be disposed of they must be taken by the House matron to the Medical Centre along with the CD register. A nurse will sign the unused/unwanted controlled drugs into the Medical Centre Controlled Drug Register. A member of Medical Centre staff will take the controlled drugs and CD register to the pharmacy where the pharmacist and staff member will check the stock balance to be disposed of and the register signed appropriately. If the controlled medication has not been issued by Cranleigh Pharmacy it must be returned to the Parent for safe disposal.

Certain Drugs not covered by the Misuse of Drugs Act

- Antidepressants;
- Roaccutane (Isotretinoin);
- Beta Blockers (Propranolol).

When a pupil is prescribed any of the above listed medications these must be kept in a locked cupboard in Matron's office and dispensed by Matron daily as per prescription.

If the pupil goes on leave (weekend, exeat...) the medication must be given over in a key-coded box to the parent or pupil, signed out and signed in again on return to school. The code for the box must not be given to the pupil.

If for reasons of confidentiality a pupil does not want House staff to be aware of their prescription for antidepressant medication, the medication must be kept in and dispensed daily by the Medical Centre.

## **Self-Administration of Medication.**

Pupils who have agreement to self-medicate must have a lockable drawer or cupboard in their room.

The pupil will then be required to sign a Self-Medication form wherein he/she agrees to keep all medication in a locked cupboard/drawer in their room.

Failure to keep medications locked away will result in this privilege being permanently withdrawn.

Please see appendix 10 for the Risk Assessment for Self-Administration of Medication. A record must be made on iSAMS if a pupil is self-medicating.

**NB:** Pupils in year 12 and 13 (LVI and UVI) may self-medicate prescription and over the counter medications.

**Exceptions:** - NO pupil may self-medicate the following medications: -

- Anti-depressants
- Controlled drugs (e.g. ADHD/ADD medication)
- Isotretinoin (Roaccutane)
- Beta Blockers (e.g. Propranolol)

**NB:** - Pupils in CPS and in CS year 9, 10 and 11 (VI, LV, UV are not permitted to self-medicate any medication.

**Exception:** - where a female pupil is prescribed the Oral Contraceptive Pill (OCP) she may self-medicate as long as the OCP is kept in a locked drawer and a self-medication agreement form has been signed. The school doctor will have assessed and documented the pupil's Gillick Competence prior to prescribing the OCP.

## **Drug Administration to Save a Life**

In extreme/life-threatening emergencies e.g. Anaphylaxis, certain medicines may be given or supplied without the direction of a medical practitioner or there being a PGD for the purpose of saving life.

For example, the administration of Adrenaline by injection (1:1000), Chlorpheniramine and Hydrocortisone are listed under Article 7 of the Prescription Only Medicines (Human use) Order 1997 for administration by anyone in an emergency for the purpose of saving life.

When a pupil has an Individual Healthcare Plan for dealing with a health emergency it is essential that any medications named in the plan are readily available and accessible.

## Management of Medicines on School Trips

When over-the-counter medicines are required to be dispensed for use on a school trip these will be provided in a first-aid bag and will remain the responsibility of the trip leader for the duration of the trip. A list of what has been supplied will be in the bag also along with a sheet for recording when, how much and to whom medicines were given throughout the trip. At the end of the trip all medicines and the records must be returned to the Medical Centre.

Pupils' prescription medicines will also be kept by the trip leader along with a Regular Medication record sheet. Medicines should be given to the trip leader in their original packaging with the information leaflet inside and should be dispensed in the usual way and recorded. Prescription medicines should be returned to House staff or Parents at the end of the trip.

## Disposal of Medicines

All out of date or unused medicines must be returned to the Medical Centre who will arrange for their safe disposal by the local Pharmacy.

## FIRST AID

### Background

Prompt and effective First Aid can save lives and prevent minor injuries becoming major ones. Under Health and Safety legislation the School is obliged to have sufficient trained personnel, as well as adequate and appropriate equipment, and facilities to provide First Aid in the workplace and when pupils and staff are off the premises whilst on school visits. The School undertakes to provide sufficient First Aid trained personnel as well as training and equipping the SMC as a First Aid station. First Aiders must complete a training course approved by the Health and Safety Executive (HSE) and they are to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school;
- When necessary, ensure that an ambulance or other professional medical help is called.

## School First Aid Officer (SFAO) – Responsibilities

It is the responsibility of the School First Aid Officer

to ensure that:

- An adequate number of First Aid personnel are currently qualified and First Aid kits are dispersed in adequate numbers throughout the school;
- The provision for employees is not allowed to fall below the required standard;
- The provision for pupils and others complies with other relevant legislation and guidance;
  - There is a regular review the School's First Aid needs to ensure that the current provision is adequate;
  - Where minimum numbers of trained First Aiders are set, these are monitored to ensure that these standards are being met;
  - Both refresher and new courses (as appropriate) are arranged to ensure that the School retains an appropriate number of First Aiders on site.
  - The location of First Aid personnel, equipment and facilities is properly publicised and widely known by displaying clear and easily understood First Aid notices around the School;
  - First Aid kits are to be properly signed and adequately equipped;
  - It is widely understood that if no First Aider can be located, the responsible person present should take sensible alternative action including calling 999 if appropriate.

## **Standards of Training for First Aid**

Cranleigh staff will undertake an appropriate First Aid Course relevant to their responsibilities. The courses vary from 6 hours up to 18 hours in accordance with HSE guidelines. All first aid qualifications are valid for 3 years and staff will be offered annual or adhoc refresher training to keep up to date with any first aid changes. Subject matter will differ from course to course, however, the core topics are:

- Incident management;
- Management of an unconscious casualty.
- Cardio-Pulmonary Resuscitation
- Treatment for choking
- First Aid for unconscious casualty
- Treatment of wounds and bleeding
- Dealing with Anaphylaxis Shock
- The use of an Automated Electrical Defibrillator.

## **Automated External Defibrillation (AED):**

All staff attending a first aid course will receive training in the use of an Automated External Defibrillator.

