

Flanderwell Primary School

Supporting Children with Medical Needs (Including Allergies) and Medicines Policy 2023-2025



Approved by:

Date:

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'Respect, Inclusion, Aspiration, Kindness and Compassion'

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1. Introduction

At Flanderwell Primary, we aim to...

... provide an environment where **'every child'** grows, thrives and is prepared for life in the modern world and feels safe, happy and confident.

...ensure that **'every minute'** of our time is used well to ensure our pupils have the best possible chances of success during their time with us.

...provide an engaging and relevant curriculum which sets down the foundations for **'every hope'** and aspiration a child may have.

At Flanderwell, we have high expectations for all of our children and believe, wholeheartedly, that happy children learn. For this reason, we foster a warm, caring and inclusive environment and keep our children's interests at the heart of all we do. This includes promoting and expecting the highest standards of behaviour among our pupils including developing core values of **respect, kindness and compassion, inclusion and aspiration**. Safeguarding pupil and staff welfare is of the utmost importance to us.

2. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions, including children with allergies
- Pupils with medical conditions, including children with allergies, are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities, in a safe way
- All efforts are made to ensure that a child with an allergy has the opportunity to participate in **all** school activities and are not made to feel self-conscious or excluded.

The Executive School Board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Adam Cornes (Headteacher) in partnership with the Deputy Headteacher (Holly Wain) and Office Manager (Leigh-Anne Jackson/Carole McLean).

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The Trust

- The Executive School Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse

- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

- Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their Individual Care Plans (ICPs). They are also expected to comply with their ICPs (Age and stage dependent).

3.6 School nurses and other healthcare professionals

- Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's ICP.
- Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing ICPs when appropriate.

4. Equal opportunities

- Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.
- Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

- When the school is notified that a pupil has a medical condition or allergy, the process outlined below will be followed to decide whether the pupil requires an ICP. For allergies a child will always have a Care Plan in place and all staff who have contact with the child will be aware of this.

- The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.
- See Appendix 1.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of Individual Care Plans (IHP) for pupils with medical conditions. This has been delegated to the SENDCO.

- Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.
- Plans will be developed with the pupil's best interests in mind and will set out:
 - ✓ What needs to be done
 - ✓ When
 - ✓ By whom
- Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an ICP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.
- Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.
- IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.
- The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Executive School Board and the Headteacher will consider the following when deciding what information to record on IHPs:
 - ✓ The medical condition, its triggers, signs, symptoms and treatments
 - ✓ The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
 - ✓ Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
 - ✓ The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
 - ✓ Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
 - ✓ Who in the school needs to be aware of the pupil's condition and the support required
 - ✓ Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
 - ✓ Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
 - ✓ Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
 - ✓ What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

- Prescription and non-prescription medicines will only be administered at school:
 - ✓ When it would be detrimental to the pupil's health or school attendance not to do so **and**
 - ✓ Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.
- The school will only accept prescribed medicines that are:
 - ✓ In-date
 - ✓ Labelled
 - ✓ Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
 - ✓ The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.
- Medicines will be returned to parents to arrange for safe disposal when no longer required.

Storage of Medication – Foundation Stage/Key Stage 1 / 2

- For Foundation Stage and Key Stage 1 and 2 children inhalers and auto- injectors will be located within classrooms in an agreed and safe location. All other medication will be kept in the school office.
- The cupboard in the school office will be out of the reach of children but will be unlocked to allow for required access during the day and during after- school club hours.
- Any medication requiring refrigeration will be stored according to the recommendations on the packaging.
- All staff will be made aware of the location of inhalers, auto-injectors and any other emergency medication.
- The Headteacher (or designated person in the Headteacher's absence) and relevant class teachers will be informed by school office staff when a parent has brought in any new medication.
- Details of care-plan/emergency actions will be kept alongside emergency medications in agreed locations.

