



## St Michael's Prep School

# Administration and Storage of Medication Policy and Procedure

Date of Last Review:	November 2019	Review Period:	
Date of Next Review:	As required	Owner:	Health & Safety Committee ACA and KAT
Type of Policy:	Compliance	Governors' Approval	

### 1. Introduction

This policy sets out how prescribed and non-prescribed medicines are managed for the benefit and safety of all pupils and staff. It takes into account regulatory requirements, Section 100 of the Children and Families Act 2014, the Equality Act 2010 and DfE guidance; "Supporting Pupils at school with Medical Conditions" Dec 2015 although this is not a statutory document for Independent schools and "Managing Medicines in Schools and Early Years Settings" March 2005.

This policy is reviewed every two years or if legislation changes. The Governors' Welfare committee has oversight of this policy. This policy applies also to EYFS.

### Principles

Children with medical conditions should be supported so that they have full access to education including school trips and physical education. Caring for children with medical needs is part of our pastoral work at school and we recognise that children can be sensitive about health issues. Where possible the child will be responsible for their own medicines. Managing the medical needs of a child is considered a reasonable adjustment under SEND legislation. Where medical issues require absence from school pupils will be enabled to access remotely an appropriate curriculum, modified if need be.

### Related policies

Safeguarding  
SEND  
Equal Opportunities  
Health and Safety  
First Aid

Sun Protection  
Off games policy  
Transition policy

## **2. Responsibilities**

### **2.1 The Governors**

Are responsible for ensuring that arrangements are in place to support children with medical conditions and that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported

**2.2 The Head** has overall responsibility for this policy and is responsible for identifying and meeting the training needs of all staff. Responsibility for the overseeing the implementation of this policy is delegated to the Health and Safety leader

### **2.3 The Director of Finance and Operations**

Ensuring that the school's insurance covers staff upholding this policy, providing support to pupils with medical conditions, administering medicines and that staff are aware of this insurance and what it covers. Organising the safe disposal of the sharp box, should there be one and medical waste. In the event of the Operations Manager's absence clarifying who will carry out her roles.

### **2.4 The Health and Safety Leader**

Overseeing and implementing the policy  
Reviewing issues arising from it  
Liaising with Office staff in Prep and Pre-Prep to ensure consistency  
Identifying training that will support effective implementation  
The induction of new staff in their responsibilities regarding students with medical conditions  
Countersigning the medicine permission forms  
Reviewing Personal Care Plan (PCP)

### **2.5 Director of Marketing and Admissions**

Obtaining, inputting and disseminating known medical information and appropriate contact details for all new pupils.

### **2.6 The School Nurse and Operations Manager (Prep)**

Ensuring receipt, release and return, and storage of medication procedures are followed.  
Communicating with parents about matters related to day-to-day administration.  
Liaising with office team and colleagues in Pre-Prep to ensure effective implementation of procedures.  
Taking the grab bag which contains the folder of PCP's, the emergency inhaler and the emergency AAI in an emergency evacuation.  
Organising for the First Aid Boxes to be checked and replenished each term.  
Ensuring expired medicines throughout the school are collected at least every holiday.  
Ensuring that class teachers fulfil their duties regarding medication and are supported in so doing.  
Training, information, support for conditions that require heavy intervention.

## 2.7 Class teachers

Knowing and understanding the medical needs of the children in their form class and monitoring those who need to take medicine in the school day. Supporting pastorally, children with medical needs so that they can enjoy and achieve as fully as possible at school. Completing the PCP, and sharing this with staff.

## 2.8 Pastoral Deputy

Following up pastoral needs, identified through the first aid process.

## 2.9 The Deputy Head Teaching and Learning

Establishing access arrangements to a modified timetable or offsite curriculum where the medical needs of the child necessitate and ensuring that all children make good progress regardless of their medical needs.

## 2.10 The Head of Learning Development

Drawing up and applying for EHCP with the relevant LEA, training all staff in how they can modify their practice to meet the needs of the child. Overseeing the work of the school nurse.

## 2.11 All Staff

Having regard for the medical needs of all children when planning lessons or supervising children. Declaring any medical condition to the head that might affect your ability to be in sole charge of children off site. Understanding that you cannot be required to administer medication if you do not wish to do so. Fulfilling your duties as detailed on the PCP.

