

Medicines Policy



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Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities. This is most likely to be short term, e.g. completion of a course of antibiotics. Some students, however, have medical conditions that, if not managed, could limit their access to education. These students are regarded as having medical needs. Many students with medical needs are able to attend school regularly and, with support from schools, can take part in most school activities. Close supervision by staff may be needed in some activities to ensure that these students and others are not put at risk.

Parents or guardians have the prime responsibility for their child's health and should provide schools or settings with information about their child's medical condition. The parent/guardian should obtain additional details from their child's General Practitioner (GP) or Paediatrician when needed.

The role of administration of medicines is considered voluntary and there is no legal duty that requires staff to administer medication.

Managing Prescription Medicines to be taken during the school day.

- Medicines should only be brought in to school where it would be detrimental to a child's health if it were not administered during the school day.
- Only medicines that have been prescribed by a doctor/dentist/pharmacist prescriber are accepted.
- Medicines can only be kept in school if they are provided in the original container and included the prescribed instructions for administration.
- Ratton School will never accept medicines that have been taken out of the original container, or make changed to dosages on parental instruction.
- It is beneficial, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken out of school hours.

The Medicines Standard of the National Service Framework for Children recommends that GP's/dentists consider providing two prescriptions, where appropriate and practicable, for a child's medicines: one for home and one for use in the school, avoiding the need for re-packaging or re-labelling of medicines by parents.

- Ibuprofen cannot be given to under 16's without a doctor's prescription or covering letter. This is following DfES guidelines which changed in 2007 (section 36 in Medicine Guidelines).

School staff should never give a prescribed or non-prescribed medicine to a student unless there is specific prior written permission from the parents using form "Appendix D". This is issued alongside a standard letter from ESCC.

- Any student under the age of 16 must not be given any medication without parental consent. Any change in medication or pattern of dosage should be accompanied by a new form.
- Medication should only be given to the named child. Parents are responsible for ensuring that there is sufficient medication to be used in school and that the medication has not passed its expiry date.

- Only one member of staff at anyone time should administer medicines. The medicines record book is completed each time a medicine is administered; this avoids the risk of double dosing. Any member of staff giving medication should check:

Students' name
Instructions provided by parent
Prescribed dose
Expiry date

Non-Prescription Medication

Schools and settings staff should only administer non-prescribed medicine to a child/young person if there is specific prior written permission from the parent(s) for a specified time period and reason. The full dosage instructions must be present on the medicine container and these instructions followed. Administration of non-prescribed medication should only occur if it is in the child's best interest to have such medication and that the medication can administered safely within the school or setting. Criteria, in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered.

A record of the name, date, time and dose of the medication should be kept, signed by the person administering the medication and witnessed by another. Parents should be made aware when medication has been administered during the day to ensure over-dosing does not occur. Parents should, where possible sign the record to acknowledge that medication has been administered. Where this is not possible either a telephone call to the parents or a note should be sent home with the child with records kept.

A child under 16 should never to be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Controlled Drugs

- Any member of staff may administer a controlled drug to a student for whom it has been prescribed and the instructions followed.
- Controlled drugs must be kept in a locked non-portable container and only named staff given access. A record is kept for audit and safety purposes.
- When a controlled drug is no longer required, it must be returned to the parent who will arrange safe disposal via the local pharmacy.
- Misuse of a controlled drug, such as passing to another student is an offence.

Long Term Medical Needs

Ratton School needs to know about any medical needs before a student starts at the school, or when a student develops a condition. A Health Care Plan is developed using “Appendix B” provided by ESCC.

This includes:

- Details of a pupil’s condition.
- Special requirements (dietary)
- Medication and possible side effects
- What constitutes an emergency
- What to do and who to contact in an emergency
- What not to do in an emergency
- Procedures to be followed when transporting the student
- Information sharing and record keeping
- Role staff play

Some students require types of treatment which school staff may feel reluctant to provide, e.g. the administration of rectal diazepam, assistance with catheters or the use of equipment for students with tracheotomies. These procedures must be carried out with the approval of the Head teacher and in accordance with instructions issued by Paediatrician or GP.

Training in invasive procedures will be conducted by qualified medical personnel. A consent form must be completed by the students’ paediatrician. For the protection of staff and students a second willing member of staff must be present.

Administering Medication

It is important for Ratton school to have adequate facilities, (lockable cabinet, fridge) when administering medication and the following precautions must be considered:

- A student under the age of 16 must not be given any medication without parental consent. All prescribed medicines that are to be administered in school must be accompanied by written instructions from the healthcare professional, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage.

