Fairfield Endowed C of E (C) Junior School Administration of Medicines Policy 2016

Approved by Governors Date: _____ Minute No: _____

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Reviewed by Governors Date: _____ Minute No: _____

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Policy for the Administration of Medicines in School

The school will follow the procedures outlined in the Derbyshire County Council guidance The Administration of Medicines and Associated Complex Health Procedures for Children Advice and Guidance for Children's Services in Derbyshire"

The Board of Governors and staff of Fairfield Endowed C of E Junior School wish to ensure that children with medication needs receive appropriate care and support at school. There is no legal duty that requires school staff to administer medication, however the school will accept responsibility for members of school staff administering prescribed medication, over the counter medication, or supervising children self-administering inhalers, during the school day **where those members of staff have volunteered to do so**. The Governors and staff at the school will not allow children to bring medication into the school except as covered by this document and the relevant codes of practice.

Purpose of this policy

The purpose of this policy is to ensure the safe and appropriate administration of medication to pupils with medical needs within the school. Most children will at some time have short-term or acute medical needs, perhaps entailing finishing a course of medicine such as antibiotics for a chest infection. Some children may have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with asthma or ADHD. Other children may require medicines in a medical emergency which is unexpected or related to some known condition for example severe allergies.

Assessing Needs and Managing Risks

Fairfield Endowed C of E (C) Junior School will produce a risk and maintain a risk assessment for the storage and administration of medicines using Derbyshire County Council's guidance. For children with complex medical needs who have an individual healthcare plan, a separate risk assessment is not required as the general risk assessment will deal with issues such as storage and labelling of medicines and the healthcare plan will provide detail on the administration of the medicines.

Parents/guardians should keep their children at home if acutely unwell or infectious. Administration of medication is the responsibility of parents/guardians and any help given by school is on a voluntary basis. Only essential medication with a dosage that cannot be taken outside of school hours should be sent to school. **Medicines will only be administered in school where the dosage frequency requires them to be taken four or more times a day or where they must be taken at specific times. These are likely to fall within three areas;**

- Short-term or acute, such as a chest infection;
- Long-term such as asthma or ADHD; and
- Medical emergency which is unexpected or related to some known condition.

Short-term Illness

Parents/guardians are responsible for providing the school with comprehensive information regarding the child's condition and treatment, for providing any medication required and for its safe removal at the end of term and/or treatment and/or shelf-life.

Prescribed medication cannot be accepted by school without specific written and signed instructions from parent/guardian. Each item of medication must be delivered by the parent/guardian to the school, **in the original secure container and labelled as dispensed.**

The school will not make changes to prescribed dosages on instructions from parents/guardians. Reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks' supply at any one time). Medication will be kept in a secure place, out of the reach of children. Any medication which requires to be kept in a fridge will be stored appropriately.

A first aid qualified member of staff will administer all medicines/inhalers. The school will keep records of the dose given, which they will make available for parents/guardians upon request. A member of staff will administer the dose and this will be recorded. In the case of certain medication, the dose will be checked and counter-signed by another member of staff.

Where it is appropriate to do so, children will be encouraged to administer their own medication (e.g. asthma inhaler), under staff supervision.

School staff will not force children to take medication. If a child refuses to take their medication, the parent/guardian will be informed immediately.

Supporting pupils with long-term health needs

The school will aim to minimise any disruption to the child's learning as far as possible and work with parents/carers and health professionals to ensure this. Where a pupil needs to take medication in school for an extended period or has a chronic ongoing condition a Health Care Plan will be put in place. This will be agreed jointly by the school and parents/carers with the advice of health professionals. Parents should provide the school with all necessary information about their child's condition.

- Details of the child's condition
- Special requirements e.g. dietary needs, pre-activity precautions
- What constitutes as an emergency; what action to take, what to do, who to contact – including when parents expect to be contacted.
- The role the staff can play
- Sign appropriate agreement forms for the administration of medication.

All staff will be informed of any child with long-term illness. All staff will be made aware of the procedures to be followed in the event of an emergency when appropriate.

Responsibilities of the school and parents/guardians

Parents/ Carers

The responsibility for ensuring that children with medication needs receive ''treatment'' rests ultimately with their parents/guardians, or with young person capable of self-administering their own medication. Parents and doctors should decide how best to meet each child's requirements. Carefully designed prescribing can sometimes reduce the need for medicine to be taken during school hours or when they are attending services. To help avoid unnecessary taking of medicines at school/services, parents should;

- Be aware that three daily dosage can usually be spaced evenly throughout the day and taken in the morning, after school hours and at bedtime.
- Ask prescriber if it is possible to adjust the medication to enable it to be taken outside the school day.

Where this cannot be arranged, parents should consider whether the child could return home for this, or the parent should come to school/service to administer the medicine. If this is not possible, the recommended procedure for administration of medicines should be adopted.

- The parents should be informed that they will need to ask the pharmacist for duplicate labelled bottles in order to send medicines to school.
- Alternatively, parents can ask the prescriber for two prescriptions, one to cover home and the other to cover school.
- Parents must not ask staff to administer dose other than prescribe in the written instructions. Similarly, staff must not accede to any such request.

Head teacher

It is the responsibility of the Head teacher to ensure that schools and services have a clear medicine policy which is understood and accepted by staff, parents and children. The policy should be readily accessible. The Head teacher will advise parents that the school does not keep any medication for distribution to children e.g. paracetamol. There will be a first aid kit on site. The Head teacher will have particular regard to staff consent to administer medicines and that individual decisions on involvement will be respected. In addition, punitive action will not be taken against those who choose not to consent.

Notifiable Diseases

The Head teacher and School Business Manager will ensure they are aware of and make available the Health Protection Agency document, "Guidance on Infection Control which is available from the Health Protection Agency website. If they are unsure of any issues relating to notifiable diseases, they should seek advice from the Health Protection Team. (Tel: 0844 2254 524)

Regulation and Inspection of Schools and Services

The school is subject to independent inspection by one of the government's regulatory bodies. A key function of inspection is to ensure that there is compliance with minimum standards for safe care. This means that the school:

- Must be able to provide inspectors with evidence of their good practice – this includes the procedures for staff to follow, written records that show compliance with them and other evidence that they understand the needs and wishes of parents and children and take them into account
- Will ask for parental cooperation to help them meet these requirements.

The basic information that is required

Most children do not have medical conditions that require specific care. However, there may be things that staff need to know about, for example a child may:

- have an allergy to certain foods or other substances;
- be taking medication that needs to be administered when they are in school/using services;
- have a condition that means routine or urgent medical treatment by a doctor or nurse could possibly be required, for example epilepsy

Staff will want to discuss what needs to happen in these circumstances and will ask for written consent to provide both planned and routine care and seek urgent medical treatment should the need arise. They will also ask parents to give consent for staff to have contact with health professionals and for those health professionals to share medical information with the staff as necessary. They will also ask for contact details in order that a parent – or someone named by a parent - can be contacted in an emergency.

Extra help for children with additional health care needs

Children who have additional needs arising from a medical condition, disability or illness will be under the care of their GP and perhaps also a Paediatrician and/or other health professional. They will have an individual treatment plan which is regularly reviewed and which needs to be implemented across all services and settings – home, school, short break care and in the community.

- Parents and staff alike need to understand what the plan entails and what is required to comply with it.
- This needs to be written down so that it can be shared with all who have the care of a child and to minimise the risk of error.
- Parents will need to supply staff with sufficient medication for the duration of the school day, or short break.
    - This should be in its original container with the original pharmacy label – *this is the only way that staff can evidence that they are acting in accordance with a medical practitioner's instructions.*
- Staff need to keep records to show that they have complied with these requirements and returned any unused medication.

Specialised help for children requiring medical interventions or procedures

Some children need their parents and staff to carry out medical interventions or procedures for which specific training is required – for example, catheter care or gastrostomy care.

- The expectations of staff are essentially the same as those made of the child's parents.
- Staff need the same training they have received from health professionals

A service will only be provided where these conditions can be satisfied and where parental consent has been given for an essential procedure to be carried out by staff and they have been trained to provide it.

Consent

What is "informed" consent?