There are 4 AED's at Cranleigh School

- Prep School in reception

3 x located at the following locations at the senior school:

- Trevor Abbot Sports Center (TASC) Front of building wall mounted
- Catering canteen outside wall facing VHC building
- Medical Center

## **Medical Gasses:**

Whilst it is not essential, the School aims to ensure that as many qualified nursing staff as possible are trained to administer medical gasses. Oxygen can be used as an adjunct to resuscitation and for oxygen therapy in conditions resulting in hypoxia, whilst Entonox can be used as a very effective analgesic for sports injuries or any other situation where rapid pain relief is required. The equipment is on site in the SMC.



## **Bloods:**

Whilst it is not necessary for all the nursing staff to be able to take blood, it is the School's aim that the MCS, their Deputy and other nurses if possible should be qualified to do so.

## **Hygiene/Infection Control:**

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. Further guidance is available in the DfEE publication HIV and AIDS: A Guide for the Education Service.

## **FIRST AID ACCIDENT PROTOCOLS AND REPORTING PROCEDURES**

### **Accident Protocols**

To ensure the best possible care for the casualty and for the personal protection of the First Aider and bystanders, it is important that clearly defined procedures are followed in terms of incident and casualty management as follows:

- The School will adopt the First Response Protocol as set out in Appendix 3;

This information should be widely circulated and posted on notice boards and at designated First Aid points around the School.

### **First Aid Containers**

The SFAO is to ensure that there is at least one fully-stocked First Aid container for each area of the school. Kits are positioned in accordance with perceived need with particular reference to the needs of high-risk areas. All First Aid containers must be marked with a white cross on a green background and are to be wall mounted.

Whilst there is no mandatory list of items for a First Aid container, the School provides the standard recommended by the HSE as follows:

- A leaflet giving general advice on First Aid;
- Individually wrapped sterile dressings (assorted sizes);
- Two sterile eye pads;
- Two triangular bandages
- Six safety pins
- Individually wrapped moist cleansing wipes
- One pair of disposable gloves
- 

Equivalent or additional items are acceptable however, medication, sharps and lotions are not to be included in First Aid Kits, apart from the personal first aid packages issued by the medical center.

Heads of departments are to arrange for their first aid kits to be checked on a monthly basis, any missing items can be sourced by contacting the Safety and First Aid Lead on extension 2167. The Safety and First Aid Lead will carry out random inspections on departments first aid kits

## **Travelling First Aid containers:**

Before undertaking any off-site activities, the member of staff in charge should assess what level of First Aid provision is needed. The HSE recommend that, where there is no special risk identified, a minimum stock of First Aid items for traveling First Aid containers is:

- A leaflet giving general advice on First Aid;
- Individually wrapped sterile sterile dressings;
- Two triangular bandages;
- Six safety pins;
- Individually wrapped moist cleansing wipes;
- One pair of disposable gloves.

Equivalent or additional items are acceptable. Additional items may be necessary for specialised activities. For staff taking sports teams to games, Sports First Aid bags are available from the SFAO and signed out on a termly basis.

For trips away from school and abroad the Medical Centre has its own list of what items are to be provided.

## **School Minibuses/Bursary Vehicles**

Transport Regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have on board a First Aid container with the following items:

- Ten antiseptic wipes, foil packaged;
- One conforming disposable bandage (not less than 7.5cms wide);
- Two triangular bandages;
- One packet of 24 assorted adhesive dressings;
- Three large sterile unmedicated ambulance dressings (not less than 15 cm x 20 cm);
- Two sterile eye pads, with attachments;
- Twelve assorted safety pins;
- One pair of scissors

This First Aid container shall be:

- Maintained in a good condition, suitable for the purpose and readily available for use, and prominently marked as a first aid container.

## **Reporting Accidents and Record-Keeping Statutory requirements**

The reporting of accidents involving employees, as opposed to pupils, is contained in the Health and Safety section of the Whole School Policies. Serious accidents and injuries to pupils are recorded on incident forms and lodged with the Director of Operations.

As far as employees are concerned, the School must keep a record of any reportable injury, disease or dangerous occurrence in a statutory HSE accident book. This must include:

- the date and method of reporting;
- the date, time and place of the event;
- personal details of those involved; and
- a brief description of the nature of the event or disease.

This record can be combined with other accident records. The Compliance and Data Protection Lead centrally holds all accident records.

## **Reports to the HSE**

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) the following accidents must be reported to the HSE without delay by telephone if they injure either the School's employees during an activity connected with work, or self-employed people while working on the premises:

- Accidents resulting in death or major injury (including as a result of physical violence);
- Accidents which prevent the injured person from doing his/her normal work for more than three days (including acts as a result of physical violence);

An accident involving a pupil or a visitor must be reported to the HSE if:

- The person involved is killed or is taken from the site of the accident to hospital; and
- The accident arises out of or in connection with work.

These accidents must be notified to the HSE without delay and followed up in writing within ten days on Form 2508. Other reportable accidents do not need Immediate notification, but they must be reported to the HSE within ten days on Form 2508.

## **Statutory accident records**

The School is obliged to keep readily accessible accident records, either in written or electronic form. These records must be kept for a minimum of three years. In addition, the School should keep a record of any First Aid treatment given by First Aiders and appointed persons. Accident forms are to be completed online using the google form link sent out by the Director of Operations. If you do not have access to a computer, paper copies are also available on request from the Director of Operations.

Treatment of ADHD: information for clarity for both NHS and Private prescribers, & patients/relatives

We have chosen to write this guide to provide information at the outset of the treatment pathway, in order to try to reduce uncertainties along the journey. Treatment for ADHD with stimulant medications (which are Schedule 3 Controlled Drugs) needs to be carefully considered due to the nature of the medication and lack of long-term outcome studies.

When a Consultant decides to prescribe, they can do this as an independent prescriber. However, should they wish the GP to take over prescribing they can only do this as part of a Shared Care Agreement (SCA), as issues with these drugs mean their prescription is the responsibility of the specialist, and prescribing by a GP is subject to ongoing specialist review.

The GP can often take over prescribing once the patient has been stable on one dose for at least a month. The duration can be longer depending on the drug. If doses are changing, the responsibility lies with the specialist.