To enable the administration of non-prescribed medication, these must also be accompanied by written instructions from the parent, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage.

This information should be provided on the form attached in Appendix D. Each time there is a variation in the pattern of dosage a new form should be completed. If necessary the healthcare professional can assist with the completion of the form.

- Medicine must be handed over as soon as the student arrives at school.

Medication should only be given to the named student. Students must not be given medication which has been prescribed for another. Parents are responsible for ensuring that there is sufficient medication to be used in school and that the medication has not passed its expiry date.

- Where there is any doubt about the correct dosage to be administered, advice must be obtained from the student’s healthcare professional before the medicine is administered.

- Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system must be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the Medicine Record Book before any dose is given, etc.

When administering medication, staff must complete and sign a record of administration. An example of such a record book/form is in Appendix F.

Any member of staff giving medication should check:

- Student's name;
- written instructions provided by parents;
- prescribed dose;
- expiry date;

Some students require types of treatment which school staff may feel reluctant for professional or other reasons to provide, for example, the administration of rectal diazepam.

These procedures must be carried out with the approval of the headteacher and in accordance with instructions issued by the relevant healthcare professional. Training in invasive procedures must be conducted. Training should be provided by healthcare professionals or appropriately accredited person. A consent form for the administration of rectal diazepam that must be completed by the student's Paediatrician is shown in Appendix I.

For the protection of both staff and student a second willing member of staff must be present while the more intimate procedures, for example, the administration of rectal diazepam, are being followed. Appropriate personal protective clothing, e.g. gloves, must be worn during the administration of medicines/catheterisation procedure, etc.

It is essential that where students have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition and take appropriate action. Training and advice on recognition of symptoms can usually be offered by the healthcare professionals.

Hygiene/Infection Control

All staff are familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Developing an individual health care plan

The aim of a health care plan is to identify the support that student with medical needs requires. Not all children/young people with medical needs will require an individual plan. An agreement with parents may be all that is necessary and an example of this form is included in Appendix D.

The health care plan clarifies for staff, parents and the student, the help that can be provided. It is important for the school/setting to be guided by the student's healthcare professional. An agreement between the school and parents will be necessary on the

review procedures for the plan and it is recommended that this takes place no less than once per year.

Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual student.

In addition to the school's health service, the student's healthcare professional, those who may need to contribute to a health care plan are:

- Headteacher;
- Parent/guardian;
- Student (if appropriate);
- Tutor/head of year
- Teaching assistant or support staff (if applicable);
- Staff who are trained to administer medicines;
- Staff who are trained in emergency procedures.

Co-ordinating and sharing information on an individual student with medical needs, particularly in a secondary school, can be difficult. The headteacher should nominate a responsible person who has specific responsibility for this role. This person would be the first point of contact for parents, staff and external agencies and it is recommended that training in managing medicines is attended. Mrs Morgan is the named member of staff as the first point of contact for parents and staff. Four members of staff have attended training in the management of medicines. Training is co-ordinated and booked through ESCC and Opus Pharmacies.

The health care plan may identify the need for specific staff to have further information about a medical condition or training in administering a particular type of medication or dealing with emergencies. Medicines may not be administered unless staff have received, appropriate and up to date training.

Self Management

It is good practise to allow students who can administer their own medication to do so. Staff will only need to supervise.

Appendix E is used "Parental consent form for pupils to carry their own medication".

All asthmatics that use inhalers must carry their own medication at all times.

Any student who has been prescribed an Epi-pen must carry it at all times.

Students with diabetes must carry their own testing equipment and insulin.

Spares of all the above are kept (labelled) in the medicines cupboard in the medical room.

Record Keeping

Parents/guardians are responsible for supplying information about medication and informing school about changes to the prescription or support needed.

Medicines should always be provided in the original container and should include the following:

Name of student

Name of medication

Dose

Method of administration

Time and frequency of administration

Any possible side effects

Expiry date

A parental consent form must be obtained before the administration of any medication and the form will record the above details. Records will be kept of all medicines administered.

Storing medication

Ratton School will not store large amounts of medication. School will only store, supervise and administer medicine that has been prescribed for an individual student. Medicines will be provided in the original container and include the prescriber's instructions, including the name of the student. If a student requires two or more prescribed medicines, each should be in a separate container.

All non-emergency medicines are kept in the locked cabinet that is used solely for the purpose of storing medicines. Controlled drugs are kept in the key-pad safe. Named staff are responsible for the cabinet, but the key is readily available to other members of staff to ensure access in cases of emergency.

Some medicines need to be refrigerated. These are kept in a separate labelled container, and clearly labelled. There is restricted access to this refrigerator.

