



OAK FIELD SCHOOL & SPORTS COLLEGE

Policy for School Staff on the Administration of Medicines

January 2013

Reviewed September 2016 (to be reviewed in December 2016 in light of changes)

THE ADMINISTRATION OF MEDICINES IN OAK FIELD SCHOOL*

1 PREFACE.

PLEASE READ THIS BOOKLET IN CONJUNCTION WITH THE NATIONAL GUIDANCE.

2

It is a requirement for all schools to have a medicine policy, which is communicated to and available for all parent/carer.

This policy is intended to provide guidance and support to school staff at Oak Field School and Sports College. At the present time the Health Commissioners (CCG) commission nursing support from County Health Partnerships in school during standard school hours. Currently these nursing staff provide medication for pupils whilst on school premises. This is currently under review. However with the position

of *“in loco parentis”* the ultimate responsibility for the administration of medicines rests with the school. School staff administer emergency medication when pupils are off school premises. They also administer all medication when pupils are on out of school activities or on residential visits.

- This policy is based on guidance from DoE and DoH – Managing Medicines in Schools and Early Years Setting 2005 and the 4th Edition of The Administration of Medicines in Schools issued by Solihull Care Trust

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In this document the term pupil/child will be used to refer to children and young people. The term parent/s is used to refer to parents, carers and legal guardians. **2**

INTRODUCTION

The purpose of this document is to provide advice to school staff on managing medication in schools and to put in place effective systems to support individual pupils.

Although the giving of medication to pupils is a parent/carer responsibility, school staff may be asked to perform this task but they may not, however, be directed to do so. The administering of medicines in schools is entirely voluntary and not a contractual duty. In practice though, many school staff do volunteer.

National guidance from the Department for Education and Skills and Department of Health Managing Medicines in Schools and Early Years Settings 2005, encourages schools to do all that is practical to help children to benefit from education.

What This Booklet Contains

Sections 3 to 12 (pages 5 to 12) offers general guidance on a variety of issues connected to medicines in school. The guidelines (pages 13 to 20) offer guidance to staff who are administering specific medication to pupils who have diabetes, allergies and epilepsy.

The prescription sheets and record card for convulsions (pages 24 to 30) are primarily for pupils in special schools. Your school nurse will arrange for these to be completed.

The Consent Form to Administer Medicines (page 31) must be filled in by the parent/carer before school staff can give any medication. A record must be made of the administration on the reverse of this form.

The Care Plan For Pupils With Medical Needs (page 33) need only be completed for pupils who have serious medical conditions e.g. diabetes, epilepsy, severe allergies and severe asthma, and who may need emergency medication in school. The Care Plan supplied is a guide to the type of information required and may be expanded as required by the pupil's condition and nature of the treatment.

Your school nurse/doctor is available for advice, support and training.

3 RESPONSIBILITIES

Parent/carer

If the school staff agree to administer medication on a short term or occasional basis, the parent/carer is required to complete a consent form (page 31). Verbal instructions should not be accepted.

If it is known that pupils are self-administering medication in school on a regular basis, a completed consent form is still required from the parent/carer.

For administration of emergency medication, a Care Plan must be completed by the parent/carer in conjunction with the school nurse and school staff. If this is made with the school nurse, parents will be asked that this information can be shared with school staff. This is essential so there are no grey areas in which vital information involving the child's medication are unknown to the staff who are managing the pupil on a daily basis. Minor changes to the Care Plan can be made if signed and dated by the school nurse. If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed annually by school and nursing service working in partnership.. It is parents responsibility to notify school and school nurse of any changes required to the Plan e.g. treatment, symptoms, contact details.

The parent/carer needs to ensure there is sufficient medication and that the medication is in date. The parent/carer must replace the supply of medication at the request of relevant school or health professional.

Medication should always be provided in an original container with the pharmacist's original label and the following, clearly shown:

Pupil's name, date of birth;

Name and strength of medication;

Dose;

Any additional requirements e.g. in relation to food etc

Dispensing date.

Expiry date whenever possible; Medication should show bottle expiry date. Once opened, the date should be written on the bottle and expiry date written as per pharmacy guidelines –

<u>Tablets and capsules</u>	
Manufacturers original pack or foil pack	One year from date of dispensing or manufacturer's expiry
Dispensed into bottles	One year from date of dispensing
Monitored dosage systems	Eight weeks from date of dispensing
<u>Internal liquids</u>	Six months from date of dispensing or if in manufacturer's original container six months from date of opening
Dilutions of internal liquids	May have shortened expiry date. Less likely as oral syringes available for doses less than 5ml
<u>External liquids</u>	As for internal liquids
<u>Creams and ointments</u>	
Jars	One month from date of opening
Tubes	Three months from date of opening
<u>Injections</u>	
Ampoules	Single use only
Vials	One month from date of opening
<u>Eyedrops / eye ointments</u>	One month from date of opening
<u>Ear drops / ointments</u>	One month from date of opening

Due to the nature of this school the majority of pupils are brought in by specialist transport. It is practice that parents give medication to the bus escort. This is then handed over to the receptionist at school. It is recorded as received by the receptionist and placed in a separate container ready for collection by the school nurse. It is then stored securely with the school nurse.

Emergency medication is held securely in the departments Key Stage pods.

On departure from school the school nurse returns the container to the receptionist with a list of medication to be sent home for individual pupils. The bus escorts sign to say they have received the medication and these recording sheets are kept in a central file.

Local Authority

The Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment and have been provided with appropriate training. For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. In practice indemnity means the council and not the employee will meet the cost of damages should a claim for negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent/carer and the employer.