The shared care agreement lists responsibilities of Consultant, GP and Patient. Please familiarise yourselves with these, as prescribing cannot occur outside them except under the sole responsibility of the Consultant. It is NOT possible to see a private Consultant who suggests prescription, and then be discharged to GP. **To satisfy the requirements of the SCA the Consultant regularly needs to see and examine the patient (including height/weight/BP etc). The GP can only give a prescription once the Consultant has fulfilled these responsibilities.**

Please note we have seen different versions of SCA, but only accept the NHS version, as attached via the link below.

Storage and safety of the drug once prescribed is the responsibility of the patient, and you should familiarise yourself with the rules around this, particularly with regard to travelling.

Weight, height & appetite, blood pressure, pulse, and any blood tests lie within the contracted responsibility of the Consultant as part of their specialist remit, not GP. This means we would expect the specialist to perform these tests as part of their contracted responsibilities.

The SCA can be viewed in full via the following link, or via the Surrey PAD for the most up to date version.

<https://surreyccg.res-systems.net/PAD/Search/DrugConditionProfile/5735>

Medications for ADHD are expected to be prescribed branded as there is a question as to whether different brands are absorbed differently. This does not mean one brand of the same drug is better than another, it simply means that we should try to keep the brand consistent (within the remit of availability).

It will be the expectation that the GP will prescribe a cost-effective brand for the NHS, and it would make treatment more seamless if the specialist could initiate drugs accordingly. At the point of taking over prescribing, the GP may need to revert the brand to a cost-effective NHS option. It would be helpful if cost effective brands could be used at initiation as there is no evidence that different brands are more effective.

There is a drug treatment pathway NHS prescribers are expected to follow. If a private provider opts to take a different route, they should explain to their patient that the GP will be unable to support NHS prescribing.

We hope that this guide helps to explain some of the interface issues we experience in General Practice regarding these drugs. We fully wish to support our patients, and feel we can do this more effectively if we outline some of the common interface issues at the outset.

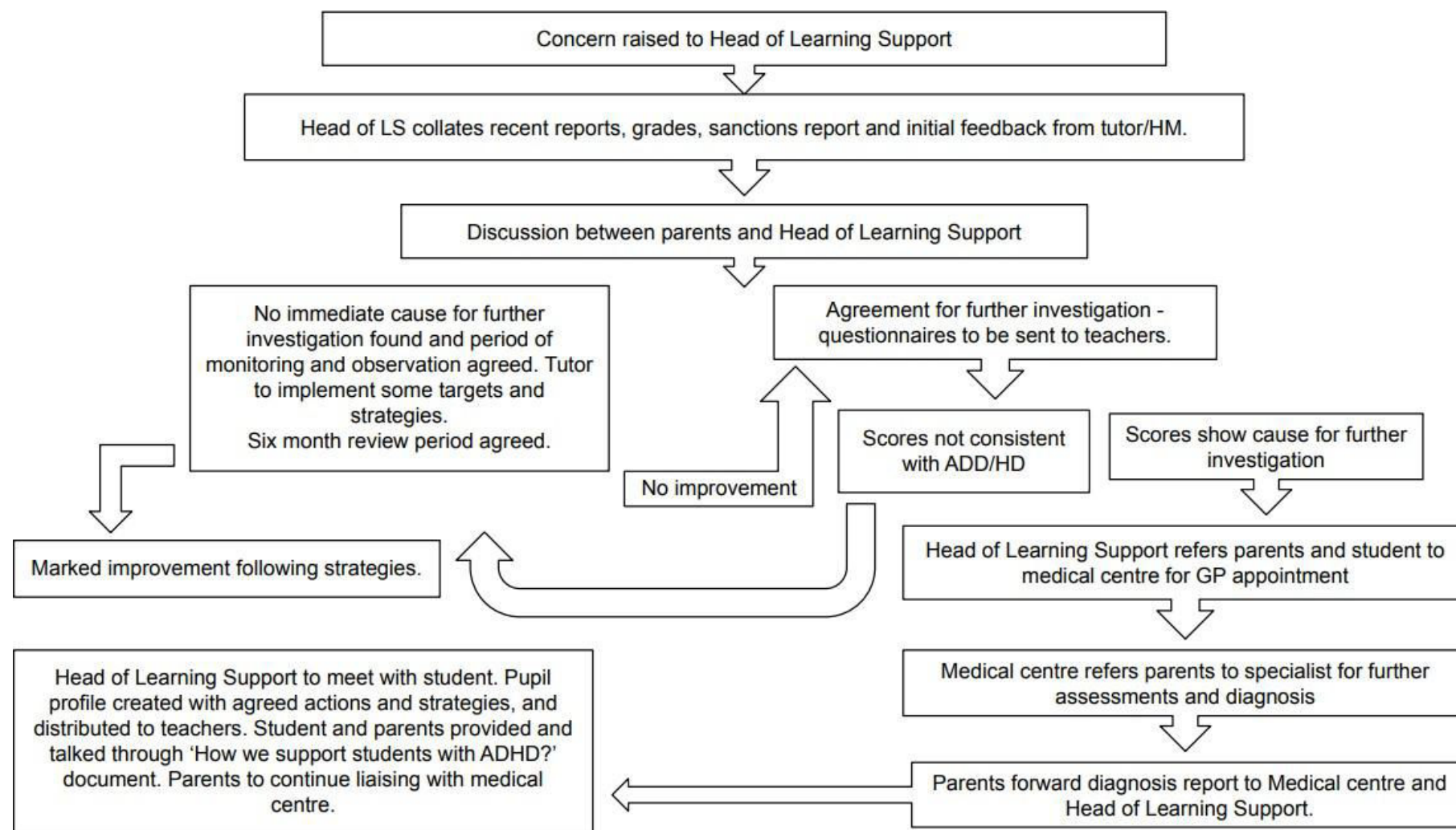
Thank you for your understanding. We are happy to discuss the above further if it creates uncertainty.