## 2.12 Games Staff

Being personally responsible for knowing the medical needs of those in your team on and off site. Following the procedures for the release and return of medications. Ensuring the safety of and access to the medicines at all times they are in your care following release and return protocol. Ensuring medications given during games are recorded on Edaware by advising the School Nurse or office staff. Reporting all medical incidents or illness during games onsite and offsite to the School Nurse or Operations Manager.

## 2.13 Trip Leaders

Carrying out a Medical Risk assessment as early as possible for your trip including planning within the Risk Assessment for any staff conditions which impact their ability to be in sole charge. Allocating specific responsibilities to named trip staff and recording all medicines administered on trips. Giving these records to the office on return. Ensuring the safety of and access to the medicines at all times they are in your care, maintaining the privacy of pupils in so doing.

## 2.14 Parents

Providing the school with all relevant health information to secure your child's wellbeing, health and success. Sharing in the drawing up of effective plans to meet your child's medical needs. Securing where possible a form of medication for your child that does not require administration during school hours (i.e. slow release).

## 2.15 Pupils

Sharing your experience of your health so as to enable the school to meet your needs. Carrying out self-administration procedures reliably and responsibly, with supervision as agreed. Supporting fellow pupils with medical needs with compassion, sensitivity and respect.

## 2.16 Community Nursing teams

*Tel: 0300 123 1816 email: [kchft.schoolhealth@nhs.net](mailto:kchft.schoolhealth@nhs.net). The NHS school health teams across Kent have a single point of access. The team consists of school nurses, school staff nurses, school nurse assistants and secretarial support. All school nurses are qualified nurses, with specialist training in public health. The team offers health assessments for all children and families to find out any health needs they may have. They also offer school-based support for individual pupils. They are responsible for identifying and advising on the appropriate training needed for specific staff.*

## 2.18 GPs and other health care professionals

Liaising with schools to provide support about a specific child where it is in the child's best interests to do so. The Local Health and Wellbeing Board will provide a forum for considering how to strengthen links between education, health and care settings. Local Health and Wellbeing Board Support officer: Ann Hunter. 03000 416287

## **3. Training**

- All staff are made aware of their role within this policy as part of their induction.
- Staff will be trained in the administration of medicine that requires medical or technical knowledge and in how to effectively support specific pupils with medical conditions. See appendices 2 and 3
- The school is working to create a PCP, (attached in SIMS) for all children with a medical condition
- An individual 'Education Health and Care Plan' (EHCP) will be established for children who require one on medical grounds, in consultation with parents, the pupil and health professionals as required. This plan will be shared with staff on a need to know basis and a copy will be kept in the office and will be attached in SIMS. These plans are reviewed annually with pupil and parent and health care professional participation. Transition plans include effective dissemination of advice within the privacy principles of GDPR

## **4. Communication**

The parent handbook sets out what parents should do if their child requires medication at school. This is given to each family annually and is available on the website. No child can have any prescription medicine at school if it has not been prescribed. Written permission to administer medication must be received by the office for all prescribed medications. This is to keep all children safe.

### **Medicines at School**

If a child has to bring prescribed medication or over the counter medication into school, the medication must be brought directly to the office in its original packaging on which the prescription will be, together with a signed Permission for administering medicines form from a parent stating dosage, times and authorisation to administer medicine.

Although every care will be taken to give the medicine at the correct time please note that there might be occasions where this does not happen, usually because the child forgets. Should this occur the office will endeavour to inform the parents.

Special arrangements and training where necessary are put in place for pupils who have particular ongoing medical conditions or requirements which include Asthma, Epilepsy, Cystic Fibrosis, Diabetes and Anaphylactic medication. The arrangements made for such pupils are in Personal Care Plans which are drawn up with parents as partners. In accordance with the amendments made to the Human Medicines Regulations 2012 the school will stock emergency Salbutamol asthma inhalers and EpiPens.

## **5. Prescribed Medicines**

Medicines should only be administered at school when it would be detrimental to the child's health or school attendance not to do so. Wherever possible medicines should not be administered at school at all by the prescription of slow release medicines.

Prescribed medication for a pupil will only be administered if prescribed by a **UK registered medical practitioner**. Medicine (both prescription and non-prescription / over the counter) can only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Homeopathic medication cannot be administered in school.

### **5.1 Receipt of medicines**

- a. Prescribed medicines (in date) should be handed to one of the office staff by the parent/guardian of the child with the attached permission form completed for school records.
- b. Medicines need to be in their original prescription container which should show the child's name, date, the dosage required, the storage requirements, the expiry date and the number of days it should be administered (the only exception to this is insulin)
- c. The School Nurse or Operations Manager should alert the form teacher of the requirement for a child to take medicine. It is the School Nurse or Operations Manager's -responsibility to make sure that they do.