Training

Advice and training is available to members of staff concerned with administration of medicines by School nursing staff. All members of staff need to have some appreciation of the underlying medical condition and the need for treatment. All staff volunteering to administer emergency medication (see Section 9) must first receive appropriate training from suitably qualified health staff.

School Governors

The governing body has general responsibility for all the school's policies. The policy requires a clear statement on parent/carer responsibility in respect of a pupil's medical needs and the roles and responsibilities of staff administering medicines.

Guidance regarding the Disability Discrimination Act should be sourced from the Disability Rights Commission Code of Practice: Disability Discrimination Act 1995: Part 4.

School Emergency Procedures

As part of general risk management processes the school has arrangements in place for dealing with emergency situations. Pupils should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need.

Only in exceptional circumstances should staff take a pupil to hospital in their own car; it is always safer to call an ambulance. If parent/carer is unable to accompany their child, a member of staff must always accompany a child taken to hospital by ambulance and should stay until a parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parent/carer is not available. Basic medical information about the pupil, identifying data and contact details should be provided by health staff and taken to hospital by school staff.

School Staff

School staff must have access to information, training and that appropriate insurance by the local authority is in place.

Each request should be considered on individual merit and school staff have the right to refuse to be involved. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise.

Annual training relating to emergency medication and relevant medical conditions should be undertaken. This is to be provided by the relevant health professionals who will keep an on-going record of those staff who have received training and will advise as to when up-dating training is required. Procedure cards for emergency medication to be kept in the emergency bags.

4 RECORD KEEPING

The school shares the policy with parent/carers and indicates what school staff will do in regard to routine and emergency medication administration in that school.

When staff administer medication a record must be made of the date, time and dose, and this record must be signed on the treatment card.. Reasons for any nonadministration of regular medication must be recorded and parent/carer informed on the same day. The Consent Form must be kept with the medication.

An individual Care Plan clarifies for parent/carer, the child and school staff the circumstances in which additional health support will be required and the actions to be taken by school staff to meet the pupil's needs. This is usually an emergency situation such as severe allergic reaction, which requires administration of an Epipen.

The Care Plan will be developed with input from the School Health service, a parent/carer/pupil and a member of school staff depending on the nature of the pupil's condition. Specialist guidance may be sought from the child's GP, Consultant or Nurse Specialist.

Under the Data Protection Act medical documents are deemed sensitive information. The information in the Care Plan needs to be disseminated to relevant school staff but balanced with the need to keep confidential information secure. Care Plans must not be displayed in a public place, e.g. Staff room, because of the sensitive information they contain unless parent/carer has given their explicit written consent for school to do so.

The Care Plan supplied is a guide to the type of information required and may be expanded as required by the pupil's condition and the nature of the treatment to be given. The care Plan must be kept up to date and should be reviewed on a regular basis to reflect the pupil's needs. It should certainly be reviewed annually. A new Care Plan is required if a pupil moves school or their condition or treatment changes.

5 STORAGE

Generally non-emergency medication is stored in a locked cupboard preferably in a cool place, below 25 degrees. Items requiring refrigeration are kept in a clearly

labelled closed container in a standard refrigerator. A record should be kept of the minimum/maximum temperature of fridges and room temperatures. Portable minimum and maximum thermometers to be used to record results. All storage facilities should be in an area which cannot be accessed by pupils.

Wherever appropriate, pupils in secondary should be allowed to be in charge of their own medication, either keeping it securely on their person or in lockable facilities. Primary pupils generally will not be in charge of their own medication, except for medication such as asthma inhalers, dextrose tablets. This will depend on the pupil's age, maturity, parent/carer and school consent.

All emergency medication e.g. inhalers, Epipens, dextrose tablets and anticonvulsants are readily accessible but stored in a safe location known to the pupil and relevant staff (see condition guidelines).

Medication should always be kept in the original dispensed containers. Staff should never transfer medicines from original containers.

Disposal of any sharp items (sharps)

Some procedures involve using sharp items (sharps) such as lancets for blood glucose monitoring. The safe disposal of sharps is essential if sharps accidents and the consequent risk of infection with blood borne viruses is to be avoided. Sharps injuries are preventable with careful handling and disposal. Sharps bins are located in designated areas, in a safe position at waist height. **Sharps bins must never be kept on the floor.**

Dispose of used sharps immediately at the point of use. Always take a suitable sized sharps container to the point of use to enable prompt disposal and ensure the temporary closure mechanism is in place when the sharps bin is not in use.

6 SCHOOL TRIPS, VISITS AND SPORTING EVENTS

Medication required during a school trip should be carried in a designated container by a trained member of staff, who can carry and administer the medication as necessary. A record must be made of any emergency medication taken off-site. Parent/carer must complete a Consent Form if their child requires any medication whilst on a school trip or visit.

The following are essential.

Parents must sign a consent form which should include:

- *Name, address, date of birth and telephone number of participant.*
- *The parents contact information.*
- *An alternative contact with address and telephone numbers.*
- *Any allergies / phobias the young person may have.*
- *Any medication the young person is taking (dosage and administration).*
- *Any recent illnesses or contagious or infectious diseases in the preceding weeks.*
- *Name, address and telephone number of the young person's GP.*

- *Any special medical / dietary requirements.*
- *Any other information that the parent thinks should be known.*
- *A statement of consent for the Supervisors giving permission for your child to receive medical treatment in an emergency.*
- *A dated signature agreeing to the visit, medical consent and to confirm that they have received the information and are willing for their child to participate*

Medication provided by the parent must be accompanied with written directions for its use. All Supervisors should have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Team leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.