It is really important that parents do not feel they are being asked to give their consent to something they do not understand or may not agree with. It is also important that they do not feel that once a parent has given consent, they cannot later change their mind. Consent cannot be generalised, it must be specific.

- A parent will be asked to give consent separately to each individual requirement of meeting a child's needs.
- Staff should also give parents the opportunity to ask for further information/clarification before they sign a consent form.

What consents are needed?

The level of consent will vary with a child's needs, the service or setting and the length of time s/he is away from home. Staff may need a parent's agreement to some or all of the following to allow them:

- to approach the family GP (or other health professional) for further advice and information about a child's health care needs;
- to share this with those who are planning for a child's education or care needs;
- to administer a medicine should this be necessary;
- to seek routine advice or treatment from a medical practitioner should the need arise;
- to seek urgent medical treatment should this be necessary;
- to contact a named person if they are not available.

Consents to planned or urgent medical treatment

Staff will usually carry out routine procedures for which a parent has given consent without contacting them. They will always attempt to contact a parent to discuss any significant health concern that affects their child whilst s/he is attending school or services.

- What is *significant* will vary from child to child and with age but parental consent for any specialist assessment, operation or medical procedure will normally be sought.

In urgent circumstances, it may not be possible to obtain consent but every effort will be made to contact a parent and the urgent consent that has been given will only be used where a medical assessment indicates the need for immediate action.

- A doctor will always act in the best interests of a child's health, including in emergency situations.

What if a parent/person with parental responsibility feels unable to give consent?

The aim is always to work in partnership and on the basis of agreements. If the school or service feels it needs parental consent to a specific procedure and the parent/ person with parental responsibility is unable to give it, the service will take further advice and try to resolve the dilemma without, in its opinion, compromising a child's wellbeing.

- Where s/he is competent, it is the consent of a competent older that will be sought.
- The parent's views will be respected.
- This *may* mean that a service cannot be provided or *may* be restricted in some way.
- However, the consent of only one person with parental responsibility is required, even where it is known that the other parent may not give his or her consent.

Confidentiality

Similarly, in some circumstances, parents or a young person may ask for sensitive information to be confidential.

- This should be respected so long as it does not place the child, or anyone else, at risk of significant harm - the "**need** to know" is a key consideration.

Keeping up to date with changing needs

Whether a child is a frequent, or just an occasional user, of services, staff need to know that the medication instructions are up to date. The individual treatment plan will be regularly reviewed and any new requirements must be communicated to all involved in the plan for the child.

- Parents must always provide current instructions – this means ensuring that the child's GP, paediatrician or the pharmacist is aware of the need to pass on *written* instructions to a school or service provider.

Children under 16, competence and consent

Children under 16 are **not automatically** presumed to be legally competent to make decisions about their healthcare. However, the courts have stated that under 16's *will* be competent to give valid consent to a particular intervention if they have sufficient comprehension and intelligence to understand fully what is proposed.

- In other words, there is no specific age when a child becomes competent to consent to treatment - it depends both on the child and on the seriousness and complexity of the treatment being proposed.
- 'Competence' is not a simple attribute that children either possess or do not - it is nurtured from an early age by involving them in decisions and about their health care.

The extent to which a child may be deemed competent in any given situation may depend to a great extent on the quality of relationships with adults and the extent to which they can help the child to give an informed opinion.

- It would be ***exceptional*** for a child under the age of 14 to be judged to be competent to give his or her own consent.

Confidentiality

Where a young person who is judged to be competent asks for their confidence to be maintained, this must be respected, except where disclosure is required on the grounds of *reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm*.

- Wherever possible, their agreement to the involvement of their parents should be sought, unless it is believed to be against their best interests to do so.
- There may be a good reason why a young person has accessed health services confidentially and no good reason why that confidence should be breached.

Eight Core Principles of Safe and Appropriate Handling of Medicines

1. Young people in long term care have a choice in relation to their provider of pharmaceutical care and services, including dispensed medicines

This means:

- They can choose to take their own medicines with help and support from staff
- They are included in decisions about their own treatment
- Those of sufficient age and understanding have a say about which pharmacy (or dispensing doctor) supplies their medicines
- They receive only medicines for which their own or their parents' consent has been given
- They have their personal and cultural preferences respected.

2. **Staff know which medicines each child has and the school keeps a complete account of medicines.**

Medicine records are essential in every service/setting and especially those providing full-time care. All staff should know which children need someone to administer, or oversee the self-administration of, medicines. Those who help children with their medicines should:

- Know what the medicines are and how they should be taken and what conditions the medicines are intended to treat
- Be able to identify the medicines prescribed for each person and how much they have left
- Have access to a complete record of all medicines – what comes in, what is used, what goes out (the audit trail)
- Schools and services are dependent upon the cooperation of parents to enable them to meet this requirement.

3. Staff who help people with their medicines are competent

Head teachers and managers need to ensure that new members of staff understand that there are policies and procedures to be followed when administering medicines to children. The arrangements for inducting and supervising new staff should also identify the training and skills that each new staff member has and what training they will need in order to ensure that they are adequately trained and knowledgeable to give medicines to children with specific medication needs identified within and individual healthcare plan.

- Some services, including those who provide full-time care, will need to ensure that job descriptions include duties relating to the administration of medication – others such as schools and early years will need to ensure that they have sufficient consenting staff members to enable them to discharge their responsibilities
- Where specific training is needed to administer a medicine, or carry out a procedure, only staff who have been given appropriate training and have demonstrated their competence, should be permitted to do this
- Head teachers and managers are responsible for assessing a worker's competence to give medicines to the children for whom they care
- Evidence of competence needs to be confirmed by a health professional

4. Medicines are given safely and correctly, and staff preserve the dignity and privacy of individuals when they give the medicines to them

Safe administration of medicines means that they are given in a way that avoids causing harm to a child.

- They should only be given to the person for whom they were prescribed
- Children should receive the right medicine at the right time and in the right way
- Every effort should be made to preserve the dignity and privacy of individuals in relation to medicine-taking
- It also means keeping personal medical information confidential, for example, a person's medicines administration record (MAR) should not be kept where everyone can see it. 5. Medicines are available when required and the school provider makes sure that unwanted medicines are disposed of safely
- Prescribed medicines must be available when needed and so continuity of supply of medicines for ongoing treatment is essential.
- Where children are in full time care, arrangements with a local pharmacy or dispensing doctor should be made in advance.
- Out-of-date, damaged or part used medicines that are no longer required should be disposed of safely so that they cannot be taken accidentally by other people or stolen.

6. Medicines are stored safely

Medicines need to be stored so that the products:

- Are not damaged by heat or dampness
- Cannot be mixed up with other people's medicines
- Cannot be stolen
- Do not pose a risk to anyone else

7. The school has access to advice from a pharmacist

- Every school should ensure that it has the contact numbers for their local pharmacy readily available together with a named person to contact.

8. Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour

- Prescribing medicines is the responsibility of healthcare professionals
- Medicines should not be used unnecessarily for sedation or restraint

Managing medicines during the school day

The school will not administer non-prescriptive medicine. Prescription medicines - Prescription medicines should only be taken during the school day when essential. Parents/carers will be encouraged to request from doctors, where possible, medicines which can be administered outside of the school day. **Medicines will only be administered in school where the dosage frequency requires them to be taken four or more times a day or where they must be taken at specific times.** Medication must be in its original container with the original pharmacy label intact, medication will not be accepted without these. Medicines will only be administered according to the instructions on the pharmacy label. A consent form must be completed by the parent (Template B).

Storing Medicines

The school will keep the medication securely in the First Aid room which may only be accessed by the main First aiders for the school. Where medicines need to be refrigerated they will be stored in a designated fridge in the staffroom in a secure container. Prescription drugs will be returned to parents when no longer required. It is the parent's responsibility to collect and dispose of out of date or unused medication. It is the parent/carer's responsibility to ensure that medicines sent to school are 'in date'. If new supplies are needed it is the responsibility of the parents to supply medication, school staff will inform parents when there is 5 days' worth of medication left to allow plenty of time for a repeat prescription to be fulfilled.

