Supporting Students with Medical Needs Policy

Approving Body	Local Advisory Board
Date Approved	20 June 2022
Version	V 2.0
Supersedes Version	V 1.0
Review Date	July 2024
Legislation	Misuse of Drugs Act (2001) and subsequent amendments
Further Information/Guidance	Department of Education statutory guidance (Sept 2014) Supporting students at school with medical conditions

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Policy statement and principles

The School is an inclusive community that aims to support and welcome students with medical conditions. The School understands its responsibility to make the School welcoming, inclusive and supporting to all students with medical conditions and provide them the same opportunities as others at the School.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- Achieve economic well-being.

- The School ensures all staff understand their duty of care to children and young people in the event of an emergency.
- Staff receive on-going training and are regularly updated on the impact medical conditions can have on students. The training agenda is based on a review of current healthcare plans.
- All staff feel confident in knowing what to do in an emergency.
- The School understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- The School understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions that affect children at this school.

This School has consulted on the development of this medical condition policy with a wide-range of key stakeholders within both the school and wider community. The policy and supporting documents are based on Department of Education statutory guidance (Sept 2014) Supporting students at school with medical conditions and DCC Guidance on Administration of Medicines (April 2013) (*Appendix 9 - Codes of Practice)*

These key stakeholders include:

- Strategic Lead for Inclusion
- SENCO
- Pastoral and First Aid teams at the School
- Students and their Families with Medical conditions
- Health and Safety Co-Ordinator

The medical conditions policy is supported by a clear communication plan for staff, parents and students to ensure its full implementation.

The Policy forms part of the staff handbook and is available for all staff via shared drives and parents via our website. Key staff, where identified in IHCPs will receive appropriate training on the implementation of the policy.

This School ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, emotional, sporting and educational activities

Roles and responsibilities

Parents and guardians – Will be responsible for providing the Academy with details of the medical condition their child has, if they have an Individual Healthcare Plan/working with professionals to create one, advising on changes to condition in a timely manner and providing clearly labelled medication (in date) medication.

Students – Will ensure they inform responsible adults on how their condition affects them

The Governing body – Will ensure health and safety measures for staff and students, risk assessments are inclusive of students with medical conditions, medical policy is kept up to date and report on medical policy success and improvement, provide indemnity to staff who volunteer to administer medication

The Headteacher - Will ensure the School is inclusive and welcoming, that medical policy is in keeping with local and national guidance and frameworks and liaise between interested parties, they will ensure the policy is implemented and kept up to date, ensuring appropriate training for staff

Pastoral staff – Will be aware of triggers and symptoms of conditions and how to act in an emergency and know which students have a medical condition. They will allow students immediate access to emergency medication. They will be aware if students with medical conditions suffer bullying or need extra social support and understand common medical conditions and impact on students. They will ensure that all students with medical conditions are not excluded unnecessarily from activities. They will ensure students with medical conditions have adequate medication and sustenance during exercise and be aware medical conditions can affect school work. They will liaise with Assistant Headteacher for Pastoral/Heads of Houses and raise any concerns they have about a student's medical condition.

First Aiders and other external health professionals (where appropriate) –Give immediate help to casualties in school, ensure ambulance or other professional help is called where necessary. Will help provide regular training to school staff on common medical conditions.

SENCO – Will help update school's medical policy and know which students have SEN due to their medical condition. They will ensure teachers make arrangements if student needs special consideration and ensure students with medical conditions are not excluded unnecessarily from activities.

TAs - will communicate with parents if their child is unwell and will guide students to have access to their medication when in school. They liaise with parents, if the child's learning is suffering due to medical condition and use opportunities to raise awareness of medical conditions across the school alongside the inclusion team.