In addition to the above it may be necessary to include the following:

- *Relationship of the person giving consent to the participant, where names differ.*
- *Signature of the participant agreeing to appropriate rules and a code of conduct if applicable.*
- *Whether the young person suffers from travel sickness.*
- *Permission for photographs of the participant to be used for display or publicity purpose*

If a child is subject to a Care Order, foster parents will need to ensure that Social Services consents to any proposed trip. If a young person is a Ward of Court, the Head should seek advice from the court in relation to journeys and activities abroad well in advance of any proposed trip.

It is essential to inform all staff members involved with sporting activities, after school clubs or extra-curricular activities of the need for medication for specific pupils, and what to do should a medical emergency occur. The accessibility of medication, particularly for use in an emergency, will need to be considered.

Parent/carer should be advised to liaise separately with private wrap-around services regarding their children's health needs.

7 OVER THE COUNTER MEDICINES

Over the counter medicines, e.g. hayfever treatments, should be accepted only in exceptional circumstances, and be treated in the same way as prescribed medication. Parent/carer must clearly label the container with child's name, dose and time of administration and complete a Consent Form. It should be noted that whilst school staff may agree to administer over the counter medication, school nurses cannot administer any medication that does not have a pharmacy prescription.

Parent/carer should be discouraged from sending cough and cold remedies into school. Other remedies, including herbal preparations, should not be accepted for administration in school.

8 METHYLPHENIDATE (e.g. Ritalin)

Ritalin is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). It is a Controlled Drug which in a healthcare setting has specific storage and administration requirements. In schools Ritalin must be stored in a

locked place to which only named staff have access and a record of administration must be kept. It is necessary to make a record when new supplies of Ritalin are received into school. Unused Ritalin must be sent home via an adult and a record kept. These records must allow full reconciliation of supplies received, administered and returned home.

9 ANTIBIOTICS

Parent/carer should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible.

Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening.

Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime. It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent/carer must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent/carer. (Older pupils may bring in and take home their own antibiotics if considered appropriate by the parent/carer and teachers.)

Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent/carer.

All antibiotics must be clearly labelled with the pupil's name, the name of the medication, the dose and the date of dispensing.

In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label. Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent/carer.

The appropriate records must be made – see Point 2 Record Keeping. If the pupil does not receive a dose, for whatever reason, the parent/carer must be informed that day.

10 EMERGENCY MEDICATION

Separate guidelines are in place for emergency medication (see relevant section). Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies. New or temporary staff must be made aware by the class teacher and support staff of any pupil with specific medical needs. In general the consequences of taking no action are likely to be more serious than those of trying to

assist in an emergency. This type of medication must be readily accessible in a known location, because in an emergency, time is of the essence.

The emergency medication which might be used includes:

- Buccal Midazolam;
- Rectal Diazepam;
- Adrenaline (EpiPen/Anapen);
- Glucose (dextrose tablets or Hypostop);
- Inhalers for asthma.

Training will be given by specialist nurses to all staff for emergency situations including the school staff who have volunteered to administer emergency medication.

11 RETURN OF MEDICATION

Medication should be returned to the child's parent/carer whenever:

- The course of treatment is complete;
- Labels become detached or unreadable (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent/carer);
- Instructions are changed;
- The expiry date has been reached.

This should be documented on the administration record held in the Pupil file and the pupil's Care Plan amended accordingly by school nursing staff who will keep a record of what is returned.. The parent/carer should be advised to return unwanted medicines to their pharmacist.

In exceptional circumstances e.g. when pupils have left school, it can be taken to a community pharmacy for disposal. Medication should not be disposed of in the normal refuse, flushed down the toilet, or washed down the sink.

It is the parent/carer responsibility to replace medication which has been used or expired, at the request of the school staff.

12 FIRST AID BOXES

First aid boxes, identified by a white cross on a green background, will be provided within the workplace to ensure there are adequate supplies for the nature of the hazards involved. All boxes will contain at least the minimum supplies required under law.

Only specified first aid supplies will be kept. No creams, lotions or drugs, however seemingly mild, will be kept in these boxes. Saline or water sachets may be included to irrigate wounds.

The location of first aid boxes and the name of the person responsible for their upkeep will be clearly indicated on notice boards throughout the workplace.

First aid boxes will display the following information:

- the name of the person responsible for their upkeep;
- the nearest location for further supplies;
- the contents of the first aid box and replenishing arrangements;
- the location of the accident book.

First aid boxes are maintained and restocked when necessary by authorised school personnel. Used items should be replaced promptly. School personnel will be made aware of the procedure for re-ordering supplies.

First aid box contents

As a guide the minimum contents of a first aid box should contain:

- a leaflet giving general guidance on first aid (for example HSE leaflet *Basic advice on first aid at work*);
- 20 individually wrapped sterile adhesive hypoallergenic dressings (assorted plasters)
- appropriate to the type of work (dressing may be coloured blue for food handling);
- 2 sterile eye pads;
- 4 individually wrapped triangular bandages (preferably sterile);
- 6 medium individually wrapped sterile unmedicated wound dressings (approximately 12cm x 12cm)
- 2 large wrapped sterile unmedicated wound dressings (approximately 18cm x 18cm)
- 1 pair of disposable latex non-powdered gloves.
- Gauze squares.