Disposal of Medicines

Ratton school staff will not dispose of medicines. Parents should collect medicines held at school at the end of each academic year. Parents are responsible for the disposal of date expired medicines. Or, collection and disposal should be arranged with a registered special waste contractor.

Emergency Procedures

A member of staff will always accompany a student to hospital by ambulance and stay until the parent arrives. Health professionals are responsible for any decision on medical treatment when parents are not available. Any individual health care plan should include instructions on how to manage a student in an emergency.

Off-site Activities and Educational Visits

Ratton School would encourage students with medical needs to participate in safely managed visits. The group leader, in liaison with the head teacher, should consider the reasonable adjustments to be made to enable students with medical needs to participate fully on the activity. It may be necessary for an additional adult to accompany an individual student. Arrangements for taking medication will be considered as well as storage requirements. All staff supervising the off-site activities will be made aware of any medical needs and relevant emergency procedures. A copy of the health care plan will be taken on visits in the event that the information is needed.

- Students will carry their own medication whilst in transit.
- On arrival at the destination, the medication will be given to the named member of staff who is responsible for medication for the duration of the off-site visit.
- Medication will be either carried on the named person at all times or locked in a safe.
- Relevant care-plans and medical forms are taken on the visit.
- The administration of all medicines is documented as in school.

Off-site Education or Work Experience

Ratton ensures that work experience placements are suitable for students with medical needs. Ratton will assess the suitability of all off-site provision including college or work placements, including the travel to and from the placement. Parents and students will be asked to give their permission before relevant medical information is shared on a confidential basis with employers or colleges.

Confidentiality

All medical information will be treated as confidential by all school staff. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Indemnity

Staff who assist with administering medication to a student in accordance with the procedures detailed within this policy and guidance are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

Employees

A member of staff may suffer one of medical conditions outlined in Appendix A. Once this condition has been identified and the school/setting has been informed, steps will need to be taken by the school/setting to reach an agreement with the member of staff on the action to be taken in an emergency. The guidance in Appendix A is based on children but can be adapted/followed for staff.

Appendices

There are a variety of forms contained in the appendices that have been referred to during the content of this document.

Date established by Governing body:	14 th July 2009
Date for full implementation:	14 th July 2009
Date of next annual review:	July 2010

Appendix A

Specific Medical Conditions

The medical conditions that most commonly cause concern in schools/settings are:

- Diabetes;
- Epilepsy;
- Asthma;
- Anaphylaxis (severe allergic reaction).

This appendix provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of children/young people are assessed on an individual basis.

Diabetes

Diabetes UK Helpline 0845 120 2960 www.diabetes.org.uk

What is Diabetes?

Diabetes is a condition where the level of glucose in the blood rises due to a lack of insulin (Type 1 diabetes).

Each child/young person may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control and staff will naturally wish to draw any such signs to the parents' attention.

Medicine and Control

The diabetes of the majority of children/young people is controlled by injections of insulin each day. Most children will be on a twice a day regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection.

Young people may be on multiple injections and others may be controlled on an insulin pump. Most children/young people can manage their own injections, but if doses are required at school supervision will be required along with a suitable, private place to carry it out.

Increasingly, young people are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long acting insulin at home; usually before bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child/young person is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this regime when they were confident that the child/young person was competent. The child/young person is then responsible for the injections and the regime would be set out in the individual health care plan.

Children/young people with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Young people will be able to do this themselves and will simply need a suitable place to do so. However, young children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate healthcare professional.

Children/young people with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Special arrangements for children/young people with diabetes will need to be made if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child/young person may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity should be aware of the need for a child/young person with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a **hypoglycaemic reaction** (hypo) in a child/young person with diabetes:

- hunger;
- sweating;
- drowsiness;
- pallor;
- glazed eyes;
- shaking or trembling;
- lack of concentration;
- irritability;
- headache;
- mood changes, especially angry or aggressive behaviour.

Each child/young person may experience different symptoms and this should be discussed when drawing up the health care plan.

If a child/young person has a hypo, it is very important that the child/young person is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel or a sugary drink to brought to the child/young person and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child/young person has recovered, some 10 – 15 minutes later. Alternative intervention strategies should be discussed and agreed and training given in the event of the child/young person being unconscious and unable to swallow.

An ambulance should be called if:

- the child/young person's recovery takes longer than 10 – 15 minutes;
- the child/young person becomes unconscious.

Some children/young people may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control and staff will naturally wish to draw any such signs to the parents' attention. If the child/young person is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child/young person is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child/young person will need urgent medical attention. Nothing should be given by mouth.

