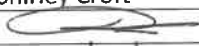


# Policy for Administration of Medication

Reviewing staff member:	Emma Williamson (Assistant Headteacher), Jenny and Emma (Health care assistants) and Lucy Baines (Head of Care for Residential Provision)
Approved by reviewing staff member:	
Date Approved:	
Reviewing governor:	Shirley Croft
Approved by reviewing governor:	
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<b>Index</b>	<b>Page</b>
<b>1. Introduction</b>	<b>3</b>
<b>2. Principles of good practice</b>	<b>4</b>
<b>3. Safe and appropriate handling and storage of medicines brought into school</b>	<b>5</b>
<b>4. Disposal of medication</b>	<b>5</b>
<b>5. Consent</b>	<b>6</b>
<b>6. The 6 Rights of Administration must be applied</b>	<b>6</b>
<b>7. Non-prescribed medication over the counter medicines</b>	<b>6</b>
<b>8. Administration of medication</b>	<b>7</b>
<b>9. Covert administration of medication</b>	<b>8</b>
<b>10. Controlled drugs</b>	<b>8</b>
<b>11. Antibiotics</b>	<b>8</b>
<b>12. Record keeping</b>	<b>8</b>
<b>13. Off-site activities</b>	<b>9</b>
<b>14. Specialist tasks including Administration of Rectal Paraldehyde/buccal midazolam</b>	<b>9</b>
<b>15. Auditing of medication</b>	<b>10</b>
<b>16. Medication administration errors</b>	<b>10</b>
<b>17. safeguarding</b>	<b>11</b>
<b>18. Administration of medication training</b>	<b>11</b>

## 1. Introduction

Medication management at Lexden Springs Residential Special School will meet with current legislation and the relevant National Minimum Standards for Residential Special Schools. It will ensure the best outcomes are achieved for all pupils regardless of medication needed and medical conditions.

The purpose of this policy is to ensure the following:

- All pupils are supported appropriately with their medication.
- Arrangements are put in place to support all pupils with medical conditions.
- The health and wellbeing of all pupils at Lexden Springs Residential Special School is maintained to the highest standard.

To ensure safe practice in managing medicines, the following guidance should be adhered to:

- Medicines Act 1968
- Health and Social Care Act 2008
- Children's and Families Act 2014
- National Minimum Standards for Residential Special Schools 2022
- Department for Education - Supporting pupils at school with Medical Conditions 2015
- Department of Health - Guidance on the use of Salbutamol Inhalers in Schools
- Ofsted requirements and recommendations

Lexden Springs Residential Special School recognise that most children will at some time require medicines to be given to them. Medicines that have been prescribed by a doctor, nurse prescriber, dentist or pharmacy prescriber should only be brought into Lexden Springs Residential Special School when essential.

- Staff who are required to administer medication will have to complete appropriate training.
- Electronic Medical Records (eMAR) are kept each time a medicine is administered. Trained staff will administer the medication with a second staff member present to monitor.
- Our school office will keep a record of all staff trained and in which areas.
- Pupils will always be encouraged to be as independent as possible about their medical needs.
- Pupils Health care plans will be monitored and updated by a clinician after they have reviewed the pupils needs. All staff responsible for the administration of medicines will be kept up to date with any changes.
- Emergency procedures are set out in the pupils' Individual Healthcare plans.
- The appropriate level of insurance regarding medical conditions will always be taken.
- Pupils will always be treated as individuals regarding medical conditions. Their views and those of their parents/carers/guardians will always be considered.
- The parents/carers/guardians must replace the supply of medication at the request of Lexden Springs Residential Special School or health professional.

## 2. Principles of good practice

The medication policy will be reviewed annually by the policy lead to ensure that it reflects current working practice within Lexden Springs Residential Special School. Staff responsible for the administration of medication will be made aware of any changes following the review process.