Sincerely

Drs Knight, Watts, Wardrop, McEwen & Barnes

Shere Surgery and Dispensary

### The preferred pathway for referral for an ADHD/ADD assessment

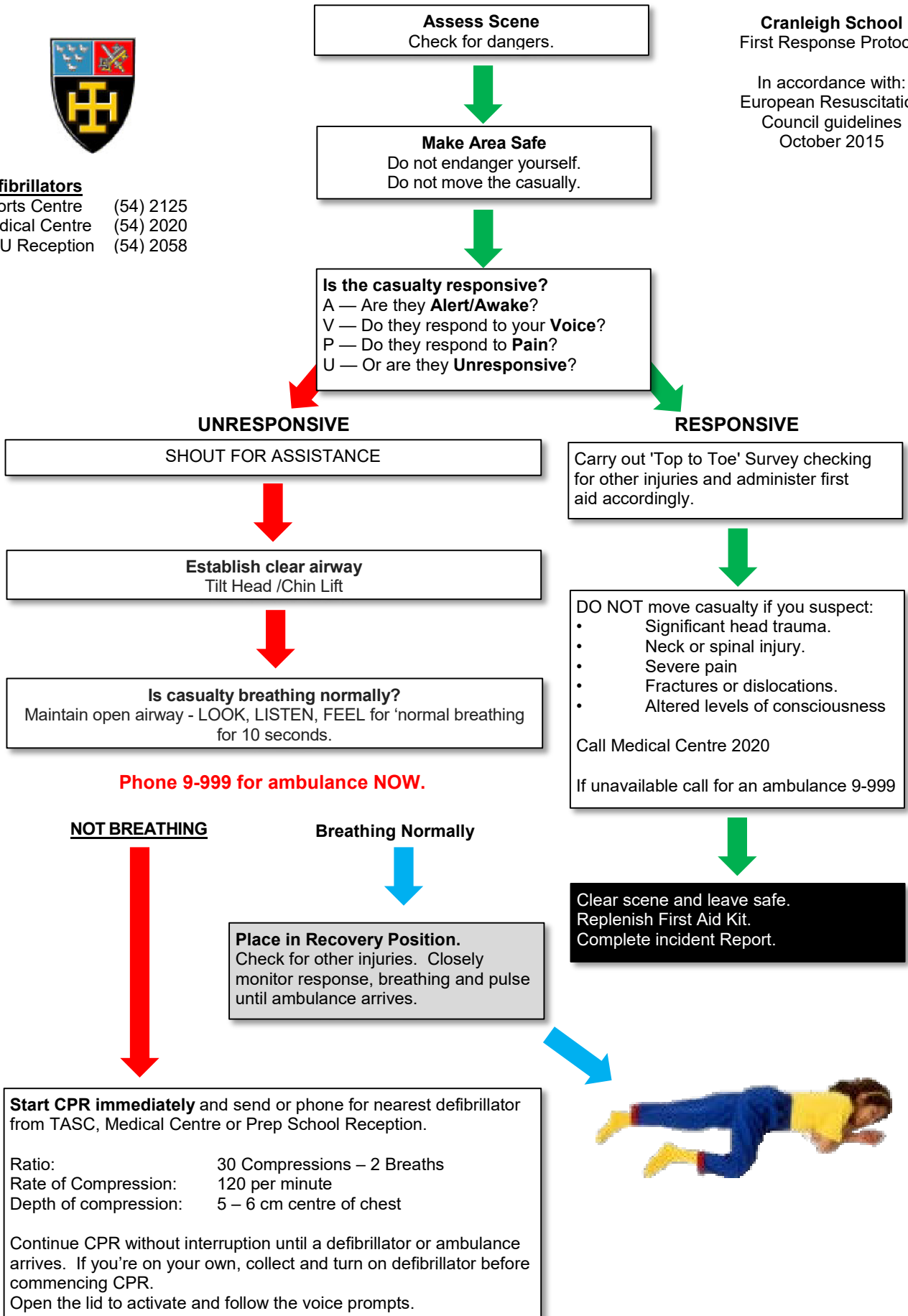




**Defibrillators**  
 Sports Centre (54) 2125  
 Medical Centre (54) 2020  
 CPU Reception (54) 2058

**Cranleigh School**  
 First Response Protocol

In accordance with:  
 European Resuscitation  
 Council guidelines  
 October 2015



## IBUPROFEN

### About ibuprofen for children

Ibuprofen is a common painkiller for children. It's often used to treat cold symptoms, teething and toothache.

Ibuprofen also treats inflammation, such as aches and pains after an injury like a sprain, or because of a health problem like childhood arthritis. It can also be used to bring down a high temperature (fever).

For children aged 3 months to 12 years, ibuprofen comes as a liquid syrup.

For children aged 7 years or older, ibuprofen is available as tablets, capsules and granules that you dissolve in water to make a drink.

You can buy most types of ibuprofen from pharmacies and supermarkets. Some types, such as ibuprofen granules, are only available on prescription.

For over-17s, read our information on ibuprofen for adults.

### NHS coronavirus information

The Commission on Human Medicines has now confirmed that there is no clear evidence that using ibuprofen to treat symptoms such as a high temperature can make coronavirus (COVID-19) worse.

You can give paracetamol or ibuprofen to treat the symptoms of coronavirus. We recommend that you give paracetamol to your child first. It has fewer side effects than ibuprofen and is the safer choice for most people.

Always follow the instructions that come with your medicine.

Updated: 16 April 2020

### Key facts

- Ibuprofen comes in different strengths. The strength and dosage for your child depends on their age (and sometimes size), so always read the instructions carefully.
- Your child should start to feel better about 20 to 30 minutes after taking ibuprofen.
- It's best to give ibuprofen with, or just after, a meal so it doesn't upset your child's tummy. Do not give it on an empty stomach.
- Do not give ibuprofen to your child if they have asthma, unless your doctor has said it's OK.
- Ibuprofen is called by different brand names, including Nurofen for Children, Calprofen and Brufen.

### Who can and can't take ibuprofen

Children can take ibuprofen as:

- a liquid syrup — from the age of 3 months;
- tablets and capsules — from the age of 7 years
- chewable tablets — from the age of 7 years
- granules — from the age of 12 years

**Ibuprofen is not suitable for some children. Check with your pharmacist or doctor if your child:**

- has had an allergic reaction to ibuprofen or any other medicines in the past;
- has asthma;
- has liver or kidney problems;
- has a health problem that means they have an increased risk of bleeding;
- has an inflammatory bowel disease, such as Crohn's disease or ulcerative colitis;
- is small or big for their age, as a lower or higher dose may be better.

**Important**

Do not give ibuprofen for chickenpox unless it has been recommended by a doctor — it can cause a serious skin reaction.