Epi Pen's and other Emergency Medication

All staff who volunteer will be given appropriate training in the administration of emergency medication where necessary through arrangements made with the School Health Service. Form E will be completed to show evidence of who has been trained. Arrangements will be made for immediate access to any emergency medications for example:

- Epi Pen's will be kept with or near pupils who need them always in a secure place within the classroom.
- Asthma medication will be kept in its original packaging in a labelled asthma box in the child's classroom.
- Certain types of drugs, such as class A drugs will be kept in a locked cabinet within the First Aid Room.
- Emergency medication will always be taken if the child goes out on a trip.

Labelling of medicines

On the few occasions when medicines must be brought into a school or service, the original or duplicate container, complete with the original dispensing label should be used.

The label should clearly state:

- name of pupil
- date of dispensing
- dose and dose frequency (*This may read ''as directed'' or ''as before'' if this is what is on the prescription;*
- the maximum permissible daily dose
- cautionary advice/special storage instructions
- name of medicine
- Expiry date – where applicable for ointments/lotions this is usually 28 days from the date when it was opened, 3 months if a pump dispenser.

The information on the label should be checked to ensure it is the same as on the parental consent form.

- Where the information on the label is unclear, such as "as directed" or "as before" then it is vital that **clear instructions are given on the parental consent form**. If the matter is still not clear, then the medicine should not be administered and the parents should be asked for clarification.

Disposal of Medicines

Medicines which have passed the expiry date must not be used.

Creams and lotions will have both a manufacturer's expiry date which must be observed and should also be considered to have expired 28 days after having been opened. Pump dispensers have a longer life, usually about 3 months. Expired medicines need to be disposed of properly by arrangement with the child's parents, either by return to, or collection by, the parents or return to the pharmacy for safe disposal. Provision for safe disposal of used needles will require appropriate special measures, e.g. a "sharps box", to avoid the possibility of injury to others. A "sharps box" must be kept secure with no access for pupils or unauthorised persons. This should be disposed of in a safe way using a specialist licensed contractor.

Hygiene and Infection Control

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

Employee Medicines

If an employee needs to bring medicine into school, they have a responsibility to ensure that their medicines are kept securely and that children do not have access to them. Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or pupil.

Confidentiality

Medical information should always be regarded as confidential by staff and personal data properly safeguarded.

- Records relating to the administration of medicines are health records and should be stored confidentially.
- Instructions should be shared on a "need to know" basis in order that a child's well-being is safeguarded and any individual treatment plan is implemented.

Administration of Medicines

There are three possible situations which apply to the administration of medicines in schools: -

I) **The student self-administers their own medicine of which the school is aware**. The school would want to support and encourage children, who are able, to take responsibility to manage their own medicines. The school will ensure that medicines for students are stored appropriately to prevent any unsupervised administration. The medicine taken must belong to the child and is within the expiry date.

In all instances where prescribed and non-prescribed medicines are brought into school, the school must be notified on a parental consent (Template B).

ii**) The student self-administers the medication but someone supervises the student**. The school will ensure that medicines for students are stored appropriately to prevent any unsupervised administration. The medication taken must belong to the named child and is within the expiry date. Trained staff will record on the appropriate form, (Template C or D) that the session was supervised and that the medicine was self-administered by the student.

iii**) A named and trained volunteer at school administers the medicine.** An up to date list will be kept of volunteer staff and cover will be provided during periods of absence. Staff who administer medication will routinely consult the record form before medication is given to avoid the risk of double dosing. The record forms will be held in the Medical room in the yellow file on the filing cabinet.

Where necessary staff who administer, medicines will receive training through the School Health Service. All relevant staff will be made aware of students who are taking medication and refer the child to the office in the event of the child becoming unwell. Other trained staff, e.g. First Aider, will be summoned if the child's symptoms mean that emergency action is required. A record will be kept of all relevant and approved training received by staff.

Each person who administers medication must:

- receive a copy of these guidelines and Code of Practice;

- read the written instructions/parental consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication;
- Confirm the dosage/frequency on each occasion and consult the medicine record for to ensure there will be no double dosing.
- Be aware of symptoms which may require emergency action, e.g. those listed on an individual treatment plan where one exists;
- Know the emergency action plan and ways of summoning help/assistance from the emergency services;
- Check that the medication belongs to the named pupil and is within the expiry date;
- Record all administration of medicines as soon as they are given to each individual;
- Understand and take appropriate hygiene precautions to minimise the risk of cross-contamination;
- Ensure that all medicines are returned for safe storage;
- Ensure that they have received appropriate training/information. Where this training has not been given, the employee must not undertake administration of medicine and must ensure that the Head teacher is aware of this lack of training information.

Administration of medicines by staff

All staff who participate in administering medication must receive appropriate information and training for specified treatments in accordance with the guidance and the Codes of Practice. In most instances, this will not involve more than would be expected of a parent or adult who gives medicine to a child.

- Training can be accessed from different services, for example, specialist nurses, the School Health Service, Derbyshire Children's Community Nursing Training Team or the Children in Care nurses, who will liaise as appropriate with those doctors responsible for the management and prescription of treatment, particularly in complex cases.

In schools and services, the Head teacher/School Business Manager is responsible for knowing which children are taking medication and who is responsible for administering it. In schools, Head teachers must ensure that:

- All relevant staff are aware of pupils who are taking medication and who is responsible for administering the medication
- The person should be routinely summoned in the event of a child on medication feeling unwell, as they should be aware of any symptoms, if any, associated with the child's illness which may require emergency action
- Other trained staff who may be required e.g. First Aider should be summoned as appropriate

Safe administration of medicines means that they are given in such a way as to maximise benefit and to avoid causing harm. Whenever possible, children and young people should be responsible for taking their own medicines.

- Where a child/young person is, unable or unwilling to self-administer their medication, staff will need to take responsibility for this

- Is staff are required, or have consented, to help supervise or administer non-prescription medication due to a child's age or ability to be responsible for their own administration of the medicine, then these procedures for administering medicines must be followed.

In order to give a medicine safely, staff need to be able to:

- Identify medicines correctly. To do so, the medicine pack must have a label attached by the pharmacist or GP
- Identify the child/young person correctly – a physical description and or a photograph attached to the written instructions can provide additional safeguards
- Know what the medicine if intended to do, for example, to help the person breathe more easily
- Know whether there are any special precautions, for example, give the medicine with food.

There should be a simple easy-to-follow written procedure for giving medicines which staff must be familiar with and follow carefully. Head teachers should also monitor periodically how well staff follow this procedure. Staff should only give medicines that they are competent to administer. They can give or assist children to:

- Administer medication in tablet/liquid form
- Apply creams and lotions
- Administer eye drops, ear drops, nasal sprays
- Support individuals with inhalers
- Support individuals with „when required" medications
- Support individuals with non-prescribed medications from approved list
- Support individuals who self-administer medicines.

Key responsibilities of staff:

Staff must always check:

- the child's name;
- the prescribed dose;
- the expiry date;
- the written instructions provided by the prescriber on the label or container; the individual treatment plan where one exists;
- whether it is a controlled drug;
- any requirements for refrigerated storage;
- Prior to administration, the medicine administration record (Form C) to ensure that a dosage is due and has not already been given by another person.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school.

- Written records must be kept each time medicines are given (Form C).
- The administration of **controlled drugs requires 2 people.** One should administer the drug, the other witness the administration.

Written instructions

All medicines that are to be administered by staff must be accompanied by written instructions from the parent and/or the GP/prescriber.

- Schools/services may wish to allow non-prescription medicines in accordance with the guidance earlier in this document e.g. 1 x day's paracetamol – if accompanied by a parental consent form.
- Each time there is a variation (other than a new prescription) in the pattern of dosage, a new form should be completed and it should be accompanied by written confirmation from a medical practitioner to confirm the variation.

Head teacher must routinely:

- Check the medicine administration records and countersign to evidence compliance with written guidance or identify and address any non-compliance.