- Medicines are only to be administered to help cure or prevent disease, or to relieve symptoms at the times specified on the box of the prescribed medicines, and not to punish or control behaviour.
- It is the parents/carers/guardian's responsibility to notify Lexden Springs Residential Special School of any changes to their child's medical needs, e.g., medication changes (providing new prescription details on medication boxes, treatment, symptoms and doctors and consultant details).
- Lexden Springs Residential Special School will continue to follow the pupils Individual Healthcare plan until written confirmation of any medical changes from a health professional have been seen.
- Confidentiality must be observed regarding the pupil's medical history and medication.
- Prescribed medications are the property of the person to whom they have been prescribed for.
- Administration of medication will be delivered in a way that respects dignity, privacy, cultural and religious beliefs of the pupil.
- Medication must be administered only to the individual whose name appears on the pharmacy label and according to the prescriber's instructions.
- Medication should never be dispensed in advance of administration or dispensed for another person to administer to a pupil.
- Ideally medication, both prescribed and non-prescribed, must be administered in the designated medical room for the pupil. However, there may be exceptions to this rule.
- All medicines administered during off-site activities will be administered by a trained member of staff with a second staff member present to monitor and record.
- All administered medication must be recorded against the pupils eMar profile.
- All relevant staff are required to read the Administration of Medication Policy and to record their signature of agreement to follow it.
- Where possible, children will be encouraged to take their medicine themselves under supervision from appropriately trained staff.
- If a pupil refuses to take their medicine, he/she will never be forced. A refusal will be noted in the eMar records and parents/carers/guardians will be informed immediately by telephone, if no one answers the call, a School Ping will be sent. If refusal results in an emergency, emergency procedures will be followed as set out in the pupils Individual healthcare plan or 999 will be called.
- Parents/carers/guardians will be required to inform Lexden Springs Residential Special School of details of any treatment and/or changes in medication that have occurred during the school holidays.

### **3. Safe and appropriate handling and storage of medicines brought into school**

- Staff will collect the medication from the transport and take it to the medical room immediately.
- The medication must be checked, recorded. Residential will sign medication in and out for every stay.
- Two members of staff will sign in and out controlled drugs in the controlled drugs book.
- There is restrictive access to medicine cabinets to only authorised staff.
- Medicines brought into the school must be in the original pharmacy labelled container with clear instructions from the prescriber.
- The Medical team, SLG or the Head of Care must be contacted immediately if there is any doubt over the medication received or it is not in the original packaging.
- Most medication both prescribed and non-prescribed, will be stored in a lockable medical cabinet that is used only for the storage of medicines.
- Some medications must always remain close to the pupil; These will be kept in class in lockable cupboards that only staff have access to. This could include medicines like Adrenalin injectors, Asthma pumps, insulin packs and some epilepsy medications.
- The medical team or the Head of Care will liaise with parents/carers/guardians in order to ensure supply is available to pupil.
- Staff to check expiry dates and pharmacies label any discrepancies must be discussed with parents/carers/guardians to enable them to raise the query with the dispensing pharmacy.
- Any discrepancies found must be understood and resolved before medication is administered.
- Fridge items must be kept in suitable fridge.
- Containers of medication such as eye drops, creams & liquids should be marked with the opening date due to limited expiry dates.
- The Residential Provision does not keep student's medication on-site when they are not boarding in the residential. All medication will be sent home safely with the child after their stay.
- The school only keeps Pupil's medication on-site for the period of time indicated on the label.

### **4. Disposal of medication**

Medication may need to be disposed of in the following circumstances:

- The expiry date of the medicine is reached.
- A course of treatment is completed, discontinued, or is no longer required.
- The pupil has refused to accept the medication.
- The medicine has been "spoiled".
- All medication should be disposed of as soon as possible.

Medication should be returned to the parents/carers/guardians for disposal where possible. If it is dissolved and can be disposed of safely in the sink then this will be done.

### **Disposal of any sharp items (sharps)**

- Sharp items (sharps) such as lancets for blood glucose monitoring will need to be disposed of immediately after use.
- Sharps bins are in the lockable medical room.
- Sharps bins must never be kept on the floor and kept out of reach of children.

## **5. Consent**

- When a pupil starts at school/boarding in residential, parents/carers/guardians will be requested to complete a medical form detailing any past medical history, current medical issues and treatment, any known allergies, and past immunisations.
- Consent will also be requested for administration of non-prescribed pain relief medication (Calpol, Ibuprofen solution, paracetamol tablets)
- If a pupil refuses to take their medicine or carry out a necessary procedure, staff should not force them to do so.

## **6. The 6 Rights of Administration must be applied**

<b>1. Right Student</b>	<b>2. Right Medicine</b>	<b>3. Right Dose</b>
<b>4. Right Time</b>	<b>5. Right Route</b>	<b>6. Right to Refuse</b>

## **7. Non-prescribed over the counter medicines**

Parents/carers/guardians are not permitted to send in homemade remedies or over the counter vitamin supplements.