7.1 Controlled drugs

- Controlled drugs are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.
- A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.
- Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

- Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.
- Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- ✓ Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- ✓ Assume that every pupil with the same condition requires the same treatment
- ✓ Ignore the views of the pupil or their parents
- ✓ Ignore medical evidence or opinion (although this may be challenged)
- ✓ Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- ✓ If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- ✓ Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- ✓ Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- ✓ Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- ✓ Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- ✓ Administer, or ask pupils to administer, medicine in school toilets

8. Managing Allergies

Flanderwell Primary School classes itself to be an 'allergy and nut aware' school.

"A whole-school approach to allergy management equips all staff with the skills they need to not only be able to manage an emergency situation but also to ensure that they have the knowledge and understanding to create a safe and inclusive learning environment for all children "

Anaphylaxis management in schools

Some school staff may not imagine that they are ever likely to be with someone who might need to use their auto-injector in an emergency, or they may believe that "someone else" is responsible and will know what to do.

In reality it is important to understand that any member of staff at any time might be with a child or adult who is experiencing a severe allergic reaction, and therefore that all staff need to understand three key issues:

- 1) **Allergen avoidance:** in order to prevent children coming into contact with their allergen.
- 2) **Early recognition of symptoms:** how to spot the signs early and understand about patient positioning – which could save a child's life.
- 3) **Crisis management:** which would include using an adrenaline auto-injector (AAI) and understand about patient positioning which could save the child's life

In order to address these three issues above we will:

- ✓ **Fully implement our Allergens and Anaphylaxis policy (See policy) and ensure our approach is known and understood by all.**
- ✓ Identify a team of staff in school to manage allergens (SENDco, Office Manager and Pastoral Lead) and liaise with parents/carers and children in managing a child's allergen and anaphylaxis medication (AAIs)

- ✓ Ensure staff are appropriately trained: Anaphylaxis training involves **all of these 3 elements** and should encourage a 'whole school or organisation approach' to participation in the training.
- ✓ Obtain a spare adrenaline auto-injector (AAI) which is accessible at all times (including for after school provision)
- ✓ Ensure all children with allergies and those at risk of anaphylaxis have a care plan. These are updated annually through a conversation with parents to discuss any episodes or medical updates from the previous year.
- ✓ Ensure all staff are made aware of children with an allergy and those at risk of anaphylaxis. This information is updated regularly
- ✓ Ensure all the activities on a school trip should be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.
- ✓ Ensure all staff with the most contact with a child with an allergy or risk of anaphylaxis have a meeting with the SENDCO to go through the plan and to read the information on anaphylaxis.
- ✓ Facilitate staff in completing the web based training for Anaphylaxis every year
- ✓ Ensure appropriate emergency procedures are fully known: an ambulance is always called following an anaphylaxis episode, even if symptoms have improved
- ✓ Expiry dates of medication for anaphylaxis are checked regularly
- ✓ Each year children take part in an Allergy Awareness day in line with the Anaphylaxis Allergy Awareness Week. They have an allergies awareness lesson in their classroom and these are also built into the RSE work within our Jigsaw programme <https://www.sja.org.uk/get-advice/first-aid-lesson-plans/key-stage-2-first-aid-lesson-plans/ks2-allergies-first-aid-lesson-plan-and-teaching-resources/>
- ✓ Individual Care Plans are written in line with templates created by the BSACI <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>



Who is allowed to administer adrenaline in an emergency?

- ✓ Any member of school staff may be asked to provide support to pupils with medical conditions, though they cannot be required to do so.
- ✓ **Regulation 238** of the Human Medicines Regulations 2012 allows for certain prescription only medicines to be administered by **anyone for the purpose of saving life in an emergency**. This includes adrenalin 1:1000 up to 1mg for intramuscular use in anaphylaxis.
- ✓ **ALL** staff should be aware of the likelihood of an emergency arising and know what action to take if an emergency does occur. It is important to understand that **any member of staff at any time** might be with a child or adult who is experiencing a severe allergic reaction, and all staff need to be able to act appropriately, not wait for "someone else" to deal with the situation.