Staff must never give:

- a non-prescribed medicine to a child unless there is specific written permission from the parents on the appropriate form, and it is the medicine supplied by the parents;
- medicine to a child that does not belong to him or her – schools and services should not keep stocks of non-prescription medicines to give to children;
- medicine that belongs to another child;
- a child under 16, Aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

Staff should not undertake the following unless they have satisfactorily completed additional training:

- rectal administration, e.g. suppositories, Diazepam (for epileptic seizure)
- injectable drugs such as Insulin;
- administration through a Percutaneous Endoscopic Gastrostomy (PEG);
- giving oxygen

The head teacher must keep a record of all relevant and approved training received by staff.

Refusal to take medicines

Staff can only administer medicines with the agreement of the child. Any specific instructions to assist the administration of a medicine should be recorded in the child's individual treatment plan as should any instructions in the event of refusal.

- If a child refuses to take a medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures.
- Where there is no instruction in the child's plan, staff should inform parents the same day;
- where refusal may result in an emergency, emergency services and parents will be called

The general policy should include the following:

- Parents should be informed the same day;

- Where refusal may result in an emergency, the school/services emergency procedures should be followed.

Record Keeping

Records must include:

- an up to date list of current medicines prescribed for each child that has been confirmed in writing;
- what needs to be carried out, for whom and when;
- for children with ongoing or complex needs, a care plan that states whether the child needs support to look after and take some or all medicines or if care workers are responsible for giving them.

Staff must make a record straight after the medicine has been accepted and taken.

- The records must be complete, legible, up to date, written in ink, dated and signed to show who has made the record.
- From the records, anyone should be able to understand exactly what the staff member has done and be able to account for all of the medicines managed for an individual.

Where social care staff are responsible for requesting and/or collecting medicines for a child, they must record:

- What has been received including the name and strength of the medicine;
- How much has been received;
- When it was received;
- When the last dose was given.

The individual Healthcare Plan

The purpose of an individual healthcare plan

The main purpose of an individual healthcare plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require a healthcare plan. A short-written agreement or a parental consent form may be all that is necessary.

- Individual healthcare plans are generally required for children with specific medical needs requiring specialised or emergency medication

An individual healthcare plan clarifies for staff, parents and the child, the help that can be provided. It is important for staff to be guided by the child's GP or Paediatrician. Staff should agree with the lead health professional and the child's parents how often they should jointly review the individual healthcare plan. It is sensible to do this at least once a year, but much depends on the nature of the child's needs, some would need reviewing more frequently.

- For children who are in care or who have a short break plan it is important to establish a single planning and review process to avoid duplication.

Staff should judge each child's needs individually as children vary in their ability to cope with poor health or a medical condition.

- The plan should include action to be taken in an emergency

Developing an individual healthcare plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child.

The lead health professional will determine who needs to contribute to an individual healthcare plan they may include:

- The child's GP and Paediatrician
- Other health care professionals
- The Head teacher
- The parent or carer
- The child (if appropriate)
- Class teacher
- Care assistant or support staff (if applicable)
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures
- Social worker Short breaks staff
- Any worker engaged via an individual budget

Co-ordinating information

Co-ordinating and sharing information about the special needs and requirements of an individual child's medical needs can represent a significant challenge, both within services and settings and across them where a child uses other services.

- The Head teacher should decide which member of staff has specific responsibility for this role. This person can be a first contact for parents and staff and liaise with external agencies
- The child's lead professional, together with the parents, should take responsibility for the co-ordination and communication of information and instructions across the wider plan for the child.

Confidentiality

Medical information should always be regarded as confidential by services and staff and personal data properly safeguarded

- Records relating to the administration of medicines are health records and should be stored confidentially
- Instructions should be shared on a "need to know" basis in order that a child's well-being is safeguarded and any individual treatment plan is implemented
- Parents and older children should be engaged in "need to know" decisions which should be recorded

Staff cannot be held to account if they fail to carry out key tasks, or do so incorrectly, because relevant information has not been shared with them. Similarly, services can only be provided where there is agreement to share relevant information.

Additional information and training

An individual healthcare plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, the school or service should

arrange appropriate training in collaboration with the school health services. Local health services will also be able to advice on further training needs. In every area, there will be access to training, in accordance with the provisions of the National Service Framework for Children, Young People and Maternity Services, by health professionals for all conditions and to all schools and services.

Pupils with complex health needs

As technology develops, growing numbers of children with complex health needs receive their education in mainstream schools. This group of children and young people require additional support in order to:

- maintain optimal health during the day;
- Access the curriculum to the maximum extent.

Some examples of care of health needs for which children might require additional support in schools and services are:

- restricted mobility e.g. a child with physical impairments who uses a wheelchair;
- difficulty in breathing e.g. a child with a tracheostomy who requires regular airway suctioning during the day;
- Problems with eating and drinking e.g. a child who requires a gastrostomy feed at lunch time.
- continence problems e.g. a child who requires assistance with bladder emptying and needs catheterisation at each break time or to follow a toileting plan to aid continence of bladder and bowels
- Susceptibility to infection e.g. a child who is receiving steroid therapy.

Staff dealing with children with complex needs will receive training from the school nurse/health professional so that clinical procedures can be carried out correctly. A detailed Individual Health Plan should be completed for the child.

Children with Epilepsy

The school will ensure at least one member of staff has training in epilepsy and supporting children who have epilepsy in school medically, socially and academically. That person will lead on ensuring that the epilepsy policy is followed.

The school will ensure that all pupils who have epilepsy achieve to their full potential by:

- Keeping careful and appropriate records of students who have epilepsy recording any changes in behaviour or levels/ rates of achievement, as these could be due to the pupil's epilepsy or medication.
- Closely monitoring whether the pupil is achieving to their full potential.
- Tackling any problems early.

The school will ensure that all pupils with epilepsy are fully included in school life, and are not isolated or stigmatised. We will do this by:

- Supporting pupils to take a full part in all activities and outings (day residential)
- Making necessary adjustments e.g. timetable
- Giving voice to the views of pupils with epilepsy, for example regarding feeling safe, respect from other pupils, teasing and bullying, what should happen during and following a seizure,

adjustments to support them in learning, adjustments to enable full participation in school life and raising awareness in school.
- Raising awareness of epilepsy across the whole school community, including pupils, staff and parents.

The school will liaise fully with parents and health professionals by:

- Letting parents what is going on in school
- Asking for information about if or how the pupil's epilepsy and medication affect their concentration and ability to learn.
- Informing parents and health professionals (with the parent's permission) of changes to the pupil's achievement, concentration, behaviour and seizure patterns.

We will ensure that staff are epilepsy aware and know what to do if a pupil has a seizure. There will be an appropriately trained member of staff available at all times.

First Aid Training

The school will ensure that there are always qualified first aiders in school.

Educational visits/outings

The school will make every effort to continue the administration of medication to a child during trips away from school premises. If a child has been prescribed an inhaler, this will be taken on all activities which do not take place in school.

Schools and services should actively promote the participation of children with medical needs in educational visits, outings and community activities which may need to be safely managed. Schools and services should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The national standards to under 8"s day care and childminding mean that the registered person must take positive steps to promote safety on outings. This will include reviewing and revising existing information, policies and procedures so that planning arrangements will include the necessary steps to include children with medical needs.

- Staff supervising excursions should always be aware of medical needs and relevant emergency procedures
- A copy of the individual healthcare plan should be taken on visits in the event of the information being needed in an emergency.

Sporting and leisure activities

Most children with medical conditions can participate in physical activities and extra-curricular sport and leisure. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being.

- Any restrictions on a child's ability to participate in PE should be recorded in their individual healthcare plan
- All staff should be aware of issues of privacy in dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to the medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be

aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

- More details about specific health conditions can be found in the Codes of Practice.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the most appropriate person identified by the child's individual healthcare plan.

- Children may not be able to participate in off-site activities where their parents do not share relevant information or decline to give their appropriate consents
- Concerned staff should contact the Health and Safety section for advice.

Transporting children

Children who have additional needs and who receive services may have transport needs, including Home to School Transport, Community Transport and taxis to and from services. The Local Authority and services must make sure that children are safe during the journey. Most pupils with medical needs to not require supervision on school transport, but the Local Authorities will provide appropriate trained escorts for home to school transport if they consider them necessary.

Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they must receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

Where children have life threatening conditions, specific individual healthcare plans should be carried on vehicles. Schools and services will be well place to advise the Local Authority and its transport contractors of issues for individual children. Individual transport treatment plans should be drawn up with input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.

- All drivers and escorts should have basic first aid training. Additionally, trained escorts may be required to support some pupils with complex medical needs
- These can be healthcare professionals or escorts trained by them.

Some children are at severe risk of allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles.

- All escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate

Emergency procedures

Where children have conditions, which may require rapid intervention, parents must notify the Head teacher/Main First Aider of the condition, symptoms and appropriate action following onset – advice may need to be sought on an appropriate response. They should also share any individual healthcare plan. All schools and services should have a risk management plan for such situations that covers all possible circumstances when the child is attending the school or service, including off-site activities. Planning should consider access to a telephone in an emergency to summon medical

assistance or ambulance. The Head teacher/Main 1st Aider must make all staff aware of any child whose medical condition may require emergency aid and staff should know:

- Which children have individual healthcare plans
- Possible emergency conditions that may arise, how to recognise the onset of the condition and take appropriate action i.e. summon the trained person, call for an ambulance if necessary etc. and the emergency instructions contained within them
- Who is responsible for carrying out emergency procedures in the event of need
- How to call the emergency services
- What information from the individual healthcare plan needs to be disclosed?

Other children should also know what to do in the event of an emergency, such as telling a member of staff.

When a child needs to go to hospital

Staff should not normally take children to hospital in their own car – it is safer to call an ambulance. However, in remote areas a school or service might wish to make arrangements with a local health professional for emergency cover. The national standards require early years" services to ensure that contingency arrangements are in place to cover such emergencies.

- A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent arrives
- Health professionals are responsible for any decisions on medical treatment when parents are not available
- Training and practical advice on the recognition of the symptoms can usually be offered by a range of staff including Children in Care nurses, school nurses or community children's nurses who are employed by NHS trusts.

Where an activity is planned where there is a known risk – however unlikely – that a child might need emergency health care, the risk assessment/individual healthcare plan should address what should happen – exceptionally this may include a member of staff using his or her own vehicle.

All such arrangements, must be agreed and recorded in the child's individual healthcare plan and be referred to Risk and Insurance for approval before they are carried out.

These guidelines do not cover First Aid or the role of trained First Aiders or appointed persons. Guidance is available in the County's Code of Practice for Health and Safety (First Aid) Regulations 1981 or the Children and Younger Adults" Department Health and Safety Handbook.

Unusual occurrences, serious illness or injury

All parents should be informed of the school's/service's policy concerning children who become unwell whilst in the care of the school or service. This should be contained within the school's prospectus. This will include home/mobile/work telephone numbers and other instructions e.g. relatives who can be contacted. If parents and relatives are not available when a pupil becomes seriously unwell or injured, the Head teacher should, if necessary call an ambulance to transport the child to hospital.

These guidelines do not cover First Aid or the role of trained First Aiders or appointed persons, Guidance is available in the County's Code of Practice for Health and Safety (First Aid) Regulations 1981 or the Education Department Health and Safety Handbook.

Staff Training

In addition to the basic training for their roles are children's services workers across all settings, all staff must be appropriately trained in the handling and use of medication and have their competence assessed. The school's/service policy on the administration of medicines should state how frequently this should happen and when it will be reviewed and updated. All staff training should be documented for each staff member.

The minimum training requirements are:

- The supply, storage and disposal of medicines
- Safe administration of medicines
- Quality assurance and record-keeping
- Accountability, responsibility and confidentiality

Three levels of training need to be delivered:

- Induction training
- Basic training in safe handling of medicines
- Specialised training to give medicines

Induction training

The school/service must identify what previous training and experience a new member of staff has had of giving medicines to people in order to ascertain whether they are competent to give medicines when they get to know the children and young people in their care and needs.

- Staff who have never worked in a children's, health or social care service should not administer any medicines until the Head teacher or School Business Manager is satisfied that they are competent to do so
- Induction training should therefore focus upon medicines awareness – new staff members should understand the limitations of their knowledge and experience and know when and how to enlist the assistance of colleagues trained to administer medicines.

Basic training in safe use and handling of medicines

Basic training is intended to ensure that staff are competent to undertake the following:

Administration

Staff will be able to:

- Administer medication in tablet/liquid form
- Apply creams and lotions
- Administer eye drops, ear drops, nasal sprays
- Support individuals with inhalers
- Support individuals with „when required" medications
- Support individuals with non-prescribed medications from approved list
- Support individuals who self-administer medicines

Recording

Staff will also understand:

- The need for clear instructions and accurate record keeping;
- How to receive medicine and record instructions;
- The requirements for safe storage of medicines;
- Identify medicines and associated procedures for which specific training is required;
- Understand when to seek advice.

On completion, there must be a formal assessment, devised by or on behalf of the service provider or manager

- The aim is to make sure that staff can confidently and correctly give medicines prescribed for the children and young people in their care, or oversee correct self-administration
- This can be achieved by accompanying the staff member when they gave medicines and observing that they complete key tasks in line with policies and procedures
- This level of training will not cover giving medicines that use „invasive" techniques such as giving suppositories, enemas and injection nor clinical procedures for which specific training should be provided.

It should be noted that on occasions there may be additional requirements in respect of individuals. In such circumstances, additional advice may need to be sought from staff such as district nurse/asthma nurse etc. regarding the administration of eye drops, ear drops, nasal sprays and inhalers with regards to person specific directions.

Specialised training to give medicines

There may be occasions when workers/carers are willing or required to give medicines that registered nurses normally administer. Such training is always both person-specific and staff member specific. This only happens where:

- It is part of a child/young person's" care plan
- A risk assessment has been carried out
- Clear roles and responsibilities are agreed by the agencies and the people involved in providing care
- Appropriate consents have been obtained from the young person or person with parental responsibility
- Appropriate training has been provided and a worker's/carer's competence to carry out the procedure established – this will need to be refreshed at intervals determined by the training provider
- Their agreement to do so has been recorded (Template E).

Managements Audits/Quality Assurance

In order that managers can ensure compliance with guidance and procedures, audits should be undertaken at agreed intervals that are commensurate with the level of medicines administered.

- Audit reports provide evidence not only to staff teams about their practice but assure external managers and inspectors that responsibilities are taken seriously and actions taken to address any areas of deficit.
- A basic management audit tool can be found as form 19

Fairfield C of E Junior School is committed to the safeguarding and promoting the welfare of children

Signed ……

Chair of Governors

Date ……

Note

This policy has been written using the guidelines for administration of medicines produced by Derbyshire County Council in April 2014. These guidelines will be referred to if further detail is needed about certain medical conditions.

Template A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Signature(s) _____	Date _____
Signature(s) _____	Date _____
Signature(s) _____	Date _____

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand 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 school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: record of medicine administered to all children

Name of school/setting	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Code of practice

Allergy/anaphylaxis
This code of practice only applies when the acute allergic condition is known and notified to the school. It commonly occurs in response to certain foodstuffs, particularly peanuts, but can occur in response to insect stings. Many reactions are mild and do not require specific treatment but in reactions involving breathing difficulties or airway compromise/shock, urgent administration of adrenalin is required.
Types of Treatment
The treatment may involve both of the treatments below or just one of them, dependent on the type and severity of the reaction. At all times the individual treatment plan must be consulted.