As a guide the minimum contents of a travelling first aid kit should contain:

- a leaflet giving general guidance on first aid (for example HSE leaflet *Basic advice on first aid at work*);
- 6 individually wrapped sterile adhesive dressings (assorted plasters);
- 2 triangular bandages;
- 1 large wrapped sterile unmedicated wound dressing (approximately 18cm x 18cm)
- 1 pair of disposable latex non-powdered gloves.
- Gauze squares.
- Individually wrapped non-alcoholic moist cleansing wipes

13 GUIDELINES FOR THE ADMINISTRATION OF EPIPEN/ANAPEN BY SCHOOL STAFF

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours.

An Epipen/Anapen can only be administered by school staff who have volunteered and have been designated as appropriate by the Head teacher and who has been

trained by the school nurse/doctor. Training of designated staff will be provided by the school doctor/nurse and a record of training undertaken will be kept by the Head teacher. Training will be updated at least once a year.

An Epipen/Anapen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen/Anapen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one device used correctly in accordance with the Care Plan.

- Where an Epipen/Anapen may be required there should be an individual Care Plan and Consent Form, in place for each pupil. These should be readily available. They will be completed before the training session in conjunction with parent/carer, school staff and doctor/nurse.
- The Epipen/Anapen should be readily accessible for use in an emergency and where pupils are of an appropriate age the Epipen/Anapen can be carried on their person. It should be stored at room temperature, protected from heat and light and be kept in the original named box
- It is parent's responsibility to ensure that the Epipen/Anapen is in date. Expiry dates and discolouration of contents should be checked termly and parent/carer have responsibility to replace it as necessary.
- The use of the Epipen/Anapen must be recorded on the pupil's Care Plan, with time, date and full signature of the person who administered the Epipen/Anapen.
- Immediately after the Epipen/Anapen is administered, a 999 ambulance call must be made and then parent's notified. If two adults are present, the 999 call should be made at the same time of administering the Epipen/Anapen. The used Epipen/Anapen must be given to the ambulance personnel.
- It is the parent/carer responsibility to renew the Epipen/Anapen before the child returns to school. See Appendix I for model letter to parents.
- The Epipen/Anapen must be taken if the pupil leaves the school site. The pupil must be accompanied by an adult, who has been trained to administer the Epipen/Anapen.

The Anaphylaxis Campaign website contains *Guidance for Schools*, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol. The Anaphylaxis Campaign helpline is 01252 542029. The anaphylaxis Campaign has also published the 'Allergy in schools' website which has specific advice for pre-schools, schools, school caterers, parents, students and nurses.

The Anaphylaxis Campaign
PO Box 275
Farnborough
Hampshire GU14 6SX

Helpline: 01252 542029 Website: www.anaphylaxis.org.uk

14 GUIDELINES FOR MANAGING ASTHMA

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. School staff who have volunteered to assist pupils with inhalers, will be offered training from the school nurse.

1. If school staff are assisting pupils with their inhalers, a Consent Form from parent/carer should be in place. Individual Care Plans need only be in place if pupils have severe asthma which may result in a medical emergency.
2. Inhalers **MUST** be readily available when children need them. Pupils of year 3 and above should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place. Individual circumstances need to be considered, e.g. in small schools; inhalers may be kept in the school office.
3. It would be considered helpful if parent/carer could supply a spare inhaler for pupils who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the pupil loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
4. All inhalers should be labelled where possible with the following information:
 - Pharmacist's original label
 - Pupil's name and date of birth
 - Name and strength of medication
 - Dose
 - Dispensing date
 - Expiry date
5. Some pupils, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
7. Parent/carer is responsible for renewing out of date and empty inhalers.
8. Parent/carer should be informed if a pupil is using the inhaler excessively.
9. Physical activity will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **MUST** be available during PE and games. If pupils are unwell they should not be forced to participate.

10. If pupils are going on offsite visits, inhalers MUST still be accessible.
11. It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent/carer.
12. Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

Asthma UK has downloadable school policy guidelines that provide information on asthma, asthma in PE and sports, and what to do when a child with asthma joins the class. It provides comprehensive information on how to develop a school asthma policy and asthma register, with an example. Also available are school asthma cards and information and posters for young people to encourage them to be active with their asthma. To order copies of these resources call 0800 121 6255. To answer any questions about asthma call the Asthma UK Adviceline on 0800 121 6244 (Monday to Friday 9.00am to 5.00pm) or use the online form to email your query to the experts.

National Asthma Campaign
Tel: 0800 1216255
www.asthma.org.uk

Education for Health Tel:
01926 493313
www.educationforhealth.org

15 GUIDELINES FOR MANAGING PUPILS WITH DIABETES

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is possible that injections will need to be given during school hours.

Administration of Insulin injections

In the event that a pupil requires insulin injections during the school day individual guidance and training will be provided to appropriate school staff by specialist hospital liaison nurses, as treatment is tailored to each person.

See following pages for guidance on managing hypoglycaemia and blood glucose monitoring.

Other sources of information:

Diabetes UK has information on diabetes in school, which discusses insulin, injections, diet, snacks, hypoglycaemia reaction and how to treat it. It contains a downloadable version of their school pack, *Children with diabetes at school – What all staff need to know*. Copies of this can also be ordered from Diabetes UK Distribution, Tel: 0800 585088. Further information is available from Diabetes UK care line, tel: 0845 120 2960 (Monday to Friday, 9.00am to 5.00pm) or see the Diabetes UK website for an enquiry form.