**Dosage and how often to give it**

Ibuprofen is usually given to children 3 times a day. Your pharmacist or doctor will tell you how often to give it.

**Ibuprofen syrup dosages for children**

Table showing ibuprofen syrup dosages for children

<b>Age</b>	<b>How much?</b>	<b>How often?</b>
4 to 6 years	7.5ml	Max 3 times in 24 hours
7 to 9 years	10ml	Max 3 times in 24 hours
10 to 11 years	15ml	Max 3 times in 24 hours
12 to 17 years	15ml to 20ml	Max 3 to 4 times in 24 hours

**Ibuprofen tablet dosages for children**

Table showing ibuprofen tablet dosages for children

<b>Age</b>	<b>How much</b>	<b>How often</b>
7 to 9 years	200mg	Max 3 times in 24 hours
10 to 11 years	200mg to 300mg	Max 3 times in 24 hours
12 to 17 years	200mg to 400mg	Max 3 times in 24 hours



## PARACETAMOL

### About paracetamol for children

Paracetamol is a common painkiller for children. It's often used to treat headaches, stomach ache, earache, and cold symptoms. It can also be used to bring down a high temperature (fever).

It's available as tablets or as a syrup.

Paracetamol also comes as suppositories (medicine that's pushed gently into a child's bottom). Suppositories are useful to relieve pain and a high temperature in children who find it difficult to swallow tablets or syrup, or who are being sick a lot.

For teenagers aged 16 and over, read our information on paracetamol for adults.

### Key facts

There are different types of paracetamol for children, including 2 strengths of syrup. The strength and dosage depend on your child's age (and sometimes weight), so always read the instructions carefully.

Your child should start to feel better about 30 minutes after taking tablets or syrup. Suppositories can take up to 60 minutes to work properly.

Do not give your child any other medicines that contain paracetamol. These include some cough and cold medicines, so check the ingredients carefully.

Paracetamol is an everyday medicine, but it can be dangerous if your child takes too much. Be careful to keep it out of the reach of children.

Paracetamol is known by many different brand names, including Disprol, Hedex, Medinol and Panadol. Paracetamol syrup is also known by the brand name Calpol.

### Who can and can't take paracetamol

Children can take paracetamol as:

- a liquid syrup — from the age of 2 months;
- suppositories — from the age of 2 months;
- tablets (including soluble tablets) — from the age of 6 years;
- Calpol Fast Melts — from the age of 6 years.

#### **Important**

Do not give paracetamol to babies younger than 2 months old, unless it is prescribed by a doctor.

Check with your doctor or pharmacist before giving your child paracetamol if they:

- are small for their age, as a lower dose may be better;
- have had liver or kidney problems;
- take medicine for epilepsy;
- take medicine for tuberculosis (T B);
- take warfarin (a blood-thinning medicine).

## Dosage and how often to give it

Paracetamol tablets, syrup and suppositories come in a range of strengths. Children need to take a lower dose than adults, depending on their age.

Ask your doctor or a pharmacist for advice if your child is small or big for their age and you're not sure how much to give.

Paracetamol tablets (including soluble tablets), syrup and suppositories are available on prescription and to buy from shops and pharmacies.

### Syrup dosages for children

Infant syrup (sometimes called "junior syrup") is for children under 6 years old. A 5ml dose contains 120mg of paracetamol.

Six plus syrup is for children aged 6 years and older. A 5ml dose contains 250mg of paracetamol.

**Important**

Do not give your child more than 4 doses of paracetamol in 24 hours. Wait at least 4 hours between doses.

### Infant syrup: 120mg /5ml

Table showing dosage for infant syrup (strength 120mg/5ml)

Age	How much?	How often?
4 to 6 years	10ml	Max 4 times in 24 hours

### Six plus syrup: 250mg /5ml

Table showing dosage for six plus syrup (strength 250mg/5ml)

Age	How much?	How often?
6 to 8 years	5ml	Max 4 times in 24 hours
8 to 10 years	7.5ml	Max 4 times in 24 hours
10 to 12 years	10ml	Max 4 times in 24 hours

Dosage instructions are different for babies over the age of 2 months (see Giving paracetamol to babies from 2 months).

### Tablet dosages for children

Tablets usually come as 500mg. For lower doses break up the tablet to give your child a smaller amount.

**Important**

Do not give your child more than 4 doses of paracetamol in 24 hours. Wait at least 4 hours between doses.

## Tablets

Table showing tablet doses for children aged 6 to 16 years

<b>Age</b>	<b>How much?</b>	<b>How often?</b>
6 to 8 years	250mg	Max 4 times in 24 hours
8 to 10 years	375mg	Max 4 times in 24 hours
10 to 12 years	500mg	Max 4 times in 24 hours
12 to 16 years	750mg	Max 4 times in 24 hours

### **How often to give paracetamol**

If your child needs help with pain day and night for several days (usually up to 3 days), give a dose of paracetamol every 6 hours. This will help to relieve the pain safely without the risk of giving too much paracetamol.

If your child has pain that comes and goes, give a dose of paracetamol when they first complain of pain. Wait at least 4 hours before giving another dose.

## CETIRIZINE

### About cetirizine

Cetirizine is an antihistamine medicine that relieves the symptoms of allergies.

It's used to treat:

- hay fever;
- conjunctivitis (red, itchy eye);
- eczema;
- hives (urticaria);
- reactions to insect bites and stings;
- some food allergies.

Cetirizine is known as a non-drowsy antihistamine. It's much less likely to make you feel sleepy than some other antihistamines.

Cetirizine is available on prescription. You can also buy it from pharmacies and supermarkets.

It comes as tablets, capsules and as a liquid that you swallow.

### Key facts

It's usual to take cetirizine once a day. Children sometimes take it twice a day.

Cetirizine is classed as a non-drowsy antihistamine, but some people still find it makes them feel quite sleepy.

Common side effects include headaches, dry mouth, feeling sick, dizziness, stomach pain and diarrhoea.

It's best not to drink alcohol while you're taking cetirizine as it can make you feel sleepy.

Cetirizine is also called by the brand names Benadryl Allergy, Piriteze and Zirtek.