Monitoring of Individual Healthcare Plans
The School uses Individual Healthcare Plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments *(appendix 1 – Form 1 IHCP)*

- Health care plans will be completed for each student with medical needs on admission to the school (new intake/mid-year).
- If a student has a short-term medical condition that requires medication during school hours, parents should inform school, where possible parents should try and come into school to administer the medication, where this is not possible parents should complete the parental consent form for school to administer medicine *(appendix 2 – Form 2)*.
- The parents, healthcare professional and student with a medical condition, are asked to fill out the student's Individual Healthcare Plan together. Parents then return these completed forms to the school.

- This school ensures that a relevant member of school staff is also present, if required to help draw up an Individual Healthcare Plan for students with complex healthcare or educational needs.

This is represented in the table on the following page.

Monitoring of individual healthcare plan: Action	**Responsibility**	**Document**
Parents and/or medical professional inform school of medical need	Parent/medical professional	Data collection form (new intake/admission)
IHCP letter sent to parents when medical need identified	SENCO for new intake Admissions Administrator to inform SENCO on new in year admission	IHCP letter (appendix 1)
SENCo reviews response from Parents and allocates keyworker as appropriate	SENCO	IHCP template (appendix 1)
If further information is required an IHCP meeting is arranged (input from health care professional)	Keyworker to arrange	IHCP appendix 1
IHCP completed and attached to SIMS/circulated to staff. Data pack updated	Keyworker and/pastoral team	IHCP template (appendix 1)
School identify training needs and training commissioned by healthcare professional. Staff signed off as competent/review date agreed.	SENCO	IHCP template (appendix 1)
IHCP reviewed annually or when condition changes (parents/healthcare to make school aware)	SENCO	IHCP template (appendix 1)

Medical Register
• The register is updated on an annual basis, based on information collected from data collection forms. It is held on SIMS and in the staff shared drive.

Ongoing Communication and Review of Individual Healthcare Plans
• Parents should inform their child's lead person of any changes to the IHCP.
• IHCP will be reviewed on an annual basis by school.

Storage and Access to Individual Healthcare Plans
• IHCP will be stored centrally and linked to SIMS
• Staff will be made aware via email/data packs that students have an IHCP
• For offsite activities staff will ensure they have a hard copy
• Information will be forwarded to new school/college with the school file

Individual Healthcare Plans are used by this school to:
- Inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care.
- Remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times.
- Identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers.
- Ensure that all medication stored at school is within the expiry date.

- Ensure this school's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency.
- Remind parents of students with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Administration of medication

- The School understands the importance of taking the medication as prescribed.
- All staff understand that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so. Where specific training is not required, any member of staff may administer prescribed and non-prescribed medicines to students under the age of 16 with parental consent.
- Our Governing Body/Academy Trust is responsible to ensure full insurance and indemnity to staff who administer medicines. Our insurance policy includes liability cover.
- Administration of medication which is defined as a controlled drug[1] (even if the student can administer themselves) should be done under the supervision of a member of staff.
- When medication is held by the school a log of when this is administered is kept in the Pastoral Office.

Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Examples include

• morphine
• pethidine
• methadone

<u>Storage of medication</u>

Safe storage – emergency medication (EpiPens)

a. Emergency medication is readily available to students who require it at all times during the school day. If the emergency medication is a controlled drug and needs to be locked up, these are kept in the Pastoral Office and are easily available. First Aiders are aware of the location.
b. All students carry their own EpiPens at all times and a spare kept on both school sides
c. Students are reminded to carry their emergency medication with them.

Safe storage – non emergency medication

a. *All non-emergency medication is kept in a lockable cupboard. In either the Pastoral Office cupboard or fridge.*
b. Students with medical conditions know where their medication is stored and how to access it.
c. Staff ensure that medication is only accessible to those for whom it is prescribed.