Diabetes UK
10 Parkway
London NW1 7AA

Tel: 020 7424 1000
Careline: 0845 1202960
Fax: 020 7424 1001
Email: info@diabetes.org.uk
Website: www.diabetes.org.uk

16 GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES

All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia which occurs when the blood-sugar level falls. Training might be in conjunction with paediatric hospital liaison staff. Staff who have volunteered and have been designated as appropriate by the Head teacher will administer treatment for hypoglycaemic episodes.

To prevent a hypo

1. There should be a Care Plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent/carer. Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed due to extra curricular activities at lunchtimes or detention sessions.

Off site activities e.g. visits, overnight stays, will require additional planning and liaison with parent/carer.

To treat a hypo

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion and slurred speech.

2. Treatment for a “hypo” might be different for each child, but will be either dextrose tablets, or sugary drink, or Glucogel/Hypostop (dextrose gel), as per Care Plan.

Whichever treatment is used, it should be readily available and not locked away. Many pupils will carry the treatment with them.

Expiry dates must be checked each term by a member of school staff.

3. It is the parent/carer responsibility to ensure appropriate treatment is available.

Once the pupil has recovered a slower acting starchy food such as biscuits and milk should be given. If the pupil is very drowsy, unconscious or fitting, a 999 call must be made and the pupil put in the recovery position. Do not attempt oral treatment.

Parent/carer should be informed of a hypo where staff have issued treatment in accordance with Care Plan.

If Glucogel/Hypostop has been provided

The Consent Form should be available.

Glucogel/Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream.

The use of Glucogel/Hypostop must be recorded on the pupil’s Care Plan with time, date and full signature of the person who administered it.

It is the parent/carer responsibility to renew the Hypostop/Glucogel when it has been used.

DO NOT USE GLUCOGEL/HYPOSTOP IF THE CHILD IS UNCONSCIOUS.

17 BLOOD GLUCOSE MONITORING FOR CHILDREN

All staff must use a fully disposable Unistik Lancet device if they are undertaking near patient blood glucose testing on behalf of a pupil. This is a use once only device and the lancet remains covered once it has been used. Unistik 3 Comfort Lancets are recommended for use with children.

If a pupil has an insulin pump individual arrangements will be made with a specialist nurse and parents to ensure school staff are fully trained in the management and use of the pump.

When to use

For children who self-test the use of Unistiks is not necessary and he/she will be taught to use a finger pricker device in which a disposable lancet will be inserted. This device can be purchased at a local chemist or in some cases provided by the Paediatric Diabetes Specialist Nurse. The disposable lancet can be ordered on prescription via the pupil's GP. Whenever possible staff will encourage pupils to undertake their own finger prick blood glucose testing and management of their diabetes, encouraging good hand hygiene. However in exceptional circumstances such as a pupil having a hypoglycaemic attack, it may be necessary for a member of staff to undertake the test.

How to use the Unistik lancet:

- Prior to the test wash hands / use alcohol rub.
- Encourage pupil to wash their hands wherever possible.
- Ensure all equipment is together on a tray including a small sharps box
- Where possible explain the procedure to the pupil
- Apply gloves before testing
- Use a meter which has a low risk for contamination when blood is applied to the strip
- such as: an optimum xceed or one touch ultra
- Ensure meter is coded correctly for the strips in use and that the strips are in date.
- Place the strip into the meter
- Prick the side of the finger using a Unistik comfort 3
- Apply blood to the test strip according to the manufacturers instructions
- Once the test is completed put the used test strip and lancet directly into the sharps box
- Return the tray to a safe area/room
- Wash hands following the removal of gloves/possible contact with blood, use alcohol • rub.
- Record the blood glucose reading in the pupil's Care Plan/diary
- Parents are responsible for supplying all necessary equipment and medication.
- Provision and disposal of a sharps box should be discussed individually with the School Nurse / Paediatric Diabetes Specialist Nurse

Further notes:

Ensure there is a procedure in place regarding what action is to be taken if the result is above or below normal. This must be agreed in consultation with the pupil, his/her parents, the Paediatric Diabetes Specialist Nurse, School Nurse and the Teacher. If further advice or training is required please contact the pupil's Paediatric Diabetes Specialist Nurse.

GASTROSTOMY TUBES

For children who are unable to take enough food or fluid by mouth and who may require supplementary feeding and medicines via a gastrostomy or nasogastric tube.

Training on feeding and care of the tube is available from the School Nursing Team Community Children's Nursing Team.

A Care Plan should reflect the specific requirements of each case and advice should be sought from specialist nurses/Consultant.

A gastrostomy tube is inserted directly into the stomach through the abdominal wall. A nasogastric tube is passed through the nose and into the stomach and held in place by tape on the face.

Care of Gastrostomy Tube.

- Wash hands and wear a disposable apron before handling the tube.
- Flush tube through with 10-50mls water before and after feeds and medication.
- Instructions for flushing may be different for each individual.
- A Mic-Key button secures the feeding connector. A dressing is not normally required.
- When swimming a waterproof dressing, supplied by parent/carers, should be applied and the tube clamped or closed if necessary. The same applies when bathing or showering.
- Observe the skin around the site of insertion for redness, infection or discharge. If necessary clean with cooled, boiled water, and inform parent/carer. Specific advice can be sought from the nurse specialist or infection control team.
- If nausea or vomiting occurs or leakage of feed around insertion site, stop feed and inform parent/carer and school nurse immediately as medical intervention may be required.
- Administer medication where this method is appropriate, according to prescription sheet. Not all medication is suitable for administration via gastric or nasogastric tubes. The tubes should be flushed with water between different medicines.
- If the tube falls out, cover site with a dressing and inform parent/carer and school nurse immediately. The opening track can close over very quickly and the tube will need to be replaced as soon as possible either by parent/carer or at the hospital they normally attend.