Lexden Springs Residential Special School will stock relevant age-appropriate Paracetamol and Ibuprofen solutions, and granules. These will be stocked in the designated medical room.

- CBD cannot be stocked or administered at Lexden Springs Residential Special School or in the grounds.
- Pupils can only be administered a non-prescribed medicine if parental consent has been obtained in advance and they have taken responsibility to research and interactions it may have with prescribed medication.
- A child under 16 years of age should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication for pain relief should never be administered without first checking the maximum dosage and when the previous dose was taken.
- Only Calpol, Ibuprofen solution and paracetamol tablets may be purchased by the staff. Authorisation for purchase of stock must first be obtained from the Head teacher.

- Any other the counter medicines for minor ailments that are on the school approved list (see app) can be administered following instruction leaflet, which must be included with medication when on site.

## **8. Administration of medication**

- Before the administration of medication, the person administering should wash their hands with warm soapy water.
- Disposable gloves must be worn.
- Two members of staff are required to administer medication.
- Both staff to check the identity of the pupil who the medication is to be administered to.
- Medication must be administered in accordance with the prescriber's instructions, as printed on the pharmacy label and on eMar system.
- Non-prescribed medicines should be administered using details from packaging information leaflet. The patient information leaflet should also be used for administration information.
- Known allergies must be checked before administration of medication.
- If there is any query or concern regarding a pupil's medication, then the medication should not be given, and a senior manager must be consulted immediately.
- The pharmacy medicine label must not be altered under any circumstance. Medication must not be given if the pharmacy label is detached from the original container or is illegible. Advice from the Health care team or Head of Care must be obtained.
- Medication must not be transferred from one container to another.
- PRN (when required) medication must be administered in accordance with the prescriber's instructions.
- Children requiring emergency medication treatment such as Rectal Paraldehyde, Buccal Midazolam, management of diabetes, oxygen or Epi-pen must have a specific care plan written by a health professional in conjunction with parents/carers/guardians that give staff clear instructions on how to treat that pupil.
- Staff should record that medication has been administered to a pupil on eMar as soon as possible after the medication has been given.
- When using an oral syringe to administer medication it must be from sealed packaging, can only be used for 1 child for one week then disposed of.
- Liquid dose measurements must be undertaken with accuracy. For doses of 5 or 10ml, the 5ml plastic measuring spoon or oral syringe should be used. For doses over 10ml, an appropriately graduated plastic measuring pot can be used or an appropriately sized syringe. If using a medicine pot bring yourself down to counter level to check amount. A 5ml oral syringe should be used for doses less than 5ml.
- If an error in administering any medication is made contact parents, monitor the pupil and report to SLG. If pupil shows any signs of adverse effects call the appropriate health care service this could be GP, 999, 111 or the specialist overseeing that pupils condition.

- Administration of medication will be delivered in a way that respects dignity, privacy, cultural and religious beliefs of the student.
- Confidentiality must be observed regarding the pupil's medical history and medication.

## **9. Covert administration of medication**

- Disguising medicines in food or drink is generally not permitted.

**Considerations for covert administration of medicines are as follows:**

- The medication is essential for the pupil's health and well-being.
- The pupil's best interests are always considered.
- The decision to administer a medicine covertly should be a contingency measure after an assessment of the pupil.
- Parents/carers and health professionals or multidisciplinary team (including the prescriber) should be involved in the decision.
- It should be noted that if a student prefers that their medication is added to food or drink, this is not "covert" as they are fully aware. Advice should be sought from the Prescriber or Pharmacist to ensure it is appropriate to mix the specific medication in the food/drink.

## **10. Controlled drugs**

- Controlled Drugs received from parents/carers/guardians to Lexden Springs Residential Special School are signed in and out using the controlled drugs book.
- Controlled drugs are stored securely in designated lockable drug cabinets or lockable secure cupboard.
- Administration of Controlled Drugs should be undertaken by a suitably trained member of staff and witnessed by a member of staff.
- The member of staff who administers the Controlled Drug must make the entry in the individuals-controlled drug records and the witness must countersign.
- Any complex dosage calculations should be double checked by a second member of staff.
- Controlled Drugs for destruction should be returned to the parents/guardians/carers
- Controlled drugs should be audited/counted after every administered dose by the administering person and the second staff member.

