## **Policy - Medical Treatment by Leaders**

It may be that your child has a medical condition that Scout Leaders need to be aware of. This must be declared on the joining form. You must also provide details to the Leader in Charge of a section meeting/event if the condition requires any specific action to be taken to safeguard your child.

If your child requires anything other than simple first aid for unforeseen incidents or if your child has a pre-existing condition that may require treatment or first aid then the plan below must be completed and agreed with the Section Leader. It is of particular importance if your child is at a higher medical risk than the rest of the section.

In particular the form below must accompany any medication that you provide for your child, which medication and form must be in a box or bag appropriate for the expected conditions. In the event of a medical emergency involving your child the scout leaders will act in accordance with their training, taking into account any information you provide on the plan.

It is your responsibility to ensure that any medication provided is in date, in good condition and sufficient to cope with a worst case scenario. Should medication be out of date, or not in good condition, or inappropriately packed then your child may not be able to attend the meeting/event. Should there be any issue with the medicine then, after consulting with your GP/consultant, you must discuss this with the Leader in Charge well before the session/event.

NB. The NHS now recognises that people with severe allergies that make them at risk of anaphylaxis require to carry two (2) epinephrine autoinjectors, these are also called epi-pens or epinephrine autoinjectors. In Scouting where we may be some distance from where a road-going ambulance can access in minutes, or where we may be in places that are difficult to find, we consider that carrying two autoinjectors is essential. If your child also carries corticosteroids for treatment of anaphylaxis then they should also carry two doses of corticosteroids.

If and when your child's condition, required treatment or medication changes then revise this plan, give it to and discuss it with the Leader in Charge.

## Medical Action Plan – Beaver Scout, Cub Scout, Scout.

Any Scout, which includes Beaver Scout and Cub Scout, with a pre-existing medical condition that requires or may require a Scout Leader to give first aid or medical care must have one of these plans completed. This plan must be given to, and explained to, the Leader in Charge of the section meeting or event and included in any bag/box containing medication for the condition which bag/box must have the scout's name clearly visible on it.

the scout's name clea	rly visible on it	t.					
Name of Scout							
Parent/NoK	Name		Mobile				
GP	Name		Phone				
Hospital/Consultant	Name		Phone				
Description of the cor	dition and las	t occurrence					
Has the scout been hospitalised before for this condition? If so give date of last hospital visit, circumstances and hospital contact details.							
Everyday Care What does the frequency. Things to be	•		e this conditi	ion? Treatment, medication, dose,			
When The Condition Worsens  What is likely to make the condition worse? What symptoms become present when the condition worsens and what should be done? Treatment, medication, dose, frequency. Things to be done and avoided. When should emergency medical help be sought, i.e. call GP or go to A&E.							
that immediate action	tances cause to is required? \	the condition to requi What immediate actio	n is required	e action. What symptoms indicate d. Treatment, medication, dose, medical help be sought, i.e. call 999			

Scout Leaders will act in accordance with their first aid training informed by the information given in this plan. It is important that parents include all relevant information on the condition and its immediate treatment.

It is the parent's responsibility to ensure that any medication provided for use by their scout is in date, suitably protected from damage and in sufficient quantity to cover the situations noted above considering the nature of the proposed activity being undertaken and the potential severity of the condition.

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	mergency. It should be given to th	ne ambulance paramedic afte	r taking a ph	oto on yo	ur
phone.	. 1	<del>_</del> .			
Date at star of incident:	t	Time			
Person		Phone:			
taking		Filone.			
record:					
Time	bservation/Action/AVPU score		Breathing	Heart	Temp
		2.0008	Rate		
	1				