- **An oral antihistamine** (Chlorphenamine)
- **An adrenaline injection** (epinephrine)

*** **Immediate emergency medical aid should be called in all cases where an adrenaline injection is administered, informing the doctor/ambulance service of the acute allergic reaction.**

Written Instructions
An Individual Health Care Plan should be completed by the parents, school and appropriate nurse, including contact details, specific symptoms for the child.
In addition to the Individual Health Care Plan a form of indemnity must be signed by the parents which would be indemnify staff in respect of their agreeing to undertake the task of administering an adrenaline injection where an allergic condition is known.
The parents must agree to be responsible for ensuring that the school is kept supplied with injections which are „in date".
The Head teacher through the employer must ensure appropriate training and yearly updates are given to staff. The School Health Service following consultation with the prescribing paediatrician is responsible for arranging the appropriate information and training for a minimum of two responsible persons who have volunteered to administer adrenaline. It may be necessary for the Head teacher to arrange for the teachers and other staff in the school to be briefed about a student's condition and about the arrangements contained in the written instructions. If there are no volunteers to administer medication, then an ambulance must be called should a child suffer a reaction.
The School Nurse holds regular training sessions to ensure that staff are made aware of how to recognise a child suffering anaphylaxis and how to use an „Epipen". Paragraphs are taken of all students who may require the use of an „Epi pen" and these are displayed in the office and staff room to aid instant recognition.
The instructions may include detailed arrangements for meals and that steps are taken to ensure that the student does not eat or handle any items of food other than items prepared/approved by the parents/guardians as far as is reasonably practicable. Consideration should be given to play materials, Science and Food Technology – all healthy snack initiatives/healthy eating options.
Appropriate arrangements will be agreed with parents for provision and safe handling of medication during educational visits away from the school.
In the event of the child showing any physical symptoms, staff are instructed to follow agreed emergency procedure.
An individual health care plan (Template A) will indicate the stage at which various medications must be administered and the order of priority in contacting parents/doctor. This should be used in accordance with the training for that individual child.
If adrenaline is administered then the emergency services/hospital must be given the used device for disposal and told the time of administration.

Labelling
All medicines must be clearly labelled with the child's name.

Storage and Access
As the medication is required immediately, the adrenaline injection should be available to the responsible persons at all times, including trips/visits etc. Epi pens are stored for easy access in a medicine cabinet in the First Aid room. Where appropriate, e.g. School trips, games, etc. the child should have ready access to the medication.
The location and access to a second syringe which may be provided as a reserve should be clearly known to the responsible persons.

Administration of Medicines
The syringe carries a small concealed needle which needs triggering against an area of fatty tissue, e.g. side of the thigh. If a second injection is administered it must be in a different site on the thigh. Although the administration of injections is considered to be a matter for medical staff the advice is that this process can be carried out with confidence after appropriate training. Training would be provided by the School Health Service or Children's Community Nurse and legal liability assured by the LEA. It is recommended that training should be carried out/refreshed annually.

Overdose/Misuse
The adrenaline must only be used for the „named" student.
Any injection held in reserve must not be administered to another child – even if symptoms similar to an acute reaction presented.
An acute reaction not previously known must only be dealt with as a medical emergency and no medication administered.

Further Information
Further advice and guidance can be obtained from:

- The Local School Health Service
- The author of the Individual Health Plan

Form of Indemnity

Anaphylaxis

In consideration of staff at Fairfield Endowed C of E (C) Junior School agreeing to administer an injection to ……(name of child) in the event of the said …….....(child) suffering from an anaphylactic reaction whilst at Fairfield Endowed C of E (C) Junior School, or on associated activities,
we,…….parent(s)/guardians(s) of the said …….(child) hereby indemnify the
Derbyshire County Council, its servants and employees against all proceedings, costs, liabilities and damages incurred as a result of any injury or damage caused to the said……(child) by the administration of an injection of adrenalin provided always that the indemnity shall not include injury resulting from or caused by the materially attributable
to the negligence of the Derbyshire County Council, its servants or employees or the failure of the Derbyshire County Council to perform its common law or statutory duties and liabilities.
Dated this ……day of ……..20…
Signed ……..
Parent(s)/Guardian(s)

Code of Practice

Attention Deficit Hyperactivity Disorder (ADHD)/ADD in school

Introduction

Attention deficit hyperactivity disorder/ADD are common problems in schools. They are characterised by persistent and pervasive difficulties of concentration and attention control (ADD), frequently associated with hyperactivity (ADHD).
These children are easily distracted, have poor attention skills and lack the ability to concentrate for periods of time. They may also be impulsive and volatile resulting in actions they often find difficult to inhibit before it is too late. They are frequently therefore seen as "naughty", "defiant" and "disruptive".
Specific advice on management in schools is available via the Education Authority Educational Psychologist pamphlet "Management of ADHD in schools". ADHD/ADD may be associated with a range of other conditions including generalised learning difficulties, specific learning problems, e.g. dyslexia and dyspraxia and in association with autism. It may also be secondary to emotional difficulties, neglect and other psychological problems.

Type of Treatment
1. Behavioural strategies as outlined in „Management of ADHD in school".
2. Individual Education Plan (IEP) developed with advice of Special Educational Needs Care Officer (SENCO), Local Inclusion Officer (IO) and Educational Psychologist.
3. Short acting medication, e.g. methylphenidate, ("Ritalin", "Equasym"), and dexamfetamine. These are controlled drugs.
4. Long activating medication, e.g. „Concerta XL" and „Equasym XL" and atomoxetine ("Strattera"). These are controlled drugs.

Written Instructions
All children should have a written treatment plan. Administration of medicines must be clearly documented. Any changes in child's behaviour, concentration and attention should be documented carefully to allow monitoring of the treatment.

Labelling
Medicines will be clearly labelled with child's name and dose to be given.

Storage and Access
Preparations of methylphenidate, („Ritalin", „Equasym". „Concerta XL" and „Equasym XL") and dexamfetamine are controlled drugs and must be kept in a locked cabinet and dispensed as prescribed by approved staff.

Administration of Medicines
Medication should be dispensed as prescribed. Methylphenidate treatment is short acting so timing of administration may be critical and may need to be adjusted to get maximum benefit with minimum side effects.
Variation of dosage must be notified in writing. Students may self-administer but must be supervised to ensure medicine has been taken. Administration should be recorded and witnessed by two people for controlled drugs.

Overdose and Misuse
High doses of methylphenidate may cause side effects such as irritability, drowsiness, emotional lability and tics (twitches). Any symptoms suggesting side effects should be documented carefully and reported to parents so the dose of medication may be adjusted accordingly.
Accidental overdose of treatment is unlikely to cause serious side effects. Any effects are likely to resolve quickly within hours of stopping treatment.
There is no evidence of drug dependency developing with Methylphenidate treatment.

Further Information:
USEFUL CONTACTS and Literature
Parent Support Group
FLARE Derbyshire ADHD support service
01246 969012
flareadhd@aol.com

Code of Practice

Asthma

Introduction
Children with asthma have inflamed sensitive airways that can become acutely narrowed when in contact with certain triggers producing the characteristic symptoms of **Cough, Breathlessness and Wheeze**. Common triggers in children include viral infections, exercise, certain allergies (e.g. grasses and pollens, animal furs/feathers, house dust mite) cigarette smoke, emotion and stress.

Types of Treatment
The most effective way to take asthma medications is to inhale them. This may be via:

- Pressurised aerosol
- Dry powder – e.g. Disk haler, Turbo haler, Accuhaler

The inhaled medicine has to be taken properly otherwise the medicine may spray out into the surrounding air, never getting down into the lungs and therefore have no effect.
The use of a "Spacer" (holding chamber) with the pressurised aerosol overcomes some of the problems children have using inhalers alone and is the most effective way of getting the treatment into the lungs.
There are two types of treatment for asthma

"**Relievers**"
These are bronchodilators that reduce airway narrowing that produces the wheeze and breathlessness. They result in **immediate relief**. They are **BLUE** (Ventolin/Bricanyl) inhalers.

"**Preventer**"
These treatments are needed to be taken regularly to reduce the inflammation and sensitivity of the airway. They are not helpful in acute attacks as they have **no immediate effects**. They are generally **BROWN/ORANGE or PURPLE** inhalers and contain inhaled corticosteroids.
Only "Reliever" inhalers need to be available at school.
"Preventer" treatments can all be prescribed in regimes that do not require these to be taken during school hours.
Children may be prescribed oral steroid tablets (prednisolone, betamethasone) if their asthma is poorly controlled. Generally if they require oral steroids they are probably not fit for school. However they only need to be taken once daily and should not be required to be given in school hours.

Written Instructions
Written instructions should be provided with details of the "reliever" inhaler and dosage provided for school. Availability of a spacer should be recorded and encouraged.
Instructions can also include details of how to help a child breathe. In an acute attack asthmatics tend to take quick shallow breaths and may panic. Some children are taught to adopt a particular posture which relaxes their chest and encourages them to breathe more slowly and deeply during an attack. If they have learnt such a technique encourage them to use it. The emphasis should always be on the **rapid provision of "reliever" medication**.

