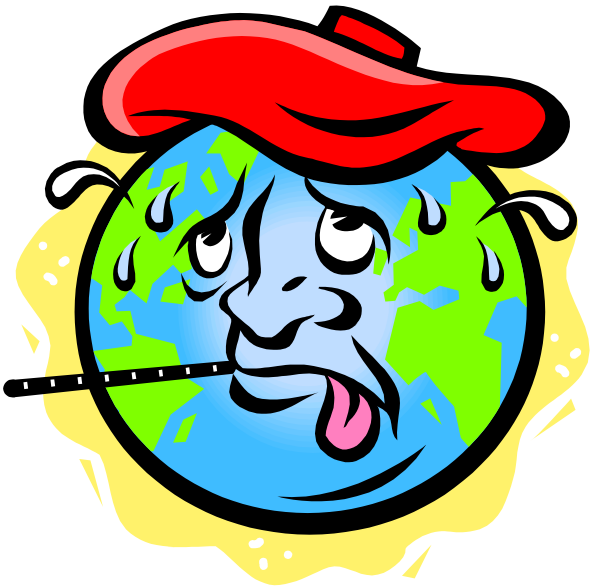
Hasland Junior School

Medicines in School Policy



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 Hasland 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.

Assessing Needs and Managing Risks

Hasland 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.

1 Medical Needs

It is recognised that many children will need to take medicines during the day at some time during their journey through school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time they need to be absent. However, such medicines should only be brought where it would be detrimental to a child's health if it were not administered during the school day.

2 Medicines in school

Children that are unwell should not be sent to school and administration of medicines will be for students who are:

- Suffering from chronic illness or allergy, or
- Recovering from a short-term illness and are undergoing or completing a course of treatment using prescribed medicines.

The school will not administer any medication without the necessary paperwork being completed by the parent/carer.

3 Taking Medicines

Carefully designed prescribing by doctors and parents can sometimes reduce the need for medicine to be taken during school hours.

To help avoid unnecessary taking of medicines at school parents should:

- Be aware that a three time's daily dosage can usually be spaced evenly throughout the day and does not necessarily have to be taken at lunchtime. Medicines could be taken in the morning, after school hours and at bedtime.
- Ask the family doctor if is possible to adjust the medication to avoid school time doses.

4 **Prescribed Medicines**

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

The school will only accept medicines that have been prescribed by a doctor, dentist, or qualified medical prescriber.

Medicines must be provided in the original named container as dispensed by a pharmacist and include the prescribers instructions for administration. They should also be accompanied by a fully completed parental consent form. *Appendix 2 for children under 16*.

The school cannot accept medicines that have been taken out of the container as originally dispensed **or make changes to dosages on parental instructions.**

Medication will be kept in a secure cabinet in the medical room, out of reach of children unless it is an inhaler where the child will keep this in the classroom unless it is a spare inhaler where this will be kept in the medical room. There is also a fridge in the medical room for any medications requiring storage in a fridge.

Any changes to dosages must be authorised by a medical practitioner. Where a child needs two or more prescribed medicines, must be in a separate named container.

5 **Controlled Drugs**

Some children in school may require medication to assist with long-term or complex medical needs. Controlled drugs likely to be prescribed which may need to be administered in school are for example, methylphenidate or dexamphetamine for ADHD or morphine/fentanyl for pain relief.

Any controlled drugs needed for children in school will be stored in a locked non-portable container and only administered by trained staff.

A record will be kept for audit and safety purposes and two members of staff will always be present to witness when the drug is administered. The controlled drugs book will be completed each time the medication is administered and when the parent/carer sends in more medication.

The supervision/administration of prescribed drugs to students will be carried out as outlined in the guidance in the attached flowchart. (*Appendix 8*) Much

of this guidance is explained further under ‘Non prescription Medicines’ and will also apply here.

6 **Non-Prescription Medicines**

Non-prescription medicines are those that can readily be bought ‘over the counter’. It is recognised that certain students may need to take non-prescription medicine for conditions such as dysmenorrhea (period pains). The school believes that it is inappropriate for students to carry and self administer their own medication. Accidental or deliberate misuse could result if the medication was misplaced or stolen.