### **5.2 Storage by school**

- a. ~~Most~~ Medicines will be kept in a cupboard or the fridge (if indicated) in the school office/first aid room and should be collected at the end of the required administration period by the parent/guardian, controlled drugs will be kept locked in a cupboard and collected by a parent or guardian if being shared between school and home. Controlled medications will be locked in a box in a locked cupboard.
- b. Medicines to control life threatening issues must be readily available to children ~~and not locked away~~. (these are kept in the school office which is locked when empty and stored in The Hive)
- c. Children should know where their medicine is kept at school and on trips / matches
- d. If the medicine is kept in a locked cupboard they should know who holds the key
- e. Expiry dates are reviewed in each half term holiday and reminders are sent by the School Nurse or the Operations Manager to parents to collect and where necessary replace expired medicines.

### **5.3 Administration Protocols**

- a. Children come to the Reception area at the prescribed times to receive their medication. Office staff will endeavour to track them down if they do not arrive and will alert duty teachers using the walkie talkies.
- b. Staff administering the medicine should remind the pupil to let them and their parents know if they experience any of the side effects, any reported side effects should be added to the administration record and communicated by email to the parents.
- c. Staff who teach the child at the point in the day when they are required to attend for medication will assist the form teacher in ensuring that they go.
- d. Medicines administered will be recorded on Edaware and will be observed by another member of staff to ensure correct dosage, unless by the school nurse. Controlled medications will always be checked by two members of staff.

## 5.4 Release and Return Protocols

Staff responsible for fixtures and trips require school held medicines to be released to them. The medicines are collected and signed out by the staff responsible. Following the return from the trip the medicines are signed back in again. The return of the medicines must be done before staff leave the building. The School Nurse or Operations Manager are to check each morning that all medication has been signed back in from the previous day.

5.5 Prep, Pre-Prep and The Hive keep an emergency asthma inhaler and Adrenaline Auto-Injector (AAI) at school.

The protocol for the emergency inhaler use is detailed below.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

*From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty) The protocol should include the following – on which this guidance provides advice:*

- *arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the school's policy on supporting pupils with medical conditions*
- *having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler*
- *having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan*
- *ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use*
- *appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions*
- *keeping a record of use of the emergency inhaler as required by Supporting pupils and informing parents or carers that their child has used the emergency inhaler*
- *having at least two volunteers responsible for ensuring the protocol is followed*

***A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.***

The protocol for the emergency Adrenaline Auto-Injector (AAI) is detailed below.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk

of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. An anaphylactic reaction always requires an emergency response Any AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA,<sup>1</sup> and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil. This change applies to all primary and secondary schools (including independent schools) in the UK. Schools are not required to hold AAI(s) – this is a discretionary change enabling schools to do this if they wish. Those facilities choosing to hold a spare AAI(s) should establish a policy or protocol for their use in line with "Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England"<sup>2</sup> (Supporting Pupils), and with reference to the guidance in this document. The protocol could be incorporated into the wider medical conditions policy required by Supporting Pupils. An effective protocol should include the following – on which this guidance provides advice:

- arrangements for the supply, storage, care, and disposal of spare AAI(s) in line with Supporting Pupils.
- a register of pupils who have been prescribed an AAI(s) (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).
- written consent from the pupil's parent/legal guardian for use of the spare AAI(s), as part of a pupil's individual healthcare plan.
- ensuring that any spare AAI is used only in pupils where both medical authorisation and written parental consent have been provided.
- appropriate support and training for staff in the use of the AAI in line with the schools wider policy on supporting pupils with medical conditions.
- keeping a record of use of any AAI(s), as required by Supporting Pupils and informing parents or carers that their pupil has been administered an AAI and whether this was the school's spare AAI or the pupil's own device.