## **11. Antibiotics**

- All antibiotics must be clearly labelled with the pupil's name, the name of the medication, the dose, and the date of dispensing, when it was opened and the expiry date.
- This must be recorded and stored appropriately in the designated lockable medical room.



## **12. Record keeping**

- Electronic records must be kept of all medication administered to pupils.
- Pupils have eMar for recording outcomes for medication administered.
- The record should include what, how and how much was administered, when and by whom. Any side effects of the medication should be noted.
- The record should be made as soon as possible after the medication has been administered.
- A record should also be made for non-administration.
- Any prescription changes to medication made by the prescriber can only be accepted, if it is supported in writing (letter/email) or a new prescription is provided with the new dispensing details on the label.
- Records must be kept of all medicines leaving and returning.
- Medication administration records must be retained for the time specified by the regulatory body and thereafter destroyed securely in line with General Data Protection Regulations.

## **13. Offsite activities**

- A risk assessment and an Evolve Form will be undertaken by the trip leader in consultation with the headteacher and Educational Visits Coordinator, to determine the level of support needed to ensure a pupil with a medical condition can participate safely in offsite activities.
- Consideration must be given to the safe transport and storage of any medication. They must be stored and kept safe by a member of staff in the medical backpack provided along with a First Aid kit.
- At least one person must be fully trained to administer medication and must be aware of the pupils condition, treatment, and risk assessment.
- All medicines taken on trips should be signed in and out.
- Staff must record all medication administration to pupils during offsite trips and activities. The same medication administration procedures should be followed as for on-site medication administration.

## **14. Specialist tasks including administration of Rectal Paraldehyde/buccal midazolam**

- Staff may be requested to administer medication by a specialised technique. Examples include administration of insulin, nebulisers etc.
- All staff needing to administer these will receive training from an appropriate medical person.
- Staff will be trained in the practical aspects of caring for students with epilepsy and administration of a rectal solution. This training will be via an approved trainer e.g., community nurse.
- Administering medication, Epilepsy (Buccal Midazolam, Rectal Paraldehyde), Gastrostomy, Oxygen and Diabetic, Adrenaline (Epi-pen) and the procedures for supporting individual pupil's will be assessed by the community nursing team or specialist who will set up a Individual Health care plan for staff to follow.
- Staff must follow the Individual Health care plan.

- There must be a valid prescription with clear written instructions regarding the dose to be administered. The medication records should reflect this.
- The trained members of staff will carry out the instructions as detailed in the care plan and will record the time, duration of seizures and the intervals between seizures.
- If having followed the guidelines, the seizures continue, an ambulance must be called.
- If a pupil requires administration of rectal diazepam and there is no trained staff member available an ambulance must be called.
- All training for both rectal diazepam, Paraldehyde and buccal midazolam must be fully documented. due to the nature of the medication and when it is required.
- Parents/carers/guardians will be contacted immediately if emergency epilepsy medication is given and may be asked to collect their child if necessary.

## **15. Auditing of medication**

Medication audits should be undertaken regularly by the Medical team and the Head of Care.

Audits will be carried out at appropriate times and should include the following areas;

- Ensuring records are complete and accurate.
- Medication counts.
- Expiry dates and opening dates on eye drops and liquid medications.
- Date checks of "PRN" (when required) medication.
- Stock control.
- Controlled Drugs.
- All completed forms and medication related paperwork.

## **16. Medication administration errors**

A medication error may consist of any one of the following;

- Administering medication to the wrong pupil.
- Administering the wrong dose of medication.
- Failing to administer the medication.
- Administering the medication at the wrong time.
- Failing to record the medication administered.
- Administering the medication via the wrong route.
- Incorrect stock balance of Controlled Drugs.
- Administering out of date medicines.

At Lexden Springs Residential Special School we recognise that despite the high standards of good practice and care medication errors may occasionally occur.

If an error in administering any medication is made contact parents, monitor the pupil and report to SLG. There must be no concealment or delay in reporting the incident.

If pupil shows any signs of adverse effects call the appropriate health care service this could be GP, 999, 111 or the specialist overseeing that pupils condition.

A record of the medication error needs to be completed in the pupil's medical records.