The child/young person should never be sent home while in a reaction, as any form of exertion will make the reaction more severe.

Such information should be an integral part of the school/setting's emergency procedures as highlighted earlier in this document.

Procedures

When a child/young person has been identified as being at risk of a **hypoglycaemia** or **hyperglycaemia** episode, the school/setting need to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance. An emergency procedure and protocol should be developed and agreed by the parents, the school/setting and the child's doctor.

The protocol includes:

- emergency procedure;
- medication, if agreed;
- staff training;
- precautionary measures;
- consent and agreement.

A protocol forms an agreement that the best possible support is in place for both the child/young person and staff. It may be necessary that child/young persons in secondary schools/settings wear a form of identification of their medical condition as teachers may not be familiar with the child/young person's medical needs, e.g. medical bracelet to alert staff of ill health risk.

An example of a protocol is shown in Appendix C.

All staff should be informed of the protocol and advised of their responsibilities in case of ill health.

Once an agreement has been made to administer medication the school/setting will have a responsibility to do so if hypoglycaemia or hyperglycaemia episode occurs

Training

There is no obligation for staff to administer medication. This is a voluntary, additional role that may be taken on by staff. Where staff choose to take on this responsibility, it is essential that they are appropriately trained.

All staff responsible for administering the medication named in the protocol must be trained. This can be organised by contacting the healthcare professional. The medication should be kept in school/setting and be easily accessible. It is recommended that several key members of staff are trained to administer the medication.

As in all cases of administering medication, a parental consent form should be completed and kept in school/setting. An example of a consent form is shown in Appendix D. A record of staff who have received training in the administration of this medicine must be kept. An example of this form is in Appendix H.

When an off-site activity or educational visit takes place, a member of staff trained in administering the medication should attend with the medication, e.g. class teacher/parent.

Epilepsy

The National Society for Epilepsy 01494 601400 www.epilepsy.org.uk

What is Epilepsy?

Children/young people with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes call a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 % attend mainstream school/setting. Most children/young people with diagnosed epilepsy never have a seizure during the school/setting day. Epilepsy is a very individual condition.

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure patter for the individual child/young person. Parents and health care professionals should provide information to schools/settings, to be incorporated into the individual care plan, setting the particular pattern of an individual child/young person's epilepsy. If a child/young person does experience a seizure during the school/setting day, details should be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure e.g. visual/auditory stimulation, emotion (anxiety, upset);
- any unusual 'feelings' reported by the child/young person prior to the seizure;
- parts of the body demonstrating seizure activity e.g. limbs, facial muscles;
- the timing of the seizure – when it happened and how long it lasted;
- whether the child/young person lost consciousness;
- whether the child/young person was incontinent.

This will help parents to give more accurate information on seizures and seizure frequency to the child/young person's specialist.

What the child/young person experiences depends on whether all or which part of the brain is affected. Not all seizures involve a loss of consciousness. When only a part of the brain is affected, a child/young person will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected, the child/young person may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling noises and chewing movements. They may not respond if spoken to. Afterwards they may have little or no memory of the seizure.

In some cases, such seizures go on to affect all of the brain and the child/young person loses consciousness. Such seizures might start with the child/young person crying out, then the muscles becoming stiff and rigid. The child/young person may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child/young person's colour may change to a pale blue or grey colour around the mouth. Some child/young persons may bite their tongue or cheek and may wet themselves.

After a seizure a child/young person may feel tired, be confused, have a headache and need time to rest or sleep for several hours.

Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child/young person may appear 'blank' or 'staring' sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

Medicine and Control

Most children/young people with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school/setting hours.

Triggers such as anxiety, stress, tiredness or being unwell may increase a child/young person's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity and it is very rare. Most children/young people with epilepsy can use computers and watch television without any problem.

A child/young person with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. Concerns about safety should be discussed with the child/young person and their parents as part of the health care plan.

During a seizure it is important to make sure that the child/young person is in a safe position, not to restrict a child/young person's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under a child/young person's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child/young person should be placed in the recovery position and stayed with, until they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- it is the child/young person's first seizure;
- the child/young person has injured themselves badly;
- they have problems breathing after a seizure;
- a seizure lasts longer than the period set out in the child/young person's health care plan;
- a seizure lasts for five minutes if you do not know how long they usually last for that child/young person;
- there are repeated seizures, unless this is usual for the child/young person as set out in their health care plan.

Such information should be an integral part of the emergency procedures and also relate specifically to the child/young person's individual health care plan. The health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

Most seizures last for a few seconds and minutes and stop of their own accord. Some child/young persons who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or a paediatrician should provide guidance as to when to administer it and why.