## **6. Pain Killers and Fever Control Medications**

Children who are not well in the morning should not be brought to school. In the event of a child becoming ill during the school day, the temperature of the child is taken using a thermometer and recorded on Edaware. If it is not high, no further action is taken and the child is asked to return to class. As children presenting as ill with regularity can be a symptom of a pastoral or safeguarding issue, form teachers are informed if a child comes to the office. This can be recorded on Edaware. If the child has a temperature, parents are rung and asked to collect the child. If the child is suffering from toothache or similar, a call will be made to parents to obtain permission to administer pain relief. Staff will ensure that another colleague listens to the conversation giving authority. Where possible the parent is asked to email permission to administer paracetamol. This conversation will be recorded on Edaware. A child with a headache will be asked to drink water and return at a specified time if the headache persists. This is because headaches are often a sign of dehydration. The school only keeps paracetamol for pain and fever relief. Medication will not be given to any child without permission. No painkiller or fever control medication will be administered at school before 12.30pm unless we have received written permission from parents. This is to prevent a child from being overdosed on painkillers.

## **7. Allergy relief**

The school keeps Piriton to relieve children suffering from food allergies, hayfever or reaction to insect stings. A call will be made to parents to obtain permission to administer should the child present in such distress as prevents them from accessing the curriculum. Children at the risk of anaphylaxis should have their own Piriton in their medipac.

## **8. Paracetamol tablets**

The office stocks paracetamol tablets for the use of staff and pupils over 10 years old.

## **9. Inhalers and Epi Pens**

9.1 Inhalers and auto injectors will be stored in a ~~locked~~ cupboard or office unless it has been agreed that the child should have the inhaler or auto injector with them at all times.

9.2 From DfE: Responding to signs of an asthma attack:

- *Keep calm and reassure the child*
- *Encourage the child to sit up and slightly forward.*
- *Use the child's own inhaler – if not available, use the emergency inhaler*
- *Remain with child while inhaler and spacer are brought to them*
- *Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately*
- *If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.*
- *Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better*
- *If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE*
- *If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way*
- *The child's parents or carers should be contacted after the ambulance has been called.*
- *A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.*

9.3 If a child carries their own medication, this fact will be recorded in SIMS and communicated to all staff. The responsibility of the child to have and carry their medication on a trip or match must be checked by the member of staff responsible for that trip or fixture.

9.4 It is the parents' responsibility to check that inhalers and auto injectors that children carry are in date.

9.5 Administering Epi-pens

Staff who administer epi pens have been trained to do so see appendix 2

For procedure for administering epi pens see appendix 3

9.6 Managing diabetes

Staff who administer insulin have been trained to do so see appendix 4

For procedure for administering insulin see appendix 5

## **10. Administration of creams or lotions.**

Where there is a requirement to administer a cream or lotion to a child in Pre-Prep permission needs to be sought from the parent. Prep children will be expected to apply it themselves and be taught at home how to do this. (See sun protection policy)

## **11. Mental Health**

Although medicines rarely play a part in meeting the medical needs of mental health issues, the school will recommend the service of health professionals to meet these medical needs where the school believes this to be in the child's best interests

For recommended practitioners see appendix 6

## **12. Staff Medication**

**12.1** Staff are asked on recruitment, whether they have any condition which might mean they cannot accept sole responsibility for children off site.

**12.2** If members of staff are taking medication which might affect their ability to care for children they should seek medical advice and inform their line manager.

**12.3** Staff who require pain relief can access the school paracetamol supply. If they do so they sign in "staff medication" book and their dosage is recorded in a separate staff medicines log.

**12.4** Staff medication on the premises must be securely stored and out of the reach and access of children at all times.

**12.5** When staff sign on the sign in sheets they also agree that: *Practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking medication which may affect their ability to care for children, those practitioners should seek medical advice. Providers must ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises must be securely stored, and out of reach of children, at all times.*

## **13. Record Keeping**

A chart is kept in each office detailing what medicines are stored on site, to whom they belong and when they expire. This is checked each half term by the School Nurse and updated as new or replacement medications are brought in to school for pupils.

## **14. Disposal**

Expired medicines are collected by parents to be disposed of safely. Unused medicines where families have left the school should be taken to a pharmacy for safe disposal.

A sharps box should be used for the safe disposal of needles. The management of the sharps box is the responsibility of the DFO

## **15. Critical incidents**

In an emergency at school (fire/evacuation) either the Head's Secretary, HR Officer or Operations Manager will take the emergency 'grab bag' from the Prep Office, which contains a folder of all pupils' PCPS, emergency inhalers and emergency epipens.