- The feeding regime will be different for each pupil and will be recorded in their Care Plan.

Care of Nasogastric Tube.

- Wash hands and wear a disposable apron before handling tube.
- Before putting anything down the tube, check it is in the correct position by withdrawing a small amount of stomach contents, using a 50ml syringe, and test for acidity as per Care Plan.
- If gastric contents cannot be aspirated do not administer feed/medicines. Refer to Care Plan.
- Flush tube with 10-50mls water, using a 50ml syringe, before and after medication and feeds.
- If the tube comes out individual instructions on Care Plan will apply, but it is unlikely that the pupil will need to be taken to hospital.
- The feeding regime will be individual for all children and recorded in their Care Plan.
- Observe nose and facial skin for redness or soreness. If present inform parent/carer.
- When swimming ensure that the tube is closed securely.

Other sources of information:

Nutritional care nurses at the hospital the pupil attends.
Care Trust policies for feeds.

19 GUIDELINES FOR THE ADMINISTRATION OF RECTAL DIAZEPAM

Rectal Diazepam is a treatment for convulsions, and it is administered via the rectum.

The prescription and consent form should reflect the specific requirements of each case and advice should be sought from specialist nurses/Consultant/GP.

- Rectal Diazepam can only be administered by a member of the school staff who has volunteered and has been designated as appropriate by the Head teacher and who has been assessed as competent by the named school nurse. The school nurse will provide training of designated staff and the Head teacher will keep a record of the training undertaken. Training will be updated at least once a year.

- See local guidance on Developing Personal Care in Schools, September 2008.
- Rectal Diazepam can only be administered in accordance with an up-to-date written prescription sheet from a Medical Practitioner and the signed Consent Form. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the pupil's records.
- The prescription sheet should be renewed yearly. The school nurse will check with the parent/carer that the dose remains the same.
- The Consent Form and prescription sheet must be available each time the Rectal Diazepam is administered; if practical it should be kept with the Rectal Diazepam.
- Only designated staff who have received training from the named school nurse can administer Rectal Diazepam. A list of appropriately trained staff will be kept.
- The Consent Form and the prescription sheet must always be checked before the Rectal Diazepam is administered.
- It is recommended that the administration be witnessed by a second person.
- The pupil should not be left alone until fully conscious.
- Consideration should be given to the pupil's privacy and dignity.
- The amount of Rectal Diazepam that is administered must be recorded on the pupil's Rectal Diazepam Record Card. The record card must be signed with a full signature of the person who has administered the Rectal Diazepam, and dated.
- Each dose of Rectal Diazepam must be labelled with the individual pupil's name and stored in a locked cupboard. The keys should be readily available to all designated staff.
- School staff must check expiry dates of Rectal Diazepam each term. In Special Schools the school nurse / doctor may carry out this responsibility. The parent/carer should replace medication when requested by school or health staff.
- All school staff who are designated to administer Rectal Diazepam should have access to a list of pupils who may require emergency Rectal Diazepam. The list should be updated at least yearly, and amended at other times as necessary.

Other sources of information:

Epilepsy Action (British Epilepsy Association) has specific information for education professional on its website. This looks at classroom first aid, emergency care, medication and school activities.

Epilepsy Action
New Anstey House
Gateway Drive
Yeadon
Leeds LS19 7XY

Website: www.epilepsy.org.uk
Tel: 0113 210 8800
Freephone Helpline: 0808 800 5050
Open: Mon – Thurs: 9.00 am – 4.30 pm
Fridays : 9.00 am – 4.00 pm

The National Society for Epilepsy (NSE) has information on education and epilepsy which looks at epilepsy and learning, special needs, examinations, practical activities, medication, the Disability Discrimination Act, and teaching pupils with epilepsy. Contact the UK Epilepsy helpline Tel: 01494 601 400 (Monday to Friday 10.00am to 4.00pm)

20 GUIDELINES FOR THE ADMINISTRATION OF BUCCAL MIDAZOLAM

Buccal Midazolam is a treatment for convulsions, and it is administered orally.

Buccal Midazolam can only be administered by a member of the school staff who has volunteered and has been designated as appropriate by the Head teacher and who has been assessed as competent by the named school nurse. Training of designated staff will be provided by the school nurse and a record of the training undertaken will be kept by the Head teacher. Training will be updated at least once year.

The prescription and consent form should reflect the specific requirements of each case and advice should be sought from specialist nurses/Consultant/GP.

Buccal Midazolam can only be administered in accordance with an up-to-date written prescription sheet from a Medical Practitioner and the signed Consent Form. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the pupil's records. If this is a child/young persons first dose of Buccal Midazolam then an ambulance must be called. A dose of Buccal Midazolam cannot be given if the child/young person has had a dose in the previous 6 hours otherwise indicated on their emergency care plan.

- The prescription sheet should be renewed yearly. The school nurse will check with the parent/carer that the dose remains the same.
- The Consent Form and prescription sheet must be available each time the Buccal Midazolam is administered; if practical it should be kept with the Buccal Midazolam.
- Buccal Midazolam can only be administered by designated staff who have received
- training from the named school nurse. A list of appropriately trained staff will be kept. Where possible, when this need to be administered at school, nursing staff should encourage school staff to administer under supervision as part of their on-going training. This should be recorded
- The Consent Form and the prescription sheet must always be checked before the Buccal Midazolam is administered.
- It is recommended that the administration is witnessed by a second person.
- The pupil should not be left alone until fully conscious.
- The amount of Buccal Midazolam that is administered must be recorded on the pupil's Buccal Midazolam Record Card. The Record Card must be signed with a full signature of the person who has administered the Buccal Midazolam and dated.