### Who can and can't take cetirizine

Cetirizine tablets and liquid that you buy from pharmacies and supermarkets can be taken by adults and children aged 6 and older.

Children over the age of 2 can also take liquid cetirizine for hay fever and skin allergies.

Cetirizine can also be taken under medical supervision by children aged 1 year and older.

Cetirizine isn't suitable for some people. Tell your doctor or pharmacist if you:

- have had an allergic reaction to cetirizine or any other medicines in the past;
- have an allergy to the food additives E218 or E216;
- have an intolerance to or can't absorb some sugars, such as lactose or sorbitol;
- have liver or kidney failure;
- have epilepsy or another health problem that puts you at risk of fits;
- have a condition that means you have difficulty peeing;
- are booked to have an allergy test - taking cetirizine may affect the results, so you might need to stop taking it a few days before the test.

## **Important**

Some brands of cetirizine come as capsules. These may contain soya oil. Do not take cetirizine capsules if you are allergic to peanuts or soya.

## **How and when to take it**

If you or your child have been prescribed cetirizine, follow your doctor's instructions about how and when to take it.

If you bought cetirizine from a pharmacy or shop, follow the instructions that come with the packet.

## **How much to take**

Cetirizine comes as tablets and capsules (10mg) and as a liquid medicine (labelled either 5mg/ml or 1mg/l ml).

The usual dose in adults is 10mg once daily.

Doses are usually lower for people with kidney problems.

For children, your doctor will use your child's weight or age to work out the right dose.

If you have bought cetirizine for a child, follow the instructions on the packet.

Depending on their age, children may take cetirizine twice a day. In this case, try to space the doses 10 to 12 hours apart.

## **How to take it**

You can take cetirizine with or without food.

Always take cetirizine tablets or capsules with a drink of water, milk or juice. Swallow them whole. Do not chew them.

Cetirizine liquid may be easier for children to take than tablets or capsules. The liquid medicine will come with a plastic syringe or spoon to help you measure out the right dose.

If you don't have a syringe or spoon, ask your pharmacist for one. Do not use a kitchen teaspoon as it will not give the right amount.

## **When to take it**

You may only need to take cetirizine on a day you have symptoms - for example, if you have been exposed to a trigger like animal hair.

Or you may need to take it regularly to prevent symptoms - for example, to stop hay fever during spring and summer.

## **What if I forget to take it?**

Take your forgotten dose as soon as you remember, unless it's nearly time for your next dose. Do not take a double dose to make up for a forgotten dose.

If you forget to give a dose to a child who is taking cetirizine twice a day, you can give the dose if it's within 4 hours of when they should have had it.

If you remember more than 4 hours after, do not give the missed dose. Instead, wait until the next dose and carry on as normal.

If you forget doses often, it may help to set an alarm to remind you. You could also ask your pharmacist for advice on other ways to help you remember to take your medicine.

## What if I take too much?

Cetirizine is generally very safe. Taking too much is unlikely to harm you or your child.

If you take an extra dose by mistake, you might get some of the common side effects.

If this happens or you're concerned, contact your doctor.

## Side effects

Like all medicines, cetirizine can cause side effects, although not everyone gets them.

### Common side effects

Common side effects of cetirizine happen in more than 1 in 100 people.

Talk to your doctor or pharmacist if these side effects bother you or don't go away:

- feeling sleepy and tired;
- headaches;
- dry mouth;
- feeling sick (nausea);
- feeling dizzy;
- stomach pain;
- diarrhoea;
- sore throat;
- cold-like symptoms of the nose;
- itching or a rash;
- tingling in your hands and feet;
- feeling agitated.

Children are more likely to get diarrhoea or cold-like symptoms of the nose than adults.

### Serious side effects

It's rare to have a serious side effect with cetirizine.

Call your doctor straight away if you have bruising or bleeding that's more than normal.

Serious allergic reaction

In rare cases, it's possible to have a serious allergic reaction (anaphylaxis) to cetirizine.

**Immediate action required: Call 999 or go to A&E if:**

you get a skin rash that may include itchy, red, swollen blistered or peeling skin  
you're wheezing  
you get tightness in the chest or throat  
you have trouble breathing or talking  
your mouth, face, lips, tongue or throat start swelling

**You could be having a serious allergic reaction and may need immediate treatment in hospital.**

These aren't all the side effects of cetirizine. For a full list, see the leaflet inside your medicines packet.

## LORATADINE (INCLUDING CLARITYN)

1. About loratadine
2. Key facts
3. Who can and cannot take loratadine
4. How and when to take it
5. Side effects
6. How to cope with side effects
7. Pregnancy and breastfeeding
8. Cautions with other medicines
9. Common questions

### 1. About loratadine

Loratadine is an antihistamine medicine that relieves the symptoms of allergies. It's used to treat:

- [hay fever](#)
- [conjunctivitis](#) (red itchy eyes)
- [eczema](#)
- [hives](#) (urticaria)

It's also used for reactions to [insect bites and stings](#) and for some [food allergies](#).

Loratadine is known as a non-drowsy antihistamine. It's much less likely to make you feel sleepy than some other antihistamines.

Loratadine is available on prescription. You can also buy it from pharmacies and supermarkets.

It comes as tablets or as a liquid that you swallow.

### 2. Key facts

- It's usual to take loratadine once a day.
- Loratadine is classed as a non-drowsy antihistamine, but some people still find it makes them feel slightly sleepy.
- Children may also have a headache and feel tired or nervous after taking loratadine.
- It's best not to drink alcohol while you're taking loratadine as it can make you feel sleepy.
- Loratadine is also called by the brand names Clarityn Allergy and Clarityn Rapide Allergy.

### 3. Who can and cannot take loratadine

Loratadine can be taken by adults and children aged 2 years and older.

**Loratadine isn't suitable for some people. Tell your doctor or pharmacist if you:**

- have had an allergy to loratadine or any other medicines in the past
- have severe liver failure
- have an intolerance to, or cannot absorb, some sugars such as [lactose](#) or sucrose
- have [epilepsy](#) or another illness that puts you at risk of fits
- have a rare illness called porphyria
- are booked to have an [allergy test](#) – taking loratadine may affect the results so you might need to stop taking it a few days before the test

#### **4. How and when to take it**

If you or your child have been prescribed loratadine, follow your doctor's instructions about how and when to take it. If you've bought loratadine from a pharmacy or shop, follow the instructions that come with the packet.