9. Emergency procedures

- Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' ICPs will clearly set out what constitutes an emergency and will explain what to do.
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

10. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

- The Executive School Board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.
- IHPs are kept in a readily accessible place which all staff are aware of.
- See appendix for the record keeping

11. Liability and indemnity

The Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

- Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

- This policy will be reviewed and approved by the Executive School Board every two years.

14. Links to other policies

This policy links to the following policies:

- ✓ Allergies and Anaphylaxis Policy
- ✓ Accessibility plan
- ✓ Complaints
- ✓ Equality information and objectives
- ✓ First aid
- ✓ Health and safety
- ✓ Safeguarding
- ✓ Special educational needs information report and policy

FORM 1 (STR) Staff Training Record

Staff Training Record – Administrations of Medicines	
Name of school / setting	Flanderwell Primary School
Name	
Type of Training received	
Date of Training Completed	
Training provided by	
Profession and Title	
<p>I confirm that the member of staff named above has received the training and is competent to carry out any necessary treatment covered in this training.</p> <p>Signed:</p> <p>I recommend that this training is updated (please state how often).....</p>	
I confirm that I have received the training detailed above.	
Staff Signature	
Date	
Suggested Review Date	

FORM 2 (PA) Parental Administration of Medicine during school hours (page 1 of 2)

This form is to enable (1) a parent or (2) other adult authorised by the parent) to administer medication to a child during the school day. The medicine must comply with the standards set out in the Administration of Medicines Policy (ie prescribed by authorised prescriber and labelled correctly.) This consent form needs to be completed by a parent or legal guardian.

(1) I(parent / carer) confirm that I will administer medicine to my child during school hours according to the School's administration of medicines policy and complete the necessary information as outlined below.

(2) I (parent / carer) give consent for (Relationship to the child.....) to give the following medication to (Child's name and class)

Medication	
Strength	
Dose	

Time 11.00-11.30am/ 12.45 – 1.00pm Foundation Stage. 11.30-12.00 / 1.15-1.30pm Key Stage 1 / 2 unless a GP/Consultant letter states an alternative time)	
Expiry Date	
Medicine has been taken at home for a period of 24 hours before being brought into school	
Any Side Effects Yes / No	

FORM 2 (PA)
during school hours

Parental Administration of Medicine
(page 2 of 2)

This consent is only for the following dates __/__/____

to __/__/____ inclusive.

I will personally ensure that the medication is labelled in accordance with the school medicine policy and that the product is in date.

Signed:

.....

..... Date:

.....

.....

Relationship to the child.....(Parent /
 Legal Guardian)

Date	Child's name and Class	Medication, strength and dose	Signed by person giving medication	Initialed by staff members to say they have witnessed the dose.	

Form 3 (PC) Parental Consent & Record of Medicine administered to an individual child. (Page 1 of 2)

Reason for parent not administering medicine to the child

.....

Name of School/Setting	Flanderwell Primary School
Name of Child	
Date of Birth	__ / __ / ____
Group / Class/ Form	
Medical condition or illness	
Name/Type of medicine (as described on the container)	
Date dispensed	__ / __ / ____
Expiry Date	__ / __ / ____
Dosage and method	
Timing <small>(11.00-11.30 or 12.45-1.15pm Foundation Stage . 11.30-12.00 or 1.15-1.45pm Key Stage 1 / 2 unless a GP/Consultant letter states an alternative time)</small>	
Special Precautions	
Has the child taken the medicine for a period of 24 hours at home prior to it being brought into school?	YES / NO
Are there any side effects that the school needs to know about? YES / NO	If Yes, please state
Self Administration	YES / NO (delete as appropriate)

Form 3 (PC) Parental Consent & Record of Medicine administered to an individual child. (Page 2 of 2)

Contact Details

Name	
Daytime telephone Number	
Relationship to Child	
Address	

I understand that I must deliver the medicine personally to a member of school staff.