- Each dose of Buccal Midazolam must be labelled with the individual pupil's name and stored in a locked cupboard, yet readily available. The keys should be readily available to all designated staff.
- staff must check expiry dates of Buccal Midazolam each term. In Special Schools the school nurse / doctor may carry out this responsibility. It should be replaced by the parent/carer at the request of school or health staff.

All school staff who are designated to administer Buccal Midazolam should have access to a list, provided by school nursing staff, of pupils who may require emergency Buccal Midazolam. The list should be updated at least yearly, and amended at other times as necessary.

Other sources of information:

Epilepsy Action
New Anstey House
Gateway Drive
Yeadon
Leeds LS19 7XY

Website: www.epilepsy.org.uk
Tel: 0113 210 8800

Helpline: 0808 800 5050
Open: Mon – Thurs 9.00 am – 4.30 pm
Fri 9.00 am – 4.00 pm

21. Eczema

The National Eczma Society has produced an activity pack, available on their website, to encourage discussion about eczema in the classroom. The pack follows a lesson plan format and ties in with the National Curriculum, and is tailored according to age group.

22. Sickle cell and Thalassaemia

A leaflet has been produced which is aimed at those with specific responsibility for supporting young people with medical conditions at schools, including teachers given this lead responsibility, headteachers and others responsible for pastoral care, school nurses and school governors. It addresses two inherited conditions, sickle cell disorders and beta-thalassaemia major. It was produced following a four-year research project on young people with sickle cell disorders in schools funded by the Economic and Social research Council.

The Sickle Cell Society has downloadable leaflets for education staff covering school work, sports, school journeys and medical emergencies. It has a guide on incorporating teaching about sickle cell into the national curriculum. Their website has a specific section for young people living with SCD. The society has access to a panel of medical advisors for further advice. Tel: 020 8961 7795 or use the on-line contact form.

The UK Thalassaemia Society has a downloadable leaflet for schools covering awareness of thalassaemia as a medical condition and advice for teachers of PE, Science and PHSE/Citizenship. It has a leaflet on careers advice and several educational videos that can be ordered free of charge. (Tel: 020 882 0011)

23 Use of Oxygen in school

For those pupils requiring oxygen, training to be provided by school nursing staff in accordance with an individual pupil's care plan.

Instructions for storage of oxygen

1. Place the oxygen tanks away from open flames and any sources of heat, including radiators, windows with direct sunlight coming in and furnace air ducts/registers. Heat can warm the oxygen tanks and cause them to ignite.
2. Sit the oxygen tanks in a position where the tanks are not under a shelf, cabinet or other structure.
3. Place the tanks away from grease, containers of oil, gas, cleaning supplies and other highly flammable containers/materials.
4. Keep accessories related to the oxygen tanks---tubing, wrenches, flow meters, masks and other accessories--in an area close to the tanks, but not next to or over the oxygen tanks.
5. Keep the oxygen tanks in an upright position at all times except for when transporting the tanks to a child. The tanks can be tilted while in movement, but do not lay the tanks down in a horizontal position while in movement.
6. Secure each oxygen tank in its stand so it cannot fall over during use.

APPENDIX A

PRESCRIPTION AND INSTRUCTIONS FOR ADMINISTRATION OF RECTAL DIAZEPAM

TO BE COMPLETED BY THE SCHOOL NURSING TEAM IN SUPPORT OF ADMINISTRATION BY SCHOOL STAFF

Procedure for the administration of Rectal Diazepam during school hours and respite care to:

Pupil name :		Date of Birth:	
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DESCRIPTION OF SEIZURES REQUIRING TREATMENT WITH **RECTAL DIAZEPAM**

To administer Rectal Diazepam after onset of seizure:		
1	Wait minutes. If seizure has not stopped, administer:	Quantity of dose:
2	Wait minutes, check if seizure has stopped. If it has not, administer another:	Quantity of dose:
3	Wait minutes, check if seizure has stopped. If it has not, administer another:	Quantity of dose:
4	Wait minutes. If seizure does not stop, then call for an ambulance and inform parent/carer.	
N.B.	If second/third dose administered, does pupil need a hospital check? Yes/No (delete as appropriate)	Yes/No
Maximum dose per school day:		
Rectal diazepam prescribed by :		

Amount:			
Signed:			
Title:		Date:	

EMERGENCY CONTACTS:

1	Name	Tel No:	
	Relationship to pupil:		
2	Name:	Tel No:	
	Relationship to pupil:		

Thank you for your co-operation. Any queries contact:

School Nurse:	
Tel No:	

APPENDIX B

CONSENT FORM FOR ADMINISTRATION OF RECTAL DIAZEPAM

All staff that have received the appropriate training and are considered competent are authorised to give Rectal Diazepam at school and respite care

Parent/carer Consent

Pupil Name:

If authorised persons are not available then **999 procedure** will be activated, and **parent/carer informed.**

Parent/Carer:

Signature:

On behalf of school:			
Head Teacher:		Date:	
On behalf of Nottingham Primary Care Trust:			
Doctor/Nurse:		Date:	
Reviewed by:		Date	
Reviewed by:			

APPENDIX C

PRESCRIPTION AND INSTRUCTIONS FOR ADMINISTRATION OF BUCCAL MIDAZOLAM

TO BE COMPLETED BY THE SCHOOL NURSING SERVICE IN SUPPORT OF ADMINISTRATION BY SCHOOL STAFF

Procedure for the administration of Buccal Midazolam during school hours and respite care to:

Pupil Name:	
Date of Birth:	
Description of seizures requiring treatment with Buccal Midazolam	

Midazolam is a treatment for convulsions. It is drawn up using a syringe and tube/needle. The tube/needle is removed and the syringe is placed in the mouth, between the lower jaw and the cheek and gently squeezed.