Training in the administration of rectal diazepam is needed and will be available from healthcare professionals. Staying with the child/young person afterwards is important as diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution midazolam, given into the mouth or intra-nasally, may be prescribed as an alternative to rectal diazepam. Instructions for use must come from the prescribing doctor.

Children/young people requiring rectal diazepam will vary in age, background and ethnicity and will have differing levels of need, ability and communication skills. It is strongly recommended that arrangements are made for two adults, at least one of the same gender as the child/young person, to be present for such treatment, this minimises the potential for accusations of abuse. Two adults can also often ease practical administration of treatment. Staff should protect the dignity of the child/young person as far as possible, even in emergencies. The criteria under the National Standards for under 8's day care require the registered person to ensure the privacy of child/young persons when intimate care is being provided.

An example of a parental consent form for the administration of rectal diazepam is included in Appendix I.

Procedures

When a child/young person has been identified as being at risk of epilepsy, the school/setting needs to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance. A protocol should be developed and agreed by the parents, the school/setting and the child's doctor/paediatrician.

The protocol includes:

- emergency procedure;
- medication, if agreed;
- staff training;
- precautionary measures;
- consent and agreement.

A protocol forms an agreement to ensure that the best possible support is in place for both the child/young person and staff. It may be necessary that children/young peoples in secondary schools wear a form of identification of their medical condition as teachers may not be familiar with the child/young person's medical needs, e.g. medi bracelet to alert staff of severe ill health risk.

An example of a protocol is shown in Appendix C.

All staff should be informed of the protocol and advised of their responsibilities in case of ill health.

Once an agreement has been made to administer medication, the school/setting will have a responsibility to do so if epileptic seizure occurs

Training

There is no obligation for staff to administer medication. This is a voluntary, additional role that may be taken on by staff. Where staff choose to take on this responsibility, it is essential that they are appropriately trained.

All staff responsible for administering the medication named in the protocol must be trained. This can be organised by contacting the healthcare professional. The medication should be kept in school/setting and be easily accessible. It is recommended that several key members of staff are trained to administer the medication

As in all cases of administering medication, a parental consent form should be completed and kept in school/setting. An example of a consent form is shown in Appendix D. A record of staff who have received training in the administration of this medicine must be kept. An example of this form is in Appendix H.

When an off-site activity or educational visit takes place, a member of staff trained in administering the medication should attend with the medication, e.g. class teacher/parent.

Asthma

Asthma UK Helpline

08457 010203

www.asthma.org.uk

What is Asthma?

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK.

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children/young people may only get symptoms from time to time.

However, in early years settings, staff may not be able to rely on children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that early years settings and primary school/setting staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for child/young persons with asthma when this happens. This should be supported by written asthma plans, asthma school/setting cards provided by parents and regular training and support for staff. Children/young people with significant asthma should have an individual health care plan.

Medicine and Control

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child/young person will only need a reliever during the school/setting day. **Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Whilst **preventers** (brown, red, orange inhalers, sometimes tablets) are usually taken out of school/setting hours.

Children/young people with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers and the child/young person may need some help to do this. It is good practice to support children/young people with asthma to take charge of and use their inhaler from an early age and many do.

Children/young people who are able to use their inhalers themselves should be allowed to carry them with them. If the child/young person is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe by readily accessible place, and clearly marked with the child/young person's name. Inhalers should always be available during PE, sports activities and educational visits.

For a child/young person with severe asthma, the health care professional may prescribe a spare inhaler to be kept in school/setting.

The signs of an asthma attack include:

- coughing;
- being short of breath;
- wheezy breathing;
- feeling of tight chest;
- being unusually quiet.

When a child/young person has an attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5 – 10 minutes;
- the child/young person is too breathless to speak;
- the child/young person is becoming exhausted;
- the child/young person looks blue.

It is important to agree with the parents how to recognise when the child/young person's asthma gets worse and what action will be taken. An asthma school/setting card (available from Asthma UK) is a useful way to store written information about the child/young person's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and child/young person's healthcare professional.

A child/young person should have a regular asthma review with their healthcare professional. Parents should arrange the review and make sure that a copy of the child/young person's management plan is available in school/setting.

Children/young people with asthma should participate in all aspects of the schools/settings day including physical activities. They need to take their reliever inhaler with them on all offsite activities. Physical activity benefits children/young people with asthma in the same way as other children/young people. Swimming is particularly beneficial, although endurance work should be avoided. Some children/young people may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

Reluctance to participate in physical activities should be discussed with parents, staff and the child/young person. However, children/young people with asthma should not be forced to take part if they feel unwell. Children/young people should be encouraged to recognise when their symptoms inhibit their ability to participate.