#### **Dosage**

Loratadine comes as 10mg tablets and as a liquid medicine (labelled either 5mg/5ml or 1mg/1ml). You can take loratadine with or without food.

The usual dose in adults is 10mg once a day.

Doses are usually lower for people with liver problems.

For children, your doctor will use your child's weight or age to work out the right dose.

#### **How to take it**

Loratadine comes as 2 different types of tablet – ordinary and melt-in-the-mouth tablets.

Swallow ordinary loratadine tablets with a drink of water, milk or juice. If the tablet has a score line, you can break it in half if you find it hard to swallow it whole. Do not chew it.

Melt-in-the-mouth tablets dissolve instantly on your tongue without needing a drink. Be careful not to crush them when you take them out of the packet.

Loratadine liquid may be easier for children to take than tablets. The medicine will come with a plastic syringe or spoon to help you measure out the right dose. If you don't have a syringe or spoon, ask your pharmacist for one. Do not use a kitchen teaspoon as it will not give the right amount.

Loratadine tablets and melt-in-the-mouth tablets must only be taken by children aged between 2 and 12 years if they weigh 30kg or more. Give children loratadine liquid if they weigh less than 30kg.

#### **When to take it**

You may only need to take loratadine on a day you have symptoms, for instance if you've been exposed to a trigger such as animal hair. Or you may need to take it regularly to prevent symptoms, such as hay fever during spring and summer.

#### **What if I forget to take it?**

Take your forgotten dose as soon as you remember, unless it is nearly time for your next dose. Do not take a double dose to make up for a forgotten dose.

If you forget doses often, it may help to set an alarm to remind you. You could also ask your pharmacist for advice on other ways to help you remember to take your medicine.



## What if I take too much?

Loratadine is generally very safe. Taking too much is unlikely to harm you or your child.

If you take an extra dose by mistake, you might get a headache, have a rapid heartbeat or feel sleepy. If this happens or you're concerned, contact your doctor.

## 5. Side effects

Like all medicines, loratadine can cause side effects although not everyone gets them.

### Common side effects

The most common side effect of loratadine is feeling sleepy. This happens in more than 1 in 100 people.

Side effects in children may include:

- headaches
- feeling tired
- feeling nervous

### Serious allergic reaction

In rare cases, loratadine may cause a serious allergic reaction ([anaphylaxis](#)).

**Immediate action required: Call 999 or go to A&E if:**

you get a skin rash that may include itchy, red, swollen, blistered or peeling skin  
you're wheezing  
you get tightness in the chest or throat  
you have trouble breathing or talking  
your mouth, face, lips, tongue or throat start swelling  
You could be having a serious allergic reaction and may need immediate treatment in hospital.

These are not all the side effects of loratadine. For a full list see the leaflet inside your medicines packet.

Information:

You can report any suspected side effect using the Yellow Card safety scheme.

[Visit Yellow Card for further information.](#)

## 6. How to cope with side effects

What to do about:

- **feeling sleepy** – try a different non-drowsy antihistamine. If this doesn't help, talk to your doctor.

- **headaches** – rest and drink plenty of fluids. Ask your pharmacist to recommend a painkiller. Headaches should normally go away after the first week of taking loratadine. Talk to your doctor if they last longer or are more severe.
- **feeling tired or nervous** – talk to your doctor or pharmacist if these side effects don't go away as they may be able to offer you a different antihistamine.

## 7. Pregnancy and breastfeeding

It's generally safe to take loratadine during pregnancy and while breastfeeding.

For more information about how loratadine can affect you and your baby during pregnancy, [read this leaflet on the Best Use of Medicines in Pregnancy \(BUMPS\) website](#).

### Loratadine and breastfeeding

It's usually safe to take loratadine if you're breastfeeding as only small amounts get into breast milk.

If you're breastfeeding and your baby was premature or has other health problems, talk to your doctor before taking loratadine.

## 8. Cautions with other medicines

Some medicines and loratadine interfere with each other and increase the chances of you having side effects.

Tell your doctor if you're taking:

- amiodarone, a medicine used to treat an irregular heartbeat
- cimetidine, an indigestion medicine
- [erythromycin](#), an antibiotic
- ketoconazole, a medicine to treat fungal infections
- midodrine, a medicine used to treat low blood pressure
- ritonavir, a medicine used to treat HIV infection
- any medicine that makes you feel sleepy, gives you a dry mouth or makes it difficult for you to pee. Taking loratadine might make these side effects worse

### Mixing loratadine with herbal remedies and supplements

There might be a problem taking some herbal remedies and supplements alongside loratadine – especially ones that cause sleepiness, a dry mouth or make it difficult to pee.

## MEDICINES WHICH MEDICAL CENTRE NURSES MAY DISPENSE

Paracetamol

Ibuprofen

Sudafed

Piriton

Loratadine

Cetirizine

Stugeron

Imodium

Mebendazole

### **Topical Medicines**

Arnica

Bonjela

Anthisan

Olbas Oil

Ibuprofen gel

Hedrin/ Topical treatment for Headlice

**MEDICINES WHICH CAN BE DISPENSED BY BOARDING HOUSE  
STAFF AT CRANLEIGH SCHOOL AND CRANLEIGH PREP SCHOOL**

Paracetamol

Ibuprofen

Loratadine

Cetirizine

**Topical medicines available from the Medical Centre**

Anthisan

Olbas oil

Bonjela

Arnica

Hedrin/ Topical treatments for head lice

Risk Assessment for Self-Administration of Medication

**SELF MEDICATION**

Name..... House .....

Date of Birth.....

Medicine	Condition	Dosage	Frequency	Duration

- I am happy to/prefer to self-administer my medicine
- I will take responsibility for my own medicine
- I understand what the medicine is for
- The nurse/matron has made me aware of the side-effects
- I will only take the medicine as prescribed
- I will notify the nurse/matron if I forget to take my medicine
- I will see the nurse or matron if I have any questions about my medicine
- I understand that medicine should be kept locked in my room
- I will not share my medicine with anyone
- I understand when I should stop taking the medicine
- I will return any unused medicine to the Medical Centre/Matron for safe disposal
  
- I will see the nurse for review on .....