The school medical team/Head of Care and SLG should conduct an inquiry and manage any actions necessary to prevent reoccurrence of the medication error.

The relevant regulatory body should be informed where appropriate.

## 17.Safeguarding

A safeguarding issue in relation to managing medication could include:

- Deliberate withholding of a medication without a valid reason.
- Incorrect use of medication for reasons other than the benefit of a pupil.
- Deliberate attempt to harm a pupil through the use of a medicine.
- Accidental harm caused by incorrect administration or a medication error.

Reporting of suspected or confirmed medicines related safeguarding incidents should be made following the normal safeguarding procedures and reported immediately.

## 18. Administration of medication training

- All those involved will complete The National College certificate in administering medication for education providers.

Named person for responsibility for pupils with medical conditions:	Simon Wall: Headteacher
Named person for ensuring staff will be made aware of pupil's medical conditions:	Hollie Nardone: Medical secretary admin
Named person for ensuring risk assessments are carried out for school trips and other activities outside of the normal school timetable:	Lucy Baines: Head of Care (residential related trips and activities) Simon Wall; Head Teacher
Named person for regular monitoring of student Health Care Plans:	Simon Wall; Head Teacher Emma and Jenny; HCA
Named person for regular monitoring of Residential pupil Health Care Plans:	Senior residential managers, and Head of Care

## Self-limiting conditions Medication List overleaf

## Self-limiting conditions

Please note the following information about the column headings:

**Medication** - For further advice see product information leaflet

**Common brands** - The lists are not exhaustive and other brands are available which a community pharmacist will be able to advise upon.

Condition	Medication	Common brands
1. Sore throat	Honey & Lemon Glycerin	
2. Infrequent cold sores of the lip	Aciclovir cream 5%	<ul style="list-style-type: none"> <li>Virasorb®</li> <li>Zovirax®</li> <li>Lypsyl®</li> </ul>
3. Coughs and colds and nasal congestion	Paracetamol 500mg tablets and capsules <sup>23</sup>	<ul style="list-style-type: none"> <li>Anadin paracetamol®</li> <li>Mandanol®</li> <li>Panadol®</li> <li>Hedex®</li> <li>Calpol®</li> </ul>
	Paracetamol 120mg/5ml suspension (from 3 months) sugar free	
	Paracetamol 250mg/5ml suspension (from 6 years old)	
	Ibuprofen 200mg, 400mg capsules/ tablets Ibuprofen 100mg/5ml oral suspension	<ul style="list-style-type: none"> <li>Anadin Ibuprofen®</li> <li>Nurofen®</li> <li>Calprofen®</li> <li>Cuprofen®</li> <li>Anadin Joint pain®</li> </ul>

Condition	Medication	Common brands
4. Mild irritant dermatitis	Emollients Crotamiton Steroid-containing preparations such as hydrocortisone	<ul style="list-style-type: none"> <li>• Eurax®</li> <li>• Eurax-Hc® Cream</li> <li>• Hc45 Hydrocortisone Cream®</li> <li>• E45</li> <li>• Sudocream</li> </ul>
5. Insect bites and stings	Mepyramine maleate 2%	Anthisan® Bite & Sting cream 2%
	Lidocaine hydrochloride/zinc sulphate/cetrimide	Savlon® Bites & Stings Pain Relief Gel
	Calamine/zinc oxide	Calamine lotion
	Chloroxylenol/triclosan/edetic acid	Dettol® Antiseptic Cream
6. Mild dry skin	Emollients, creams and ointments	<ul style="list-style-type: none"> <li>• Balneum Plus®</li> <li>• CetraBen®</li> <li>• Dermol®</li> <li>• E45®</li> <li>• Oilatum®</li> </ul>

Condition	Medication	Common brands
7. Mild to moderate hay fever/ allergic rhinitis	Chlorphenamine 4mg tablets	Piriton®
	Chlorphenamine 2mg/5ml solution	
	Loratadine 10mg tablets	
	Loratadine 5mg/5ml syrup	
	Acrivastine 8mg capsules	Clarityn Allergy® Benadryl Allergy Relief® • Zirtek Allergy Relief® • Piriteze Allergy® • Benadryl Allergy®
	Cetirizine 10mg tablets	
	Cetirizine 1mg/ml solution	
8. Teething/ mild toothache	Beclomethasone 0.05% nasal spray	• Beconase Hayfever®
	Sodium cromoglycate 2% eye drops	• Allercrom®
		• Optrex Hayfever Relief®
	Paracetamol 500mg tablets, capsules, effervescent tablets Paracetamol 120mg/5ml suspension (from 3 months) sugar free Paracetamol 250mg/5ml suspension (from 6 years old) sugar free	• Anadin Paracetamol®
		• Mandanol®
		• Panadol®
		• Hedex®
		• Calpol®