We will arrange regular training for certain staff to help supervise or administer non-prescription medication to students under the following conditions:

- Non-prescription medicines should be accompanied by a parental consent form. (*Appendix 2*)
- With the exception of asthma inhalers only sufficient medication for one day’s dose should be brought into school. The medicine should be in its original container and clearly state what it is and the maximum dose and dose frequency. Parents may need to take out and keep at home medication so that only one day’s dose comes into school in its original container. This maybe more difficult with liquid medications but should still be manageable. The medication and consent form should be taken to the office and then locked away in the medicine cabinet.
- Staff should never give a non-prescribed medicine to a child without written permission from the parents on the appropriate form, and it is the medicine supplied by the parent.
- Staff will not administer aspirin or medicines containing ibuprofen to any child unless it has been prescribed. Medication brought to school by staff for their own personal use will not be given to students.
- Trained staff who supervise or administer medication will maintain careful records of the medication taken by students each time it is taken. (*Appendix 4 or Appendix 5*)
- Staff in doubt about any of the above procedures or any concerns about the supervision/administration of a non-prescribed medicine to a child should discuss the issue with the parents or with the School Nurse.

7 **Procedures for Administration of Medicines**

The school will adhere to the guidance described in the flowchart – (*Appendix 8*)

Storage – Non Emergency Medicines

The school will not keep stocks of non-prescription medicines such as paracetomol to give to children. Staff will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines will be stored strictly in accordance with product instructions and in the original named container in which dispensed.

Medicines which need to be refrigerated will be kept in a refrigerator for this purpose in the Medical Room. Controlled drugs will be kept stored in the locked medicine cabinet. Non-emergency medicines will be locked in the medicine cabinet in the Medical Room.

8 **Storage** – Emergency Medicines

These include asthma inhalers and adrenaline ('Epi') pens. Asthma inhalers are stored for easy access in the student's classroom. 'Epipens' are stored in labelled containers in the midday supervisors medical bag in the staffroom. They are readily available for immediate use in and out of lesson times. The Epipens will be always be taken on school visits including visits to the offsite block.

These emergency medicines will be clearly labelled with the student name and will only be used for the named child.

All students who require the use of an Epipen will have an Individual Health Care Plan, (*Appendix 1*).

Staff will receive training information on the use of an Epipen at least annually by the School Nurse.

Photographs of children who may require the use of an Epipen will be on display for staff in the office and Staff room in school.

9 **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 Form 2 (*Appendix 2*).

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, (*Appendix 4 or 5*), 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 trained person who administers medication will:

- 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 form (*Appendix 4 or 5*) 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; (*these are completed by a School Nurse*)
- Know the emergency action plan and ways of summoning help/assistance from the emergency services;
- Check that the medication belongs to the named student is within the expiry date;
- Record on the medication record from (*Appendix 5*) 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 to safe storage;
- ensure that they have received appropriate training/information;
- ensure that supply staff know about any medical needs.

10 **Individual Health Care Plan – Example I (***Appendix 1***)**
Individual Health Care Plans are generally required only for children with specific medical needs requiring specialised or emergency medication. Those students who may require the use of an Epipen meet this criteria.

An individual health care plan clarifies for staff, parents and the child the help that can be provided. Staff and parents will jointly review the health care plan for a child at least once a year and more frequently if necessary.

11 **Co-ordinating Information**
The office staff will work with staff to co-ordinate and share information on an individual student with medical needs. They will be a first contact for parents and staff and liaise with external agencies when required.

12 **Staff Training**
The school will work with the School Health Service to provide training for Staff who supervise and/or administer medicines to students. A record of training will be kept (*Appendix 7*) or the training register which is taken.

Staff should not give medicines without appropriate training from health professionals.

13 **Confidentiality**
Medical information about a student will be treated as confidential and only shared after agreement with the child or their parents.

14 **Refusing Medicines**
Should a child refuse to take medication parents will be informed and a note kept on the medication record form. Form 18 will also be completed. If a refusal to take medicine results in an emergency then medical help will be sought from emergency services.

15 **Hygiene and Infection Control**
Staff will be trained regarding normal precautions for avoiding infection and basic hygiene procedures. Staff will have access to protective disposable gloves and will need to take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

16 **Educational Visits**
The school will always consider what reasonable adjustments can be made to enable children with medical needs to participate fully and safely on visits.

Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures and these should be recorded in the risk assessment. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

17 **Sporting Activities**
It is recognised that most children with medical conditions can participate in physical activities and extra-curricular sport.

Any restrictions on a child's ability to participate in PE will be recorded in their Individual Health Care Plan.

When necessary children will be allowed to take precautionary measures before or during exercise and allowed immediate access to their medicines such as asthma inhalers. NB **DETAILS OF SPECIFIC HEALTH CONDITIONS CAN BE FOUND IN** (*Appendix 9*).

Staff supervising sporting activities will, when necessary, carry out risk assessments for some children so that they are aware of relevant medical conditions and any preventative medicine that they may need to be taken and emergency procedures.