Safe storage – general

a. Pastoral staff ensures the correct storage of medication at school.
b. Annually Pastoral staff checks the expiry dates for all medication stored at the school.
c. Pastoral staff with the parents of students with medical conditions, ensures that all emergency and non-emergency medication brought into school is in the original container or packaging (except insulin) and clearly labelled with the student's name on. ALL medication brought into school must be accompanied with a completed parental consent for school to administer medication form (*appendix 2 – Form 2*)
d. Some medication may need to be refrigerated. All refrigerated medication is stored in a locked airtight container and is clearly labelled. This is in a secure area, inaccessible to unsupervised students.
e. It is the parent's responsibility to ensure new and in date medication arrives with the child on the first day of the new academic year
f. All medication and equipment is either returned to student or where this is not possible
g. returned to a pharmacy and/or safely disposed of.

Record keeping

- Parents will complete a parental consent for school to administer medication form (appendix 2 – Form 2)
- All information regarding medical conditions and IHCP are stored centrally on SIMS and the schools shared drive.
- Copies of IHCP are sent to parents once completed
- The Pastoral Office keep records of medication which are taken by students in a central log (*appendix 4 – Form 4*).

In an emergency

- Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school.
- In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent/carer. **This may include administering medication.**
- Staff involved in home-to-school transport under the responsibility of the local authority are also kept up-to-date about a child or young person's medical needs via the Individual Healthcare Plan.
- First Aiders have either completed the Emergency First Aid at Work or First Aid at work qualification.
- This school uses Individual Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of students with complex health needs in their care who may need emergency help. Supply staff are briefed on entry to the school; when undertaking their commissioned duties (staff are required to leave information in packs)
- In an emergency the pastoral team will ensure that relevant details are printed and sent with the student to hospital.
- If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The School will try to ensure that the staff member will be one the student knows. The staff member concerned should inform a member of SLT.
- All students with medical conditions should have easy access to their emergency medication. Items such as inhalers and epipens are held by the student who must take the responsibility to have it to hand at all times.
- Students are encouraged to administer their own emergency medication (e.g. epipen) where possible and should carry it with them at all times unless it is a controlled drug as defined in the Misuse of Drugs Act 1971. This also applies to any off-site or residential visits.
- For off-site activities, such as visits holidays and other School activities outside of normal timetable hours, a risk assessment is undertaken to ensure students needing medication still have access and a staff member named as the responsible lead. The risk assessment also helps to identify any reasonable adjustments that need to be made.

Duties of a First Aider

In the event of an employee or any other person being injured or becoming ill on the premises, a first-aider shall:

1. Take charge of the situation
2. Render first aid as necessary
3. Advise of the need for help from a medical practitioner or nurse or of the need for the emergency ambulance to be called, or any other action which needs to be taken.
4. Ensure that a record is made in the first aid record book of the incident and any subsequent treatment.
5. Have charge of the first aid equipment and facilities, keep stock and replace items as necessary.
6. Maintain notices of First Aid arrangements in the School.

The use of asthma inhalers at Brookfield Community School

The School's students must take responsibility for their own inhalers at all times. Students must take their own inhalers with them when on school trips

Student Asthma Register
List of students known to be diagnosed with asthma is available through SIMS reports and staff shared drive.

Complaints
Any complaints should be dealt with in accordance with the Academy's published complaints policy.

Appendices

Appendix 1	Form 1 - Individual Health Care Plan
Appendix 2	Form 2 - Parental Consent for Schools to Administer Medicine
Appendix 3	Form 3 - Headteacher Agreement to Administer Medicine
Appendix 4	Form 4 - Record of medicine administered to an individual
Appendix 5	Form 5 - Record of medicines administered to all children
Appendix 6	Form 6 - Request for child to carry his/her own medicine
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Appendix 8	Administration of Medicines in Schools – Flowchart
Appendix 9	Codes of practice for specific health conditions
Appendix 10	Administration of Medicines – Medication Error
Appendix 11	Administration of Medicines – Management Audit Tool

Form 1 – Individual Health Care Plan

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

Emergency contact information

Name	
Relationship to child	
Phone no.	
Name	
Relationship to child	
Phone no.	
Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	

Who is responsible for providing support in school	1. 2.