Children/young people with asthma may not attend on some day due to their condition and may also at times have some sleep disturbance due to night symptoms. This may affect their concentration. Such issues should be discussed with the parents or attendance officers as appropriate.

All schools/settings should have an asthma policy that is an integral part of the whole school/setting on medicines and medical needs. The asthma section should include key information and set out specific actions to be taken. The school/setting

environment should be asthma friendly by removing as many potential triggers for children/young people with asthma as possible.

All staff, particularly PE teachers, should have training to be provided with information about asthma once per year. This should support them to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child/young person has an asthma attack.

Procedures

When a child/young person has been identified as being at risk of asthma, the school/setting needs to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance. Appendix B is an example of a health care plan that could be used to record the severity of the child/young person's asthma, individual symptoms and allergies, details of medication to be taken and any assistance or emergency action which may be necessary for staff to implement.

As in all cases of medication in schools/settings, a parental consent form should be completed and kept in school/setting. An example of a consent form is shown in Appendix D.

Anaphylaxis

The Anaphylaxis Campaign
Allergy UK

01252 542029
01322 619864

www.anaphylaxis.org.uk
www.allergyuk.org
www.kidsallergies.co.uk

What is Anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit and also penicillin, latex and the venom of stinging insects such as bees, wasps or hornets.

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child/young persons should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Preloaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child/young person's leg. In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school/setting should hold and where to store them has to be decided on an individual basis between the headteacher, parents and the healthcare professionals.

Where children/young people are considered sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. In large schools/settings or split sites, it is often quicker for staff to use an injector that is with the child/young person rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic reaction are reduced where an individual care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the parents, the school/setting and the treating doctor.

Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it;
- what to do in an emergency;
- prescribed medication;
- food management;
- precautionary measures.

Once staff have agreed to administer medicine to an allergic child/young person in an emergency, a training session will need to be provided by the school/setting health service. Staff should have the opportunity to practice with trainer injection devices.

Day to day policy measures are needed for food management, awareness of the child/young person's needs in relation to the menu, individual meal requirements and snacks in school/setting. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the child/young person's particular requirements.

Parents often ask for the headteacher/manager to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risk to allergic child/young persons should be taken.

Children/young people who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children/young people in every respect – except that if they come into contact with a certain food or substances, they may become unwell. It is important that these children/young people are not stigmatised or made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school/setting life may continue as normal for all concerned.

Procedures

When a child/young person has been identified as being at risk of anaphylaxis, the school/setting need to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance.

Whether the responsibility to administer medicines is accepted or not, an emergency procedure and protocol should be developed and agreed by the parents, the school/setting and the child's doctor.

The protocol includes:

- emergency procedure;
- medication, if agreed;
- food management (if food allergy)
- staff training;
- precautionary measures;
- consent and agreement.

A protocol forms an agreement that the best possible support is in place for both the child/young person and staff. It may be necessary that children/young people in secondary schools wear a form of identification of their medical condition as teachers may not be familiar with the child/young person's medical needs, e.g. medi bracelet to alert staff.

An example of a protocol is shown in Appendix C. All staff should be informed of the protocol and advised of their responsibilities in case of a reaction.

Once an agreement has been made to administer medication the school/setting will have a responsibility to do so if anaphylactic shock occurs

Training

There is no obligation for staff to administer medication. This is a voluntary, additional role that may be taken on by staff. Where staff choose to take on this responsibility, it is essential that they are appropriately trained.

All staff responsible for administering the medication named in the protocol must be trained. This can be organised by contacting the healthcare professional. The medication should be kept in school/setting and be easily accessible. It is recommended that several key members of staff are trained to administer the medication.

As in all cases of administering medication, a parental consent form should be completed and kept in school/setting. An example of a consent form is shown in Appendix D. A record of staff who have received training in the administration of this medicine must be kept. An example of this form is in Appendix H.

When an off-site activity or educational visit takes place, a member of staff trained in administering the medication should attend with the medication, e.g. class teacher/parent.

Health Care Plan

Name of Child/Young Person:.....

Date of Birth:

Address

Medical Diagnosis or Condition:.....

Date:

Class/Form:

Review Date:.....

Contact Information

Family Contact 1

Family Contact 2

Name:

Phone: Work:.....
Home:.....