18 **Employee Medicines**
All staff have a responsibility to ensure that any of their own medicines brought to school are kept secure and that students will not have access to them. Staff medicines should not be issued to students or any other employee.

19 **Emergency Procedures**
All staff are made aware of emergency procedures in the school Health and Safety and Critical Incidents Policies.

A child taken to hospital by ambulance will always be accompanied by a member of staff who will stay until a parent arrives. Staff should never take children to hospital in their own car – an ambulance should be called if needed.

For children with certain medical conditions it may be essential that all staff (including supply staff and lunch time supervisors) are able to recognise the onset of the condition and take appropriate action i.e. summon trained staff.

20 **Unusual Occurences, Serious Illness or Injury**
Parents are informed of the school's policy concerning children who become unwell whilst at school, or on authorised educational visits, trips etc. in the school prospectus.

Staff escorting children out of school will carry emergency contact details for children in their charge.

If parents and relatives are not available when a student becomes seriously unwell or injured an ambulance will be called to transport the child to hospital.

NOTE: If the child is on medication, whether self-administered, under supervision or administered by staff the emergency services will be provided with a copy of the written parental consent form (*Appendix 2*), the medicine itself and a copy of the last entry on the medication form – (*Appendix 4 or 5*).

21 **Disposal of Medicines**
Any medication which has reached its expiry date will not be administered.

Medicines which have passed the expiry date should be collected by parents for safe disposal at the pharmacy. Out of date medicines will not be sent home with children. If medicines are not collected by parents then they will be disposed of by a member of staff and the disposal of medicines form *(Appendix 10)* will be completed.

22 **Children with Complex Health Needs**
Examples of care of health needs for which children may require additional support in school include:

- Restricted mobility
- Difficulty in breathing
- Problems with eating and drinking

- Continence problems
- Susceptibility to infection

Some staff in school may be trained to perform a number of clinical procedures to support children with complex needs. In the main, training is undertaken by Children's Community Nurses, Specialists Nurses, or other health professionals.

The school will work with all appropriate agencies to promote a child's physical well-being and optimise their learning and integration opportunities.

23 **Notifiable Diseases**

The Headteacher 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.

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 parent's 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

Headteachers 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 mediction – 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

- Headteachers 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

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 Headteacher/School Business Manager is responsible for knowing which children are taking medication and who is responsible for administering it. In schools, Headteachers 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. Headteachers/School Business Manager 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 or not it is a controlled drug
- Any requirements for refrigerated storage
- Prior to administration, the medicine administration record (MAR) 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/service.

- Schools and services **must** keep written records each time medicines are given
- The administration of **controlled drugs requires 2 people**. One should administer the drug and the other witness the administration

Managers 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 parent
- 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 Gastronomy (PEG)
- Giving Oxygen

The Headteacher/ School Business Manager must keep a records 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 to ensure there will be no double dosing
- Be aware of symptoms which may require emergency action, e.g. those listed on an individual healthcare 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 Headteacher is aware of this lack of training/information

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 healthcare 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 follow the schools/services general policy.

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 particular needs, some would need reviewing more frequently.

- For children who are in care or who have a short breaks 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 particular 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 Headteacher or School Business Manager
- 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 Headteacher/School Business Manager 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.

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 advise 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.

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.

Children with complex health needs

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

- Maintain optimal health during the day
- Access the curriculum to the maximum extent

Some examples of health needs for which children might require additional support in school 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 lunchtime
- 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

In supporting children with complex needs in schools, early years, social care and community settings there are a growing number of clinical procedures which staff may be trained to undertake. In the main such training is undertaken by Children’s Community Nurses, Specialist Nurses or School Community Nurses.

- A detailed Individual Healthcare Plan should be completed as above

Some children with complex physical needs will require a range of specialist equipment to enable them to sit, stand and walk. This equipment should be assessed for by a trained health professional (Children’s Occupational Therapist, Local Authority Moving and Handling Advisor, Physiotherapist or

Community Nurse) and the appropriate Local Authority Moving and Handling Advisor of School Link Worker in accordance with Derbyshire Inter Agency Group (DIAG) guidance document. The equipment should be adjusted to suit an individual child. On the rare occasion when one piece of equipment is used for more than one child, the health professional should supply written instructions, (or manufacturer's instructions), on altering the equipment.

Children may also require a Moving and Handling Plan, completed by school staff or a moving and handling advisor and a Therapeutic Variance Form attached to a Moving and Handling Plan, (completed by the therapist). In order to promote physical well-being and optimise a child's learning and integration opportunities, specialised equipment should be an integral part of a child's day rather than seen as 'therapy'.