## **16. Privacy under GDPR**

The school recognises that medical information is confidential. Medical information is shared on a need to know basis guided by the principle of what is in the child's best interests. This is because a large number of adults are responsible for the well-being of a child in any one day so communication will prioritise medical requirements over confidential detail. So for example all staff might be aware that a child needs to take medicine at noon so that cover lessons and duties are taken care of but they will not know what this medication is for. The emotional and mental well-being of a child will rely on a respect of their privacy. The timing, location and manner of all investigations regarding their well-being must ensure this.

Information shared with staff at briefings must respect this principle.

All medical information is kept secure. If an ambulance is called the medical and contact details are shared with the crew.

Medical information is shared with the school to which a pupil transfers with parental permission.

## **17. Complaints**

Parents who feel dissatisfied with the support provided to children with medical conditions should follow the school's complaints procedure.

## **18. Monitoring and evaluation of this policy**

This policy is monitored and evaluated by the health and safety leader and forms part of her health and safety report to governors annually. In doing this, advice is sought from appropriate health professional

**Reviewed May 2018, April 2019, November 2019**

**JAI KTA ACA**



## Appendix 1

## Permission for Administering Medicines

<b>Pupil's Name:</b>		<b>Form:</b>	
Name of Medication:		Expiry date:	
Dose:		Time (s):	
Date to be given from:		Date to finish:	
Treatment for:	Storage requirements (room temperature/fridge):		
Possible side effects:			
Any additional information:			

	Please initial
I understand medicines need to be in their <b>original container with prescription label</b> , if applicable	
I understand my child will be supervised when administering medications wherever possible	
I undertake to collect medicines from school promptly when required to do so	
I undertake to ensure that all medication kept at school for my child is 'in date'	
<b>Asthma</b> – if my child's inhaler is unavailable I give consent to an emergency inhaler being given to my child	
<b>Anaphylaxis</b> – if my child's EpiPen is unavailable I give consent to an emergency EpiPen to be used for my child	
I agree / do not agree to staff applying sun cream to my child <b>(Pre-Prep children only)</b>	

Name of Parent:		
Signature of Parent:		Date:

I give permission for my child to administer his/her own medicine and he/she has signed below to show that he/she understands that medicine will be kept securely, administered according to the prescription and that it must not be given to another child <b>(Prep children only)</b>		
Signature of child:		Date:

Signature of member of staff receiving medicine:	
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## Appendix 2

### Staff who have attended Anaphylaxis & Epi-Pen Guidance Training – 05.12.17

Emily Aisher	Anna Murch	Jo Salmon
Rosemary Baisch	Nicolette Paizes	Tom Smith
Di Birmingham	Jenni Rawlinson	Kathryn Taylor
Ben Halford	Di Rees	Joel Thomas
Rhys Morgan		

### Staff who have attended Epi-Pen Familiarisation Training – 11.10.17

Sarah Bailey	Rachel Jeffery	Naomi Rose
Julie Barnes	Sara Lake	Bethany Shaw
Jacqui Cain	Zerrin Leech	TJ Smith
Jane Gray	Mandy McCracken	Rebecca Williams

All staff who are First Aid trained will have covered the use of Adrenaline Auto-Injectors as part of their course. Please refer to the First Aid Policy for all trained First Aiders.

## Appendix 3

Someone experiencing anaphylaxis should be placed in a comfortable position.

Most people should lie flat.

Pregnant women should lie on their left side to avoid putting too much pressure on the large vein that leads to the heart.

People having trouble breathing should sit up to help make breathing easier.

People who are unconscious should be placed in the recovery position to ensure the airway remains open and clear – place them on their side, making sure they're supported by one leg and one arm, and open their airway by lifting their chin.

Avoid a sudden change to an upright posture such as standing or sitting up – this can cause a dangerous fall in blood pressure.

There is no need to remove clothing to use your EpiPen®, but make sure the orange end will not hit buckles, zips, buttons or thick seams on your clothes.

To remove EpiPen® from the carry case. Flip open the lid on the carry case. Tip the carry case and slide the EpiPen® out of the carry case.

Lie down with your legs slightly elevated to keep your blood flowing or sit up if breathing is difficult.