Labelling
There are several types of inhalers. It is the parent's responsibility, in consultation with the child's GP and dispensing chemist, to ensure that the inhalers rather than the boxes are clearly labelled with the **child's name** and to identify the medicine as a "**reliever**" or "**preventer**" (as stated previously the availability of "preventer" inhalers at school should not be necessary). Pharmacists would not normally add this to the label and so this may appear on the label in the parent's handwriting. This

must be checked against the parental consent form. **Alternatively parents can ask pharmacists to add this information to the label. This is the preferred option**.
If a Spacer is provided then this also needs to be labelled with the child's name, again the pharmacist should be asked to add this information.

Storage and Access
Asthmatic children must have immediate access to their "reliever" inhaler at all times.
So are therefore kept in a container within their classroom which is accessible. It is not necessary to lock the inhalers away for safety reasons.
Where Spacers are required arrangements need to be made for appropriate storage and access to these devices as it is not practical for them to be carried around by the child.
Inhalers should be taken to swimming lessons, sports, and educational visits and used accordingly.
Some children benefit from taking a dose of their "reliever" prior to taking part in exercise and this should be supported and encouraged.

Administration of Medicines
Self-administration is the usual practice. Staff need to be alert to the possible over use of "reliever" inhalers.
In circumstances where staff assist a student to use an inhaler, an individual treatment plan provided by the parents in consultation with the GP/asthma nurse should be followed. A record should be made in the School Medicine Record Form – Template C & D.

Overdose/Misuse
No significant danger to health results from occasional overdose/misuse of inhalers. They will do no harm to non-asthmatic children.
In all suspected cases, note in the School Medicine Record and the action taken to seek medical advice and advise parents.

Further Information
Asthma UK provides guidelines for schools to help them develop a School Asthma Policy. They also provide a sample "School Asthma Card" to be completed by the parent giving required details of asthma medication.
Asthma UK
Summit House
70 Wilson Street
London
EC2A 2DB
www.asthma.org.uk
The organisation is funded by voluntary donations.
Further advice and guidance can be obtained from:-

- The Local School Health team
- Community Child Health
- The author of an Individual Treatment Plan if one exists for a specific child
- The Child's Family Doctor or Asthma Nurse

THE ASTHMA ATTACK – WHAT TO DO

Ideally there should be a school plan of action for asthma attacks. If you do not have a plan of action follow the advice below.
If an asthmatic child becomes breathless and wheezy or coughs continually:
1. Let the child take their usual "reliever" treatment (**BLUE INHALER) immediately**- - using the Spacer if available for that child

If the child has forgotten their inhaler and you do not have prior permission to use another inhaler:

- Call the parent/guardians
- Failing that call the family doctor
- Check the attack is not severe – see below

2. Keep calm and reassure the child. It's treatable.
3. Help the child to breathe
    - Sit child upright – lean forward slightly (do not make them lay down)
    - Encourage slow deep breaths
    - Offer a drink of water

4. The reliever should work in **5 – 10 minutes**
5. **If the symptoms have improved**, but not completely, call the parents and give another dose of the inhaler while waiting for them.
6. If the normal medication has had no effect, see severe asthma attack below.

WHAT IS A SEVERE ATTACK?
Any of these signs mean severe:

- Normal **relief medication does not work** at all
- The student is **breathless** enough to have difficulty in talking normally
- The student is **distressed** or becoming **exhausted**
- The **pulse rate is 120 per minute** or more
- **Rapid breathing** of 30 breaths a minute or more

HOW TO DEAL WITH A SEVERE ATTACK
Either follow your school protocol or:
1. **Call an ambulance (or the family doctor** if they are likely to be able to come immediately).
2. Get someone to **inform the parents** while you stay helping the child.
3. **Keep trying the usual reliever inhaler**, preferably with a supplied Spacer, **every few minutes** and don't worry about the possibility of overdosing as reliever medication is extremely safe.

Code of Practice

Children with Diabetics needing insulin

Introduction
These children need to monitor their blood sugars by blood testing. They are at risk of high and low blood sugars which may make them unwell.
Children with diabetes will be under the care of a hospital based diabetes team, including a Consultant Paediatrician, paediatric diabetes specialist nurses and dieticians.
The diabetic specialist nurse will be available to support the school staff. They will draw up written care plans agreed by parents, school staff and medical team for use in school as appropriate (see below).

New Presentation of Diabetes
Diabetes is becoming increasingly common in children.
Typical symptoms include:
Excessive thirst, needing to pass urine frequently, weight loss.
If any of these symptoms are noticed by the teaching staff, the concerns should be raised with the parents so they can seek medical advice.

Routine Care

Insulin
Many children will require **2 injections a day** (one before breakfast and one before tea) and therefore are **unlikely to need to inject insulin at school**.
An increasing number of children will be on **four injections a day** and will need to **inject themselves with fast acting insulin before their lunch at school**.
A small number are now receiving insulin via an „**insulin pump'** and receive a continuous infusion of insulin. They will be trained to administer insulin via the pump before meals.
Those that require insulin before their lunch time meal will have a **pen injector device to administer insulin.**
Each child should have an **individualised care plan** detailing:

- Safe storage of the insulin and pen injector
- Location of a private and safe room in which to do the injection
- Arrangements to ensure the child is able to eat immediately after giving the injection.

Blood Testing
Children may be required to test their blood sugar prior to meals, prior to exercise and in an emergency situation (see hypoglycaemia and hyperglycaemia).
Each child should have an **Individualised Health Care Plan** detailing:

- Safe storage of glucose meter and supplies
- The individual performing the blood test. If this is someone other than the child then they must receive training which is reviewed annually.
- Safe disposal of all sharps and contaminated equipment.

Food
Children with diabetes should have a healthy diet like all children – low in sugar but high in fibre.
It is however important that they **eat regular intervals** – many will be advised to have a **snack mid-morning and mid-afternoon**, in addition to their lunch, to avoid hypoglycaemia.
It is important that children with diabetes are:

- Given priority in the queue at meals times.
- Allowed to have snacks as directed by the diabetes team. These can usually be taken at break times but in some circumstances may need to be eaten during class time.

Physical activity
Children with diabetes should participate in all the school activities.
Physical activity may cause the blood sugar to fall and may cause a hypo. This can be avoided by having a snack before and possibly during or after an activity, depending on the level of activity.
Each child should have an Individualised Care Plan detailing:

- Recommended snack prior to, during and exercise as appropriate.

Storage and labelling
All medication and the emergency pack for hypoglycaemia (see page 45) should be labelled with the name of the student and stored in a safe but accessible place. Care should be taken to ensure all items are „in date".

Common Problems Encountered

Hypoglycaemia (low blood sugar)
Hypoglycaemia („hypo") is the commonest problem encountered and occurs when the **blood sugar level falls too low** (less than 4 mmo/l).
Typical symptoms and signs include: feeling faint, sweating, pallor, trembling or shakiness, lack of concentration, irrational or aggressive behaviour.
Hypos can result from: a missed meal or delayed meal or snack, physical activity, too much insulin.

Treatment
It is very important that a **hypo is treated is quickly**. If left untreated the blood sugar will fall further and the child could become unconscious.
Each child should have an **Individualised Health Care Plan** (Template A) and an **emergency pack** available in school containing:
Fast acting sugar (e.g. glucose, dextrose or lucozade tablets/sugary drinks), Glucogel (formerly known as hypo stop gel) and snack foods.
The **child should never be left unattended** and the emergency box should be taken to the child.
Management is as follows:

- Testing of blood sugar if kit available
- Immediate treatment with fast acting sugar to quickly raise the blood sugar e.g. lucozade drink or glucose tablets.
- If the child is unconscious but unable to cooperate with this treatment the Glucogel can be given. This is sugary gel which can be rubbed into the inside of the cheek.
- If the child is unconscious then contact emergency services immediately. Do not give Glucogel.
- Once the hypo has been treated then the child will require a snack or a meal if it is lunch time.