Medical needs

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

Medication	
Dosage and frequency of medication	

Method of administration	
Side effects	
Administered by self - *circle as appropriate*	Yes / No
Supervised by member of staff - *circle as appropriate*	Yes / No

Medication	
Dosage and frequency of medication	
Method of administration	
Side effects	
Administered by self - *circle as appropriate*	Yes / No
Supervised by member of staff - *circle as appropriate*	Yes / No

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

Other information

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

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

1. 2.

Signed by staff: ……
……..

Signed by parent/carer:

Date: ……..
……...

Date:

Form 2 – Parental Consent for Brookfield Community School to Administer Medicine

Medicines must be in date, labelled and in the original container as dispensed by the pharmacy. Students will not be given medication unless this form is completed, signed and returned to the Pastoral office.

Name of school/setting	**Brookfield Community School**
Name of child	
Date of birth	
Date medicine provided by parent	
Medical condition/illness	
Any known allergies	
Name/type of medication (please write the strength and name as described on the container)	
Date medication dispensed by pharmacy	
Expiry date	
Dosage and frequency of medication	
Self-administration (*please circle as appropriate*)	Yes / No
Timing (when to be given)	
Any special precautions?	
Are there any side effects to the medication that the school needs to know about?	

Emergency contact

Name	
Relationship to child	
Telephone number	
Address	
GP details (for child)	

The above information is, to 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 understand that I should supply and dispose of any medication that the school holds for my child, however if the medication becomes out of date whilst in the schools possession I give permission for it to be disposed of at the local pharmacy.

Signed: ……Date: ……..

For staff only – I declare that I am trained in the Administration of Medicines and I am competent in signing for this medication.
Medication received by: …… Date: ……

Form 3 – Headteacher Agreement for Brookfield Community School to Administer Medicine

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

(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: .....
(The Headteacher/named member of staff)

Form 4 – Record of medicine administered to an individual child

Name of child	
Date of birth	
Date medicine provided by parent	
Quantity received	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	
If stored in fridge/fridge, temperature at time of administration	

Staff signature	
Signature of parent Or child if self-consenting	

Date	Time Given	Dose given	Method of administration	Name of member of staff	Staff initials

Form 5 – Record of medicine administered to all children

Date	Childs name	Time	Name of medication	Dose given	Any reactions	Staff administering

Form 6 – Request for child to carry his/her own medicine

Name of school/setting	**Brookfield Community School**
Name of child	
Date of birth	
Medical condition/illness	
Any known allergies	
Name/type of medication (please write the strength and name as described on the container)	
Dosage and frequency of medication	
Date medication dispensed by pharmacy	
Expiry date	
Any special precautions?	
Are there any side effects to the medication that the school needs to know about?	
Procedures to take in an emergency	

Emergency contact

Name	
Relationship to child	
Telephone number	
Address	
GP details (for child)	