Relationship:

Clinic/Hospital Contact

HEALTHCARE PROFESSIONAL

Name:

Tel No:

Describe medical needs or condition and give details of child/young person's individual symptoms:

.....
.....
.....

Daily care requirements (e.g., before sport/at lunchtime):

.....
.....
.....

Describe what constitutes an emergency for the child/young person and the action to take if this occurs:

.....
.....

Follow-up Care:

.....
.....
.....

Who is responsible in an emergency: (state if differ on off-site activities):

.....
.....
.....

Procedures to be followed when transporting the child/young person (e.g. home to school/setting transport, off-site visits):

.....
.....
.....

Form copied to:

.....
.....

Signed
(headteacher/manager)

Signed (parent).....

Date:
.....

Date:

Sample Protocol for Administering Medication

1 Background

1.1 (insert child/young person's name) may suffer (insert medical condition).

List any known triggers if appropriate

If this occurs, he/she is likely to need medical attention and, in an extreme situation, his/her condition might be life threatening. However, it is recommended by his/her consultant that his/her education should carry on "as normal".

* Only include if child/young person has other medical condition.

* 1.2 (insert child/young person's name) also suffers from (insert other medical condition if appropriate) and may, therefore, need occasional access to (insert name of medication).

1.3 The arrangements set out below are intended to assist (insert child/young person's name), his/her parents and the school/setting in achieving the least possible disruption to his/her education but also to make appropriate provision for his/her medical requirements.

2 Details

2.1 The headteacher/manager will arrange for the relevant staff (e.g., class teacher, general assistant, midday supervisory assistants) in the school/setting to be briefed about (insert child/young person's name) condition and about other arrangements contained in this document.

** Only include if child/young person is at risk of anaphylaxis and the allergen is a food substance.

** 2.2 The school/setting staff will take all reasonable steps to ensure that (insert child/young person's name) does not eat any food items unless they have been prepared/approved by his/her parents.

** 2.3 (insert child/young person's name) parents will remind him/her regularly of the need to refuse any food items which might be offered to him/her by other children/young people.

** 2.4 In particular, (insert child/young person's name) parents will provide for him/her

- a suitable mid morning snack;
- a suitable packed lunch;
- suitable sweets to be considered as 'treats' and to be kept by the teacher.

- **
- 2.5 Whenever the planned curriculum involves cookery or experiments that may involve (insert name of allergen) prior discussions will be held between the school/setting and parents to agree measures and suitable alternatives.
- 2.6 If there are any proposals which mean that (insert child's name) may leave the school/setting site, prior discussions will be held between the school/setting and (insert child/young person's name) parents in order to agree appropriate provision and safe handling of his/her medication.
- 2.7 The school/setting will hold, under secure conditions, appropriate medication, clearly marked for use by designated school/setting staff or qualified personnel and showing an expiry date.

(insert list of medication that will be kept by school/setting) are/is to be held in (insert location).

The parents/carer accepts responsibility for maintaining appropriate supplies of medication.

3 Ill Health

(Insert medical condition, e.g. epileptic seizure, hypoglycaemia episode, etc)

- 3.1 In the event of (insert child/young person's name) showing any physical symptoms for which there is no obvious alternative explanation, his/her condition will be immediately reported to (insert name of person nominated to take control of the situation. This person could be the class teacher, first aider or headteacher).

On receipt of such a report, this person, if agreeing that his/her condition is a cause for concern will instruct a member of staff to contact (in direct order of priority):

- AMBULANCE - Emergency Services 999
Message to be given - (name of child/young person) (insert medical condition)
- Parents/guardian
Name - number (insert)

- 3.2 Whilst awaiting medical assistance, (insert name of nominated person) will assess (insert child/young person's name) condition and **administer the appropriate medication** in line with perceived symptoms and following closely the instructions given during the staff training session and detailed on the consent form.
- 3.3 The administration of this medication is safe for (insert child/young person's name). Even if it is given through a misdiagnosis it will do him/her no harm.
- 3.4 On the arrival of qualified medical staff, the nominated person will tell them of the medication given to (insert child/young person's name). All used medication will be handed to the medical staff.
- 3.5 After the incident, a debriefing session will take place with all members of staff involved.
- 3.6 Parents will replace any used medication.

4 Training

- 4.1 Volunteers from the school/setting staff have undertaken to administer the medication in the unlikely event of (insert child/young person's name) having (insert medical condition).
- 4.2 A training session was held by (healthcare professional) which was attended by (insert names of staff/trained in procedure). (insert name) was nominated as the key person to take control of a situation and (insert name) was nominated to perform this role in the event of their absence. The (insert title) explained in detail, (insert name of child/young person) condition, the symptoms of (insert medical condition) and the stages and procedures for the administration of medication.
- 4.3 Further advice is available to the school/setting staff at any point in the future if they feel the need for further assistance. In any case, the medical training will be repeated every six months.