Hyperglycaemia (high blood sugar)
High blood sugars cause thirst and the need to pass urine more frequently. If untreated, the child can become seriously unwell with vomiting and increasing drowsiness.
Management:

- Check blood sugar.
- Inform parent or carer immediately.
- If not available and child unwell: call emergency services.

School Trips

Day trips
Children with diabetes should not be excluded from trips.
The trips should be discussed with the parent and if necessary the Paediatric Diabetic Nurse Specialists.
It is important to take: blood testing kit, extra snacks and insulin and injection kit.

Overnight trips
The child would need to be confident in giving their own injections if staying overnight. A member of staff would need to take responsibility for helping with blood tests and injections. The Diabetic Specialist Nurse will be able to offer advice.

Further advice
Local diabetes team:
Southern Derbyshire
Derbyshire Children‟s Hospital
Tel: 01332 340131
Office hours: page Paediatric Diabetic Nurse Specialists
Out of hours: ask for Children‟s Emergency Dept
North Derbyshire
Chesterfield royal Hospital
Office hours: 01246 512113 and ask for Diabetic Liaison Nurse
Out of hours: 01246 277271 and ask for Paediatric Registrar
Diabetes UK (www.diabetes.org.uk):
„Children with diabetes at school: what all staff needs to know

Code of Practice

Epilepsy – Treatment of Prolonged Seizures

Introduction
Epilepsy is a tendency to have recurrent seizures.
Most generalized convulsive seizures last for two-three minutes after which the child normally sleeps for a few hours. Status epilepticus is when a child has a continuous convulsive seizure which lasts longer than five minutes or two seizures together without recovery between. The reason we ask school staff to administer rescue medication is that the longer the seizure goes on the more difficult it is to stop.

Types of Treatment
Regular anti-epileptic medication to help prevent seizures:
Usually twice, very occasionally three times a day e.g. sodium valproate, carbamazepine.
First Aid Treatment (Rescue medication):
Rectal diazepam & buccal midazolam (Epistatus).

Written instruction
There must be an Individual Health Care Plan (**Template A**) for each child who is likely to have prolonged seizures signed by the most appropriate clinician, i.e. Epilepsy specialist nurse, Paediatrician.
This plan must state when an ambulance should be called. See **Template A**
A qualified nurse should teach school staff how to use the rescue medication and provide them an information sheet. Staff should sign to confirm they have been trained in the use of buccal midazolam or rectal diazepam. This training should be updated annually; it is the school's responsibility to contact the trainer to provide refresher teaching. **If rectal diazepam or buccal midazolam is given an ambulance must be called.**

Labelling and Storage
Rectal diazepam & buccal midazolam should be labelled for the individual child and stored in a secure cupboard or drawer to enable easy access for staff but out of sight of other children.

Administration of Medicines
This must only be carried out by trained and authorised persons in accordance with the instructions in the individual treatment plan and the training given.

School Trips

Children with Epilepsy should not be excluded from trips. The trips should be discussed with parents and if necessary the epilepsy nurse/specialist. It is important all rescue medication is taken along with the child.

Code of Conduct

Continence Management and the Use of Clean Intermittent Catheterisation (CIBC)

Introduction
There are many causes of incontinence in children and therefore the management will vary. Every child requires individual assessment.
Learning, Emotional and Behavioural Difficulties
Bladder and bowel control are a function of physical, intellectual and social development, therefore children with learning difficulties or emotional and behavioural difficulties may be incontinent. These children will require:
1. Full assessment by a continence advisor.
2. A toileting regime designed to accommodate the demands of the school day.
3. A positive rewarding approach.

Urinary Continence problems with Day Time Wetting
Daytime wetting is very common in children, particularly younger children in reception and infants. This is usually due to an irritable bladder precipitated by changes in routine when children enter school or move from an early years setting. A few will have an intrinsic problem which may require long term treatment.
Most continence problems may be managed by:
1. Increase total daily fluids spread evenly throughout the day, including school (<5 years 1 litre a day, 5-11 years 11/2 litres fluid a day, >11 years 2 litres fluid a day).
2. Avoiding irritant fluids e.g. blackcurrant juice and carbonated water.
3. Regular toileting usually in natural breaks in the school day, but for some children easy and immediate access to toilets is essential ("holding on" is counterproductive).
4. Medication e.g. oxybutynin may be required if measures are insufficient and may need to be administered in school.

Neuropathic Bladder and Bowel
Bladder and bowel function is disrupted by abnormal development of the nerve supply and can rarely be cured or treated. However, medication, surgery and specialist techniques can usually achieve a reasonable level of continence.
To achieve social control requires very careful assessment by the continence adviser and doctors and a specific care plan implemented by children, parents and care staff. Such a care plan should be designed to achieve continence, encouraging as much independence as possible and respect for the child's dignity and privacy. All children will require:
1. Regular medical and nursing supervision
2. Private and accessible toilet facilities
3. Accessible cupboard to store equipment
4. Disposal facility for soiled pads and catheters
5. Assessment of welfare support needs
6. Independence training plan
7. Access to specialist counselling as and when required

Types of Treatment

Regular Toileting
Planned usually to coincide with breaks in the school day. Children may, however, require more frequent toileting to achieve specific short term gains in agreement with school staff. Bowel continence can usually be managed at home.

Medication
Anticholinergics e.g. oxybutynin may require administration as regular treatment. Children will require this during the day.

Catheterisation (CIBC)
This is a clean (usually not sterile) procedure and can often be performed by children with appropriate supervision. Most can catheterise on the toilet or in a wheelchair alongside the toilet. Whilst independence is being developed children will need supervision to ensure appropriate techniques and regular bladder emptying.

Written Instructions
For children with a complex problem there must be a written Individual Health Care Plan on every child drawn up by a continence adviser/community paediatric nurse in conjunction with the consultant paediatrician or surgeon. The care plan should be reviewed at least annually. It could also include issues around mobility and dexterity which are often associated problems.
The instructions must be approved and signed by the parents and health professionals responsible.
At least two persons should be trained to perform and supervise CIBC. Training could be available from community paediatric nurse service or specialist continence adviser. Training should only be given by professionals in association with parents.
Specific consideration needs to be made for education visits out of school to ensure students are not disadvantaged from lack of trained staff.

Labelling
All equipment and catheters should be labelled for the sole use of the child.

Storage and Access
All equipment should be stored in a cupboard easily accessible to child and carer during catheterisation.
Toilet facilities must be easily accessible to the children with the advice of continence adviser and Occupational Therapist and be of sufficient size to allow procedures to take place easily but with sufficient privacy to preserve dignity and independence.
Facilities should be clean, secure, private, and, if not for sole use, be accessible as required.

Administration of Procedure
At least two suitably trained members of staff should be able to assist (perform) CIBC to cover sickness leave. Training should be provided by the appropriate specialist nurse through the School Health Service.
It is the role of the school to supervise and support rather than carry out procedures wherever possible to aid the independence of the child.
The child will require ongoing supervision. Skills may appear to have been lost during extended holidays but increased levels of supervision early in the term to aid settling in should restore efficiency.
Staff inset training should be updated by the appropriate specialist nurse at regular intervals.
Staff will require additional training in lifting and handling for children with additional mobility problems.

Further Information

Useful contacts:

School Health Service
Poplar Court
Chesterfield Royal Hospital
Calow
Chesterfield
Derbyshire
S44 5BL
Tel: 01246 516101

North Derbyshire

Children‟s Community Nursing Team
The Den
Chesterfield Royal Hospital
Calow
Chesterfield
Derbyshire
S44 5BL
Tel: 01246 514413

34 Old School House
Britannia Road
Kingswood
Bristol
BS15 8DB
Helpline: 0845 370 8008

ERIC
Education and Resources for
Improving Childhood Continence

PromoCon
Redbank House
4 St Chad‟s Street
Cheetham
Manchester
M8 8QA
Tel: 0161 214 5959
Promoting Continence &
Product Awareness
Northern Region

64 Bagley Lane
Farsley
Leeds
LS28 5LY
Tel: 0113 255 6767

ASBAH
Association for Spina Bifidia
and Hydrocephalus