1	Wait minutes. If seizure has not stopped, administer:	Quantity of dose:
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2	Wait minutes, check if seizure has stopped. If it has not, administer another:	Quantity of dose:
3	Wait minutes, check if seizure has stopped. If it has not, administer another:	Quantity of dose:
4	Wait minutes. If seizure does not stop, then call for an ambulance and inform parent/carer.	
N.B.	If second/third dose administered, does pupil need a hospital check? Yes/No (delete as appropriate)	
Maximum dose per school day:		
Buccal Midazolam prescribed by :		
Amount:		
Signed:		
Title:		Date:
EMERGENCY CONTACTS:		
1	Name:	Tel No:
	Relationship to pupil:	
2	Name:	Tel No:

	Relationship to pupil:	
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Thank you for your co-operation. Any queries contact:

School Nurse:	
Tel No:	

APPENDIX D

CONSENT FORM FOR ADMINISTRATION OF BUCCAL MIDAZOLAM

All staff that have received the appropriate training and are considered competent are authorised to give Buccal Midazolam at school and respite care

Parent/carer Consent

Name of pupil:	
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If authorised persons are not available then **999 procedure** will be activated, and **parent/carer informed**.

Parent/Carer:		Signature :	
On behalf of school:			
Head Teacher:		Date:	
On behalf of Nottingham Primary Care Trust:			
Doctor/Nurse:		Date:	
Reviewed by:		Date	
Reviewed by:			

APPENDIX E

**MEDICINE ADMINISTRATION RECORD CARD FOR EMERGENCY
ANTICONVULSANTS**

Name of pupil:		Date of Birth:		
Name of medication:		School:		
Date:				
Name of medication Dose and time				
Second dose and time (if given)				
Length and/or number of seizures				
Observations				
Outcome				
Parent/carer informed				
Medication administered by:				
Witnessed by:				

APPENDIX F

Drug	Date	Mon	Tue	Wed	Thur	Fri
Dose						
Directions	Morning					
	Midday					
	Tea					
	Supper/Bed					
Drug	Date	Mon	Tue	Wed	Thur	Fri
Dose						
Directions	Morning					
	Midday					
	Tea					
	Supper/Bed					
Drug	Date	Mon	Tue	Wed	Thur	Fri
Dose						
Directions	Morning					
	Midday					
	Tea					
	Supper/Bed					
Drug	Date	Mon	Tue	Wed	Thur	Fri
Dose						
Directions	Morning					
	Midday					
	Tea					
	Supper/bed					

R – refused medication M – missed medication H – at home for medication Sch – at school for medication

CARE PLAN FOR PUPIL WITH MEDICAL NEEDS – Part 1 of 2

Name of pupil:		Photo:			
Address:					
Date of birth:					
Condition:					
Name of school:		Year Group:		Date:	
Year Group and Review Dates:					
CONTACT INFORMATION					
Family Contact 1:	Name:	Tel Work:			
		Tel Home:			
		Tel Mobile:			
Relationship:					
Family Contact 2:	Name:	Tel Work:			
		Tel Home:			
		Tel Mobile:			

Relationship:

Clinic/Hospital Contact:

Name:

Clinic/Hospital:

Tel No:

Name of GP:

Tel No:

Describe condition and give details of pupil's individual symptoms:

Daily care requirements where relevant (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the pupil and the action and follow up required if this occurs:

Completed by:

Date:

CARE PLAN FOR PUPIL WITH MEDICAL NEEDS – Part 2 of 2

This form completes the Care Plan and it is a record that parent/carer, school staff and school nurse/doctor all agree with the Care Plan. The original will be kept at school, and copies made for parent/carer, school nurse and GP.

Due to the complexity and unstable nature of some pupil's medical conditions, the Care Plan can be altered in an emergency to ensure the pupil's safety. This should be done through consultation between school staff and health professionals who are present during the incident. Parents should be contacted and the incident documented on the pupil's records.

It is always the responsibility of parents/carers to keep school staff and health professionals fully informed of changes in their child's condition. They must agree the Care Plan and supply necessary medication, ensuring it is in date on a termly basis.

Name of pupil:			
On behalf of school:			
Name of parent/carer:			
Signature of parent/carer:		Date:	
On behalf of Nottingham Primary Trust			
Name of Doctor/Nurse:			

Signature of Doctor/Nurse:		Date:	
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STAFF INDEMNITY

The Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment and have been provided with appropriate training. For the purposes of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. In practice, indemnity means the Council and not the employee will meet the cost of damages should a claim for negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent/carer and the employer. Staff should at all times follow the guidance provided by Nottingham Care Trust.

APPENDIX I

The letter below is attached for guidance.

Clinic Address
Telephone contact details
Date

Dear Parent/Guardian

Name of Child - Medication in school

It is suggested that you check your child's medication on a termly basis to ensure it is in date, there are no changes to the dose and it is still needed by your child. It should be replaced or removed as necessary, especially at the beginning of each new academic year.

If there are changes to your child's condition and/or medication, please ensure the school staff and School Nurse are notified in writing.

I am available at the Clinic, contact details as above, if you wish to discuss your child's condition.

Yours sincerely
School Nurse