Condition	Medication	Common brands
8 Cont. Teething/ mild toothache	<p>Ibuprofen 200mg, 400mg capsules and tablets</p> <p>Ibuprofen 100mg/5ml liquid sugar free</p> <p>Teething gel</p>	<ul style="list-style-type: none"> <li>• Anadin Ibuprofen®</li> <li>• Nurofen®</li> <li>• Calprofen®</li> <li>• Cuprofen®</li> <li>• Anadin Joint Pain®</li> <li>• Dentinox®</li> <li>• TeethingGel</li> </ul>
9. Oral thrush	Miconazole 2% oral gel 15g	<ul style="list-style-type: none"> <li>• Daktarin® Oral Gel</li> </ul>
10. Mouth ulcers	<p>Lidocaine</p> <p>hydrochloride/ chlorocresol/ cetylpyridinium chloride</p> <p>Choline salicylate/ cetalkonium chloride</p> <p>Benzocaine</p>	<ul style="list-style-type: none"> <li>• Bonjela®</li> <li>• Anbesol®</li> <li>• Orajel®</li> </ul>



Condition	Medication	Common brands
11. Minor conditions associated with pain, discomfort and fever, e.g. aches and sprains, headache, period pain, back pain	<p>Paracetamol 500mg tablets and capsules</p> <p>Paracetamol 120mg/5ml suspension (from 3 months)/sugarfree</p> <p>Paracetamol 250mg/5ml suspension (from 6 years old)/sugar free</p> <p>Ibuprofen 200mg, 400mg tablets, capsules, liquid capsules</p> <p>Ibuprofen 100mg/5ml liquid/suspension sugar free</p> <p>Co-codamol 8/500mg tablets, capsules, effervescent tablets</p> <p>Ibuprofen 5% gel</p>	<ul style="list-style-type: none"> <li>Anadin paracetamol®</li> <li>Mandalol®</li> <li>Panadol®</li> <li>Hedex®</li> <li>Calpol®</li> <li>Anadin Ibuprofen®</li> <li>Nurofen®</li> <li>Calprofen®</li> <li>Cuprofen®</li> <li>Anadin Joint Pain®</li> <li>Migraleve® Yellow tablets</li> <li>Paracodol®</li> <li>Fenbid®</li> <li>Ibuleve®</li> <li>Nurofen®</li> </ul>
12. Nappy rash	Titanium dioxide/ titanium peroxide/titanium salicylate	Metanium® Nappy Rash ointment
13. Ringworm/Athletes foot	<p>Miconazole 2% cream</p> <p>Miconazole powder</p> <p>Miconazole 0.16% spray powder</p>	<ul style="list-style-type: none"> <li>Daktarin®</li> <li>Daktarin Powder</li> <li>Daktarinaktiv®</li> </ul>

Condition	Medication	Common brands
14. Warts and verrucae	Verruca gel such as those containing salicylic acid and lactic acid	<ul style="list-style-type: none"> <li>• Bazuka® Extra strength gel</li> <li>• Bazuka® Gel</li> <li>• Bazuka® Treatment Gel</li> <li>• Bazuka Extra</li> <li>• Strength® Treatment Gel</li> </ul>
	Wart paint/ointment such as those containing salicylic acid and lactic acid	<ul style="list-style-type: none"> <li>• Salactol Collodion®</li> <li>• Occlusal®</li> <li>• Salatac®</li> <li>• Verrugon® ointment</li> </ul>
	Wart freeze treatments containing liquid freezing agents such as dimethyl ether, propane and isobutane	<ul style="list-style-type: none"> <li>• Scholl® Freeze</li> <li>• Bazuka® Sub Zero</li> </ul>
15. Sunburn due to excessive sun exposure	After sun products	Various including calamine lotion
16. Sun protection	Sun protection cream/sprays/gels	Various