5 Staff Indemnity

In order to give staff reassurance about the protection their employment provides, East Sussex County Council (hereinafter called the County Council) agrees to fully indemnify its staff at the school/setting against claims of negligence from (insert child's name) parents providing the staff are acting within the terms of this protocol. In practice, the indemnity means the County Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school/setting staff to be sued for negligence and the action will usually be between the parent and the employer (the County Council).

6 Agreement & Conclusion

- 6.1 A copy of these notes will be held by the school/setting and the parents.
- 6.2 A copy of these notes will be sent to (insert child/young person's doctor's name and address) and (insert healthcare professional's name and address) for information.
- 6.3 Any necessary revisions will be the subject of further discussions between the school/setting and the parents.
- 6.4 On a termly basis, any changes in routine will be noted and circulated.

Agreed & Signed

on behalf of the school/setting

Headteacher:

Date:

Parents/Guardian:

Parental Consent Form

To be completed by the parent/guardian of any child/young person to whom drugs may be administered under the supervision of school/setting staff

If you need help to complete this form, please contact the School/setting or the Health Visitor attached to your doctor's surgery.

Please complete in block letters

Name of Child/Young Person:.....

Date of Birth:

Address

.....

Medical Diagnosis/Condition/illness:

Date:

Class/Form:

Review Date:.....

Doctor's Name:

Doctor's telephone number:

The Doctor has prescribed (as follows) for my child:

a) Regularly:

Name of Drug or Medicine:

How often (e.g.; Lunchtime? after food):

How much (e.g.; half a teaspoon? 1 tablet?) to be given:

b) In special circumstances: (here describe what circumstances, and the nature and dosage of the prescribed medication or treatment)

.....

.....

.....

A separate form must be completed for each medicine.

I accept that I must deliver the medicine personally to (agreed member of staff). The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting/early year's setting staff administering medicine in accordance with their policy. I will inform the school/setting/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school/setting activities, as well as on the school/setting premises.

I undertake to supply the school/setting with the drugs and medicines in properly labelled containers.

I accept that whilst my child is in the care of the School/setting, the School/setting staff stand in the position of the parent and that the school/setting staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signed:

Date:

Headteacher agreement to administer medicine

Dear

I agree that (name of child/young person) will receive (quantity and name of medicine) every day at (time medicine to be administered, e.g. lunchtime or afternoon break).

(Name of child/young person) will be given/supervised whilst he/she takes their medication by (name of member of staff).

This arrangement will continue until (either end date of course of medicine or until instructed by parents).

Date:

Signed:
(Headteacher)

Parental Consent form for child/young person to carry their own medication

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals.

Please complete in block letters

Name of Child/Young Person: Class:

Address:

.....

Medical Diagnosis or Condition:

Name of Medicine:

Procedures to be taken in an emergency:

.....

.....

.....

Contact Information

Name:

Daytime telephone No:

Relationship to child/young person:

I would like to keep his/her medication on him/her for use as necessary.

Signed:

Date:

Relationship to child/young person:

A separate form must be completed for each medicine.

Example of Form for Recording Medical Training for Staff

Name:

Type of training received:

.....

.....

.....

Date training completed:

Training provided by:

.....

I confirm that has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated (please state how often)
...

Trainer's Signature:

Date:

I confirm that I have received the training detailed above.

Staff Signature:

Date:

Suggested Review Date:

Instructions for the Administration of Rectal Diazepam

Name of Child/Young Person:.....

Date of Birth:

Address

Doctor's name:

Hospital consultant:

If has a *prolonged epileptic seizure lasting over minutes, he/she should be given Rectal Diazepammg.

OR

* serial seizures lasting over minutes.

An Ambulance should be called for *at the beginning of the seizure.

OR

If the seizure has not resolved *after minutes.

(*please delete as appropriate)

Doctor's signature:

Parent's signature:

Date:

NB: Authorisation for the administration of rectal diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child/young person. This should be completed by the child/young person's healthcare professional, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The authorisation should clearly state:

- When the diazepam is to be given e.g. after 5 minutes; and
- How much medicine should be given.

Included on the authorisation form should be an indicator or when an ambulance is to be summoned.

Records of administration should be recorded on the form shown in Appendix F or similar.

Arrangements for Monitoring and Evaluation

Date established by Governing body:	June 2009
Date for full implementation:	June 2009
Date of review:	June 2010