Some children with complex communication needs may require assessment for a communication aid or other relevant specialist equipment. The Speech and Language therapy Service should be involved in assessment procedures for communications aids. Advice is available from the Speech and Language Therapist when a child is a communication aid user.

Off-site and community activities

Off-site education or work experience

Schools are responsible for ensuring via the existing service level agreements, that work experience placements are suitable for students with a particular medical condition. They are also responsible for pupils with medical needs who, as part of key stage 4 provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college.

- Schools should consider whether it is necessary to carry out a risk assessment before a young person is educated off-site or has work experience.

Schools have a primary duty of care for pupils and have a responsibility to assess the general suitability of all off-site provision including college and work placements. This includes responsibility for an overall risk assessment of the activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours.

- This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

Where students have special medical needs the school will need to ensure that such risk assessments take into account those needs. Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

Educational visits/outings

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 procdures 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 particular 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 risk severe 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.

<u>Emergency procedures</u>

Where children have conditions which may require rapid intervention, parents must notify the Headteacher/School Business Manager 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 take into account access to a telephone in an emergency in order to summon medical assistance or ambulance. The Headteacher/School Business Manager 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 occurances, 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 Headteacher 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 Headteacher 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

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 persons' 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 (form 11/11a)

<u>Managements Audits/Quality Assurance</u>

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

Hasland Junior School is committed to the safeguarding and promoting the welfare of children

Signed ……

Chair of Governors

Date ……

Appendices – forms are available in school

Appendix 1	Individual Health Care Plan
Appendix 2	Parental Consent for Schools to Administer Medicine
Appendix 3	Headteacher Agreement to Administer Medicine
Appendix 4	Record of medicine administered to an individual child
Appendix 5	Record of medicines administered to all children
Appendix 6	Request for child to carry his/her own medicine
Appendix 7	Staff training record – Administration of medicines
Appendix 8	Administration of Medicines in Schools – Flowchart
Appendix 9	Codes of practice for specific health conditions
Form 8	Parental consent for a child attending a short break
Form 8a	Consent given by a young person attending a short break
Form 9	Checklist for children with disabilities or health needs
Form 10	Clinical procedure plan
Form 10a	Administration of emergency medication individual treatment plan
Form 11	Clinical procedure training record – individual staff
Form 11a	Clinical procedure training – staff team
Form 12	Health and medicines information sheet
Form 13	Temporary minor variation to medical instruction
Form 14	Medication admin record instructions and requirements
Form 15	Medication admin record
Form 16	Medication admin record – observation and variation
Form 17	Body Maps for use with creams and lotions

Form 18 Medication error/near miss incident report

From 19 Manager’s audit tool

Appendix 1

Individual Health Care Plan

Name of School	
Child's name	
Date of birth	/ /
Class	
Child's address	
Medical diagnosis or condition	
Date	_____
Review Date	_____

Family Contact Information – First Contact

Name	
Phone Number (work)	
(home)	
(mobile)	

Family Contact Information – Second Contact

Name	
Phone Number (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone Number	
General Practitioner (G.P)	
Name	
Phone Number	

Describe medical needs and give details of child's symptoms

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

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

Follow up care

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

Form copies to

Appendix 2

Parental Consent for Schools/Setting to Administer Medicine

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

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

Name of	
Date	/ /
Childs name	
Date of birth	/ /
Class	
Medical condition or illness	

Medicine

Name/type of medicine/strength (as described on the container)	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by (name of member of staff)	/ /
Dosage and method	
Timing – when to be given	
Special precautions	
Any other instructions	
Number of tablets/quantity to be given to School	
Are there any side effects that the School needs to know about?	

Self administration	Yes/No (delete as appropriate)
Procedures to take in an emergency	

Contact Details – First Contact

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to (agreed member of staff)	

Contact Details – Second Contact

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to (agreed member of staff)	
Name and phone number of G.P	

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to School staff administering medicine in accordance with the School policy. I will inform the School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept that this is a service that the School is not obliged to undertake.

I understand that I must notify the School of any changes in writing.

Date _____ Signature(s) _____

Parent's signature _____

Print name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

For School Use

Reviewed by	Date	Signature	Print Name

To be reviewed annually or if dose changes.

Appendix 3

Head Teacher Agreement to Administer Medicine

Name of School

It is agreed that (name of child) _____ will receive (quantity and name of medicine) _____ every day at (time medicine to be administered e.g. lunchtime or afternoon break) _____.