Pupil signature..... Date.....

Nurse/Matron completing assessment for Gillick competence.....

Nurse/Matron signature.....Date.....

House parent signature.....Date.....

## **Allergy and Anaphylaxis Protocol**

Cranleigh School is committed to providing a safe and inclusive environment for all pupils. This policy/protocol outlines the procedures and responsibilities necessary to ensure the safety of all pupils and staff.

An allergy is a hypersensitivity reaction to an allergen such as medication, food, pollen, or animals. Minor allergies can cause symptoms such as hives, runny nose, teary, red eyes, and in some cases, can trigger an asthma attack. Anaphylaxis is a severe, generalised, life-threatening allergic response to an allergen that causes shock. Anaphylaxis can be fatal if not treated promptly with epinephrine/adrenaline.

### **Mild allergy symptoms can include:**

Tingling to lips and mouth  
Slight external facial swelling  
Nausea  
Red, teary eyes  
Rhinitis/ runny nose  
Urticaria (nettle rash or hives)  
Abdominal pain  
Shortness of breath or asthma attack

### **Treatment:**

Oral antihistamine such as Piriton  
Reliever inhaler if prescribed

**Anaphylaxis** can be life-threatening, but is treatable. The key to caring for pupils at risk is to have accurate, comprehensive information. Pupils with any allergies must be identified on the school health forms before attending school. Parents must provide two in-date Adrenaline auto-injectors (AAIs) on the pupil's arrival at Cranleigh school. Pupils with known anaphylaxis will not be allowed to attend school without up-to-date auto-injectors.

Anaphylactic reactions among children are uncommon. Causes include peanuts, fish, milk, and egg. Less commonly, a child may be at risk of allergy to tree nuts (e.g. almonds, walnuts, cashew nuts, brazil nuts), sesame seeds, shellfish and other foods. In recent years, kiwi fruit has begun to present a significant problem in young children. Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other drug or injection.

The school nurses will liaise with the parents to ascertain the full extent of the allergy and they will be asked to complete an individual care plan for their child. Research has shown that children whose allergies are managed with the help of a care plan are less likely to have severe reactions.

### **Anaphylaxis signs and symptoms can include:**

Generalised flushing of the skin  
Urticaria (nettle rash or hives) anywhere on the body  
Sense of impending doom  
Swelling of the face, mouth, tongue and throat  
Difficulty in swallowing or speaking  
Alterations in heart rate  
Severe shortness of breath or difficulty in breathing  
Abdominal pain, nausea and vomiting  
Sudden feeling of weakness (caused by rapid fall in blood pressure)  
Cyanosis  
Collapse and unconsciousness  
Cardiac or respiratory arrest

## **Treatment and Management of Anaphylaxis at school**

Intramuscular epinephrine/adrenaline is the **only** definitive treatment for anaphylaxis. This is delivered by either an Epipen or Jext auto-injector which is prescribed in the appropriate dose for the pupil.

All school staff, including teachers, administrative staff and support staff will receive annual training on recognising the symptoms of anaphylaxis and administering an AAI (Epipen/Jext).

All pupils prescribed an Epipen/Jext **must have 2** auto injectors in school at all times.

Parents/Guardians are responsible for providing a current, completed Allergy Action Plan.

- In the Senior School **pupils must carry both their auto-injectors with them at all times.**
- In the Prep School auto injectors will be kept in a named zip lock bag in matron's office.
- Pupils in years 7 & 8 should carry one auto-injector at all times and the second will be kept in matron's office.

The second auto-injector will also have a copy of the Allergy Action plan for the pupil.

The plan can also be found on iSAMS.

## **In the event of an episode of Anaphylaxis**

If a pupil experiences symptoms of anaphylaxis, staff members should:

- Keep the child where they are, call for help and do not leave them unattended.
- Help the pupil to lie down, ideally with their feet raised. They can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- Call 999, ask for an ambulance and state 'anaphylaxis' (ana-fill-axis)
- Commence CPR if there are no signs of life
- If no improvement after 5 minutes, administer second AAI.
- Call parent as soon as possible. Whilst you are waiting for the ambulance, keep the child where they are.
- Call the Medical Centre (Matrons office at CPS)
- Stay with the pupil and reassure them. Do not allow them to move or stand up, even if they are feeling better
- Make a note of the time the AAI was administered
- Stay with the pupil and reassure them until medical help arrives.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

#### Aftercare and Follow-Up:

- All pupils should be taken to hospital (ideally by ambulance) following an episode of anaphylaxis for further monitoring, in case of relapse
- Following an anaphylactic episode, the school will liaise with the pupil's parents/guardians and healthcare providers to review the incident and update their Anaphylaxis Action Plan if necessary.

The school will provide necessary support and accommodations to help pupils manage their allergies and reduce the risk of future reactions.

#### **Training and Information**

All members of staff will have annual training on allergies and anaphylaxis. Staff can access online training modules or they can attend training sessions and have the opportunity to practice using trainer auto-injectors.

All pupils with anaphylaxis will have a photo on the serious health concerns list which is displayed in key staff areas and the dining hall. Staff should try and familiarise themselves with this list. This list will be routinely updated when new pupils arrive at school.

#### **Allergies and food in school**

The Catering Department is sent a copy of the Health Concerns Lists.

As part of its quest to make the school environment safe for Pupils, Cranleigh School takes the following steps: Providing information and awareness programmes, staff training and avoidance of using particular ingredients and emergency response protocols. The school cannot guarantee an allergen free environment.

#### **School Trips**

When going on school trips the Medical Centre will inform the teacher in charge which students have allergies and the teacher must ensure pupils have both their AAIs with them before leaving. In the Prep School the AAIs should be collected from matron's office.

Both auto injectors must be taken on school trips.

In order to ensure the safety of anaphylactic children, the cooperation of the entire school community is required.



**Glandular Fever Protocol**

As requested by school GPs.

On diagnosis of Glandular Fever pupils should be off contact sports for four weeks and then be checked by a GP for splenic enlargement before they go back to contact. If the pupil is feeling well they can do strength training, but to work comfortably within their exercise tolerance.