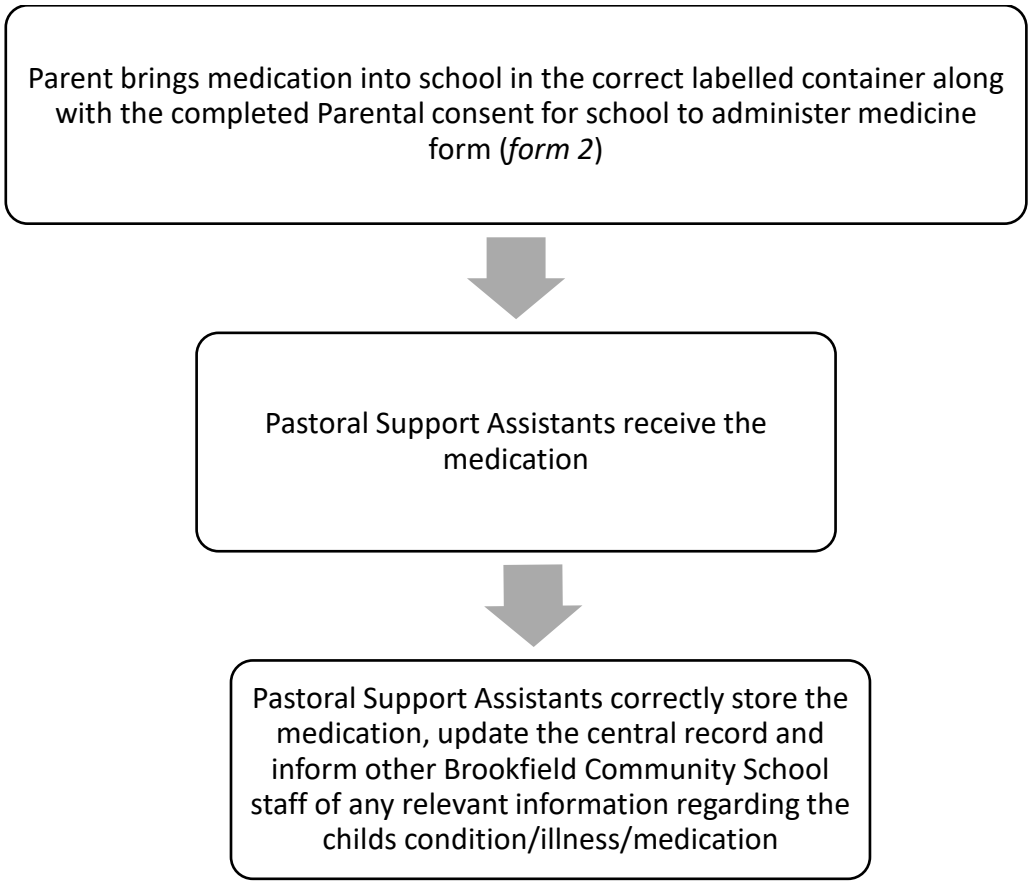
I would like my child to keep his/her medicine on their person to use as necessary

Signed: …… Date: ……..

Form 7 – Staff Training Record for Administration of Medicines

Member of staff	Date of training	Provider	Renewal date

Administration of Medicines Flow Chart



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 must be completed by the Consultant Paediatrician or the General Practitioner.

In addition to the written instructions a form of indemnity must be signed by the parents which would indemnify staff in respect of their agreeing to undertake the task of administering an adrenaline injection where an acute allergic condition is known.

An Individual Health Care Plan should be completed by the parents, school and appropriate nurse, including contact details, specific symptoms and medication for the child.

The parent 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 the medication, then an ambulance must be called should a child suffer a reaction.

At Brookfield 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.'

Passport sized photographs are taken of all students who may require the use of an 'Epipen' and these are displayed in offices 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 of the physical symptoms, staff are instructed to follow the 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 provided 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 education trips/visits etc. Epipens are stored for easy access in a labelled drawer in Main Reception. Where appropriate, e.g. school trips, games, cross country runs etc. the student should have ready, or immediate 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 administered to another child – even if symptoms similar to an acute reaction are 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 Brookfield Community School agreeing to administer an injection to

……(name of child) in the event ……(child) suffering from an Anaphylactic reaction whilst at Brookfield Community School, or on associated

activities, we, …… parent(s) hereby indemnify Brookfield Community School, against all proceedings, costs, liabilities and damages incurred as a result of

any injury or damage caused to …… (child) by the administration of an injection of adrenalin.

Signed: …… Parent(s)

Date: …….

This completed form to be returned to the Pastoral Office.