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

I accept that it is my responsibility to collect any unused medicine and return to the pharmacy for destruction.

Signature of Parent:

Name (Print) Date:

Name of School	
Child's Name	
Class	
Date of Birth	-- / -- / ----
Child's Address	
Medical Diagnosis / Condition	
Date	-- / -- / ----
Review Date	-- / -- / ----

Parental Contact Details

Name	
Phone No (work)	
(home)	
(mobile)	

Name	
Phone No (work)	
(home)	
(mobile)	

Child's Doctor/Hospital Contact

Name:	Name:
Phone No:	Phone No:

Form 5 (HCP) Health Care Plan (page 2 of 2)

Describe medical needs and give details of child's symptoms

Daily Care Requirements

Describe what constitutes an emergency for the child, and the action to take if this occurs. Follow up care

Who is responsible in an emergency (state if different for off site activities)

Form copied to.....

Follow up care

Who is responsible in an emergency (state if different for off site activities)

FORM 6.1 (EV) Educational Visits: Log of children needing medication

Educational Visit:				
Date:				
Year Group / Class:				
Child's Name	Medication	Dose	Time	Medicine Packed

FORM 6.2 (EV) Educational Visits

Record of medicines administered to all children

Name of School: Flanderwell Primary School

Date	Child's name	Time	Name of medicine	Dose Given	Any reactions	Signatures of staff	Staff Names
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

Date:	Name of Parent contacted:	Time:
Child's Name:		

Dose refused:	Parent Comment:



**Form 7 (ME) Medical Emergency - Contacting the
Emergency Services
Request for an ambulance.**

**Dial 999, ask for an ambulance and be ready with the
following information.**

1. Your telephone number	01709 546771
2. Give your location	Greenfield Court Flanderwell Rotherham
3. State that the post code is	S66 2JF
4. Give exact location in the school	
5. Give your name	
6. Give the name of the child and a brief description of the child's symptoms.	
7. Inform ambulance control of the best entrance and state that the crew will be met and taken to the child.	
SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION IF ASKED	

FORM 8 (SP) Spillages of Medicines

Name of Child	
Class	
Date	
Medication	
Amount Spilled	
Parent / Carer informed	
Staff Name	
Staff signature	

MEDICATION LOG (NON-ASTHMA RELATED)

DATE:		
TIME:		
NAME OF MEDICATION		
DOSE GIVEN		
NAME(S) OF STAFF ADMINISTERING/WITNESSING	1. 2.	
STAFF SIGNATURE(S)	1. 2.	
COMMENTS ON THE WELLBEING OF THE CHILD AT THE TIME OF ADMINISTERING MEDICATION.		

Name.....

Class.....

ALWAYS REFER TO THE CHILD'S MEDICATION SHEET/ INFORMATION PAGE WHEN ASSESSING THE SYMPTOMS TO ENSURE CORRECT TREATMENT ADVICE HAS BEEN FOLLOWED.

MEDICATION LOG – INHALER (ASTHMA/CHEST CONDITIONS)

	DOSE 1.	DOSE 2.
DATE		
TIME GIVEN		
DOSE GIVEN (puffs)		
NAME(S) OF STAFF ADMINISTERING	1. 2.	
STAFF SIGNATURE(S)	1. 2.	
COMMENTS ON THE WELLBEING OF THE CHILD AT THE TIME OF ADMINISTERING MEDICATION.		

***ONLY ONE PAGE TO BE USED PER DAY/DATE**

ALWAYS REFER TO THE CHILD'S ASTHMA CARE PLAN/ASTHMA INFORMATION PAGE WHEN ASSESSING THE SYMPTOMS TO ENSURE CORRECT TREATMENT ADVICE HAS BEEN FOLLOWED.

***If the dose given isn't lasting for four hours, then contact must be made with parents and relevant emergency action taken.**