**Inject first then call 999 and ask for an ambulance and state anaphylaxis or get a colleague to call while you inject.**

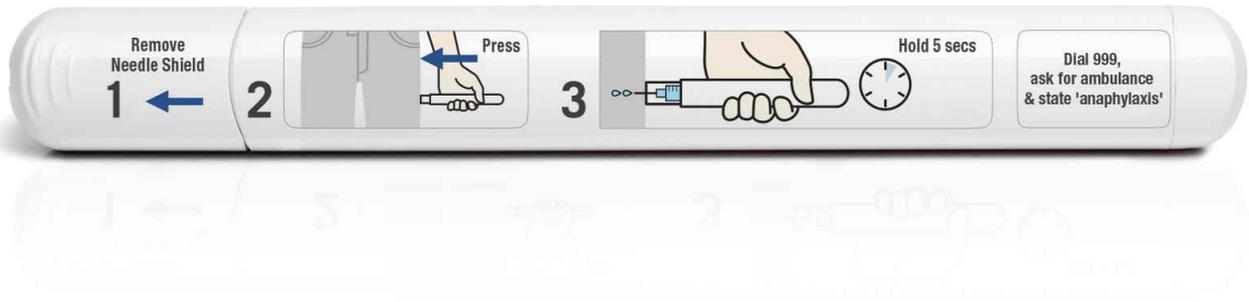


Each EpiPen® can only be used once. If symptoms don't improve, you can administer a second EpiPen® after 5-15 minutes.

## How to use an Emerade Pen

Emerade is an adrenaline auto-injector used for the emergency treatment of severe acute allergic reactions (anaphylaxis) to foods, medicines or insect stings. It can also be used for exercise induced anaphylaxis. If you experience anaphylaxis, use your Emerade immediately.

Emerade is a Prescription only Medicine and is available in Sweden, Norway, Denmark, Finland, France, Spain, the Netherlands, the UK, Ireland and Germany.



## How to use your Jext®

**Step 1:** Grasp the Jext® in your dominant hand (the one you use to write with) with your thumb closest to the yellow cap.

**Step 2:** Pull off the yellow cap with your other hand.

**Step 3:** Place the black injector tip against your outer thigh, holding the injector at a right angle (approx. 90°) to the thigh.

**Step 4:** Push the black tip firmly into your outer thigh until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.

**Step 5:** Massage the injection area for 10 seconds. Seek immediate medical help.



## Appendix 4

Staff who have been trained to administer insulin:

Jenny Beesley	Anna-Marie Norris
Abby Carlton	Becky Small
Tom Cobb	Joel Thomas
Rhys Morgan	

## Appendix 5

Training is provided for all staff expected to administer insulin.

<https://www.diabetes.org.uk/Diabetes-the-basics/Diabetes-treatments/#insulin>

## Appendix 6

### Mental Health Advisors

West Kent Mind      01732 744950      [hello@westkentmind.org.uk](mailto:hello@westkentmind.org.uk)

Kent Children & Young People's Mental Health Service CYPMHS - **0300 123 4496**

<https://www.nelft.nhs.uk/services-kent-children-young-peoples-mental-health>

### St Michael's Staff trained by West Kent Mind – Mental Health First Aid 18.04.18

Rosemary Baisch	Amanda Farmer	Laura Shield
Jamie Booth	Zerrin Leech	Kathryn Taylor
Jacqui Cain	Juliette Poracchia	Rebecca Williams
Abby Carlton	Jenni Rawlinson	Fraser Wiseman
Lucinda Cook	Jo Salmon	

### St Michael's Staff trained by West Kent Mind – Mental Health First Aid 23.04.19

Emily Aisher	Sara Martin	Jane Thornton
Tabitha Barratt	Penny McCredie	Karen Voce
Ceri Crane	Lou Medd	Steve Wade
Jenni George	Anna-Marie Norris	Jo Wilkinson
Jenni Lovell		

## Guidance to staff

Thank you for playing your part in ensuring all children can access the school curriculum fully. Remember these principles:

- Staff should enable children to access their medicine when and where they need it.
- All children are different. Children with the same condition may need different treatment.

- Read the child's pupil portrait or medical plan if they have one and be aware of any requirement to use the toilet or eat and drink in lessons.
- Carry a printed copy of the PCP with your planning for that class.
- Indicate that the child has this with a dot against their name in your mark book.
- You must have regard for the views of the child, their parents and medical practitioners.
- Where these do not foster and promote independence or may place a child in danger or at risk, you must challenge such views.
- If a child becomes ill in your lesson do send them **with a slip** to the office. Remember a child cannot be seen by the office unless they have a slip from staff.
- If a child's attendance pattern creates the need for extra tuition or a reduced curriculum, discuss this with the Deputy Head Teaching and Learning
- Where access to medication or a curriculum subject or a trip requires extra support, whilst it is helpful if a parent can provide this, it is not legal to require them to do so.