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 wide 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

- Behavioural strategies as outlined in 'Management of ADHD in school.'
- Individual Education Plan (IEP) developed with advice of Special Educational Needs Care Officer (SENCO), Local Inclusion Officer (IO) and Educational Psychologist.
- Short acting medication
- Long activating medication

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 dexamphetamine 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. Older 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 ability 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
http://www.addiss.co.uk/

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 & Wheeze. Common triggers in children include viral infections, exercise, certain allergies (eg grasses & 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 device – 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 efficient way of getting the treatment into the lungs.
There are two types of treatment for asthma;

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

"Preventer"
These treatments are needed to be taken regularly to reduce the inflammation & 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.

Written Instructions
Written instructions should be provided with details of the **"reliever"** inhaler type 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 then 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. These are stored alongside the Epipens in the drawer in the Main Office.

Inhalers should be taken to swimming lessons, sports, cross country, team games etc. and on 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

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
https://www.asthma.org.uk/

Children with Diabetes 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 more 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 (eg pass for early school meal/packed lunch)

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 or young person 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 balanced diet like all children – low in sugar but high in fibre. It is however important that they eat at 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 meal 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 usual 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 Health Care Plan detailing:
Recommended snack prior to, during and after 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

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 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 – Form 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 conscious 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 is as follows:

- 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 trip 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 Information

https://www.chesterfieldroyal.nhs.uk/our-services/diabetes
https://www.nhs.uk/conditions/diabetes/

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:

- Full assessment by a continence advisor.
- A toileting regime designed to accommodate the demands of the school day.
- 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:

- Increase total daily fluids spread evenly throughout the day, including school (<5 years 1 litre fluid a day, 5-11 years 1½ litres fluid a day, > 11 years 2 litres fluid a day).
- Avoiding irritant fluids e.g. blackcurrant juice and carbonated drinks.
- Regular toileting usually in natural breaks in the school day, but for some children easy and immediate access to toilets is essential ("holding on" is counterproductive").
- Medication e.g. oxybutynin may be required if other measures are insufficient and may need to be administered at school.

Neuropathic Bladder and Bowel

Bladder and bowel function is disrupted by abnormal development of the nerve supply and can rarely be cured by treatment. 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:

- Regular medical and nursing supervision
- Private and accessible toilet facilities
- Accessible cupboard to store equipment
- Disposal facility for soiled pads and catheters
- Assessment of welfare support needs
- Independence training plan
- 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 school 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.

Large schools need to consider the need for more than one facility to allow the child access to all facilities on site and access to all areas of the curriculum.

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
Children's Community Nursing Team
The Den
Chesterfield Royal Hospital
Calow
Chesterfield
Derbyshire
S44 5BL
Tel: 01246 514 413

ERIC (Education and Resources for Improving Childhood Continence)
https://www.eric.org.uk/

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.

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 – Form 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* – Form 1)
A qualified nurse should teach school staff how to use the rescue medication and provide them with an information sheet. Staff should sign a form 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.

Form 18 – Medication Error / Near Miss Report

1.	**Level of Error**		✓
	(a) Major Error	(Incident resulting in major harm or death)	
	(b) Unresolved Error	(The outcome at present unknown)	
	(c) Minor Error	(No serious harm suffered)	
	(d) Near Miss	(Error was avoided)	

2.	**Service details**	
	Service name	
	Address	
	Telephone	
	Person in Charge	
3.	**Person completing this form – *sign and date at end of form***	
	Name	
	Job Title	
4.	**Person(s) involved in the incident**	
	Name 1	
	Job Title	
	Name 2	
	Job Title	
	Name 3	
	Job Title	
5.	**Details of the medication error or near miss**	
	Name of Child/ Young Person	
	Date and time error occurred	
	Date and time error discovered	
	Details of the error - attach separate report if necessary	
6.	**Health professionals involved with the child/young person**	
	GP	
	Consultant	
	Nurse	
	Pharmacist	

7.	**All others staff/persons involved in the incident**			
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	