(Name of child) _____ will be given/ supervised whilst he/she takes their medication by (Name of member of staff)

_____

_____

_____

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

Date _____

Signed_____
(Head Teacher/ named member of staff)

Appendix 4

Record of medicine administered to an individual child

Name of School	
Childs name	
Date of birth	/ /
Class	
Date medicine provided by parent	/ /
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			

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			

Appendix 5

Record of medicines administered to all children

(This form is optional if Appendix 4 is used)

Name of School **Hasland Junior School**

Date	Childs name	Time	Name of medicine	Dose given	Any reaction	Signature of staff	Print name

Appendix 6

Request for children to carry his/her own medicine

This from must be completed by parents/guardians (delete as appropriate)

If staff have any concerns discuss this request with healthcare professionals

Name of School	
Childs name	
Date of birth	/ /
Class	
Address	
Name of medicine	
Procedures to be taken In an emergency	

Contact Information

Name	
Daytime phone number	
Mobile number	
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her fro use as necessary.

Signed _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

Appendix 7

Staff training record – Administration of medicines

Name of School	
Name	
Types of training received	
Date of training completed	
Profession and title	

I confirm that (name of member of staff) _____ received the training details above and is competent to carry out any necessary treatment.

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

_____

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

* This flow chart should be used in conjunction with the accompanying text in the guidance document which gives more information on each section.

Appendix 8

Administration of medicines in school flowchart

Prescribed medicines

Medical practitioner to prescribe where possible medication to be given out of school hours.

Declaration

The Headteacher to ensure that all medication is checked and no medication to be allowed unless accompanied by a completed parental consent form.

Storage

The Headteacher to ensure that suitable storage facilities are provided by the school where necessary, i.e. where student is not keeping and administering his/her own medicine or where special pharmaceutical conditions need to be met for the storage of the medicines.

Self administration

Many students will have the ability to self administer their own medication. This will depend on the child's capability. With the exception of Asthma inhalers, the child should not bring in any more than one day's requirement in an original labelled container.

Supervision

The Headteacher must ensure that where staff supervise students administering their own medication, the following conditions must be met:

a) There is/are available staff who have volunteered to undertake this duty and have received the necessary training.
b) An appropriate medicine record form (Appendix 4 or 5) is available and used.
c) The medication is properly labelled and accompanied by a parental consent form.
d) An individual treatment plan is available where appropriate and this and any other specific conditions (e.g. storage) are met.

Administration

Where staff actually administer the medication to students:

This should occur only if a student is unable to self administer the medication and conditions a), b), c) and d) in the supervision section are met.

School medicine record form (Appendix 4 or 5)

Must be filled in after each administration/supervision.

Code of practice **Appendix 9**

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 Headteacher 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 Headteacher 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’.

Photographs are taken of all students who may require the use of an 'Epipen' 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 (Form 1) 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. Epipens are stored for easy access in a labelled container in midday supervisors medical bag in the staffroom. 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 Hasland 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 Hasland 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 **Appendix 9**

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

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.

Children should carry their own inhalers. 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 – Appendix 4 or 5.

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

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 **Appendix 9**

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 below) 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 **Appendix 9**

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** (Appendix 1) 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.'

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 counter productive).
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:

North Derbyshire

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

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

ERIC
Education and Resources for
Improving Childhood Continence

34 Old School House
Britannia Road
Kingswood
Bristol
BS15 8DB

Helpline: 0845 370 8008

PromoCon
Promoting Continence &
Product Awareness

Redbank House
4 St Chad's Street
Cheetham
Manchester
M8 8QA
Tel: 0161 214 5959

ASBAH
Association for Spina Bifidia
and Hydrocephalus

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

Code of Practice **Appendix 9**

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 (**Appendix 1**) 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 **Appendix 1**

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.

Appendix 9

Administration/ Authorisation of Rectal Diazepam

Name ……..DOB……

Address

……

……

Typical Seizure (when diazepam needs to be given)

……

…….

When should rectal diazepam be administered

……

…….

Dose …….

Further action

Dial 999 and ask for an ambulance

…….

……..

Name (of clinician completing the form)

……

Position : …… **Signature**: …… **Date**: ……

Parents Signature: ……..

Appendix 9

Administration/Authorisation of Buccal Midazolam (Epistatus)

Name ……..DOB ……..

Address
……

…….

Typical Seizure (when epistatus needs to be given)

……

……

<u>When should Epistatus be administered</u>

……

……..

Dose ……..

Further action

Dial 999 and ask for ambulance
……

……

Name (of clinician completing the form)
……

Position …… **Signature** …… **Date** ……..

Parents Signature ……

Appendix 9

Record of Epistatus/Rectal Diazepam Training

Name of child: …….

Date of Training ……..	**Date of refresher training recommended ……..**
Name of Staff	**Signature**

Name and Title of Trainer:

……