8.	**Who was contacted for advice?**					
	GP	Yes	No	NHS Direct	Yes	No
	Consultant	Yes	No	H&S Officer	Yes	No
	Nurse	Yes	No	Parent	Yes	No
	Pharmacist	Yes	No		Yes	
	Time of Contact	Advice received:				
	Time of Contact	Advice received:				

9.	**Advice and Action**			
	By whom - name and contact details		Time	
	Advice given			
	Action Taken			
	By Whom		Time	
	Advice given			
	Action Taken			

10.	**Who has been informed about the incident – *if no give reasons***			
	Child/young person	Yes	No	
	Parent/Person with PR	Yes	No	
	Other Carer	Yes	No	
	Manager	Yes	No	
	H&S Officer	Yes	No	
	Head of Quality Assurance	Yes	No	If child/young person is in care

11.	**Type of incident**	**Detail**	✓
	Wrong service user		
	Wrong quantity given		
	Wrong strength of medicine administered		
	Wrong form of the medicine		
	Dose omitted		
	Wrong medicine given		
	Medicine out of date		
	Recording error		
	Medicine given at wrong time		

	Medicine refused/staff unable to administer		

12.	Cause of incident	Detail	✓
	Unclear labelling caused confusion		
	Unclear instructions caused confusion		
	Wrong service user name		
	Product out of date		
	Interruptions		
	Service user refused		
	Staff/carer unable to administer		
	Other cause		

13.	Immediate action to be taken	✓
	Investigation by manager	
	Investigation by Health and Safety Officer	
	Investigation under complaints procedure	
	Investigation by external body	

14.	Action to prevent a recurrence	✓
	Workplace procedures/systems review	
	Workplace training	
	Wider procedures/systems review	
	Wider training	

15.	Additional Notifications – *Major Incident Only*	✓
	Health& Safety Officer	
	Health & Safety Executive	
	Senior Departmental Manager	
	OFSTED	
	CQC	

Name		**Position**	
Signed		**Date**	

Form 19 – Administration of Medicines – Management Audit Tool

Date of last audit		Time		Undertaken by			
Outcome	Audit Satisfactory?			Yes		No	
Actions required following audit							
Actions taken following audit							

Date of this audit		Day		Time	
Staff on duty					
Have staff been trained to carry out tasks that are/may be required	Yes		No		Comments
CONSENTS, INSTRUCTIONS, RECEIPT OF MEDICINES					
Number of children receiving a service		Number on medication			
Number of children with correct details of medicines		Number of children with correct medicine received/instructions			
Number of children with copies of complete and signed consents					
Findings					
Actions required following audit					
Actions taken following audit					
ADMINISTRATION & RECORDING					
Number of children whose medicine was administered correctly		Number of children whose record of administration is complete and correct			
Findings					
Actions required following audit					
Actions taken following audit					

STORAGE OF MEDICINES				
Are all medicines stored in a lockable cupboard?	Yes		No	
Was the temperature below 25^{O}C?	Yes		No	
Did any medicines require refrigeration?	Yes		No	
Were they correctly stored?	Yes		No	
Were there any controlled drugs on the premises?	Yes		No	
Were they stored correctly?	Yes		No	
Were there any emergency medicines?	Yes		No	
Were they readily accessible?	Yes		No	

Findings	
Actions required following audit	
Actions taken following audit	

NON-PRESCRIPTION MEDICINES (regulated services only)				
Are all medicines stored in a lockable cupboard?	Yes		No	
Was the temperature below 25^{O}C?	Yes		No	
Were they kept apart from prescribed medicines?	Yes		No	
Were all medicines within the expiry dates?	Yes		No	
Were all medicines appropriate?	Yes		No	

Findings	
Actions required following audit	
Actions taken following audit	

OUTCOME OF AUDIT	**Audit Satisfactory?**	**Yes**		**No**	
Actions required following audit					
Audit undertaken by:		Signed			
Report distribution:					