MULTI ACADEMY TRUST

Arden Academy (Arden) is an academy maintained by Arden Multi Academy Trust

Name of Policy	**Medicines in School Policy**	
Lead	Mr N Halligan	
Governor Committee	Local Governing Body	
Policy Status	SMBC Sixth Edition, January 2015	October 2015
	Governor Approved	28 February 2017
Review Frequency	2 years	
Next Review	Autumn Term 2019	
This version No.	1	
Reviewed on		

Preface

This is the Sixth Edition of the Administration of Medicines in School Guidance Document. Previous editions of this document, first launched in 1999 and revised most recently in 2013, were well-received in schools across Solihull and also generated interest in other areas of the country.

The Sixth Edition of this document brings it in line with national guidance: **Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014**
Providers on the Early Years Register must continue to meet the legal requirements set out in the ***Statutory Framework for the Early Years Foundation Stage, DfES 2014***.
This guidance also incorporates expectations on schools as stated within the document: ***Pupils with medical needs: Briefing for section 5 inspection, Ofsted 2014.***

This document was reviewed by a multi-disciplinary panel including those with an interest or special expertise who advised on specific sections. These included:-

- Clinical Lead Community Children's Nursing & Learning Disability Team
- Associate Head Nurse Community Services
- Solihull Community Services Pharmacist
- School Nurses
- Solihull Early Years Advisers
- Solihull Education Improvement Service Inclusion Adviser
- Solihull MBC: Corporate Information Governance Manager; Client Officer; Child Protection Lawyer; Health and Safety Officer; Medicines in Schools Officer; Financial Manager
- Teachers
- High Level Teaching Assistants
- First Aiders/Administrators
- Child Care Settings Managers
- Parents
- Professional Association Representatives

This document will be distributed to all Solihull Local Authority schools and academies, Heart of England Foundation Trust school nurses and community paediatricians. It will be made available electronically to all Early Years settings.

Contents

Appendices

In this document the term child will be used to refer to all children and young people. Where pupil is used, this refers solely to children and young people in schools. The term parent is used to refer to parents, carers and legal guardians.

Introduction

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

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.
In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section.

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in the document Supporting pupils in school with medical conditions, DfE Sept 2014 is intended to help school governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

School/setting staff may be asked to perform the task of giving medication to children but they may not, however, be directed to do so. The administering of medicines in schools/settings is entirely voluntary and not a contractual duty unless expressly stipulated within an individual's job description. In practice, many school/setting staff do volunteer. If a decision is made that medication is not going to be given, the school/setting will need to consider what other measures are to be taken when children have long term health conditions or otherwise need medication. These measures must not discriminate and must promote the good health of children. Policies must be made clear to parents. Further advice can be sought from your Trade Union or Professional Association.

Access to education and associated services

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995/Equality Act 2010.

The public sector Equality Duty, as set out in section 149 of the Equality Act, came into force on 5 April 2011, and replaced the Disability Equality Duty. Disability is a protected characteristic under section 6 of the Equality Act. The public sector Equality Duty requires public bodies to have due regard in the exercise of their functions to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

Responsible bodies for schools **must not** discriminate against pupils in relation to their access to education and associated services. This covers **all aspects** of school life including: school trips, school clubs, and activities. School should make reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in their practices, procedures and school policies.

Some pupils may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For pupils with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those pupils.

Please read this booklet in conjunction with the national guidance

Under the Health and Safety at Work Act 1974, employers of 5 or more employees (including local authorities, governing bodies, management groups etc.) must have a Health and Safety policy. School Health and Safety policies should incorporate arrangements for managing the administration of medicines and supporting children with complex health needs. This will support schools and settings in developing their own operational policies and procedures. The policies can be based on the Corporate Health and Safety Policy. Appropriate risks assessments will need to be undertaken and should be included in the school's H & S audit procedures.

Safeguarding

Children and young people with medical conditions are entitled to a full-time education and they have the same rights of admission to school as other children. In effect, this means that no child with a medical condition should be denied admission, or be prevented from taking up a place in school due to circumstances in relation to arrangements for their condition that have not been made.
Schools therefore must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented to align with their wider safeguarding duties.

Accommodation

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies

Complaints

Governing bodies should ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the DfE should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

What this booklet contains

Sections 1 to 11 (pages 7 to 17) offer general guidance on a variety of issues connected to medicines in schools/settings. The 'Guidelines' section (pages 18 to 34) offer guidance to staff who are administering specific medication to children who have diabetes, allergies, eczema, epilepsy or requiring nasogastric/gastrostomy tubes.

The prescription sheets and record card for convulsions (pages 37 to 45) are primarily for pupils in special schools. Your school nurse will arrange for these to be completed.

The Consent Form to Administer Medicines (page 46) must be filled in by the parent/carer before staff can give any medication. A record must be made of the administration on the reverse of this form.

The Care Plan for Pupils with Medical Needs (page 48) needs only to be completed for children who have serious medical conditions e.g. diabetes, epilepsy, severe allergies and severe asthma, and who may need emergency medication. The Care Plan supplied is a guide to the type of information required and may be expanded as required by the child's condition and nature of the treatment. It should be read in conjunction with the requirements laid out by the DfE guidance.

It is good practice to keep a record of all training undertaken when it is required in order to administer a particular type of medicine or in dealing with emergencies (page 53).

This guidance contains a suggested policy framework to enable schools/settings to articulate their own policies and practice pertaining to the medicines (page 54). This policy framework describes the essential criteria for how the school can meet the needs of children and young people with long-term conditions and short term medical needs. It has been adapted from a sample Medical Conditions Policy shared by Diabetes UK. It should be read alongside Solihull's 'The Administration of Medicines in Schools and Settings: A Policy Document (6th Edition)', 2015 and 'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England', DfE 2014.

A checklist has also been included to support schools in ascertaining whether they are meeting their statutory obligations (Appendix N).

Your school nurse/doctor/health visitor/specialist voluntary bodies/professional associations are available for advice, support and training.

1 Responsibilities & Requirements

School governing bodies, proprietors and management committees

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.

The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

Governing bodies of maintained schools and management committees of PRUs should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk (see notes below for clarification about the role of the employer/local authority). Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangements (RPA).

The employer

Who the employer is depends on the type of school or for registered day care, how it has been set up. This could be the local authority, governing body, trustees, management board, private individuals, charities, voluntary committee or a private company.

Employers **must** take out Employers' Liability Insurance to provide cover for injury to staff acting within the scope of their employment.

Local authority

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

Parent/carer

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.

If the school/setting staff agree to administer medication on a short term or occasional basis, the parent/carer is required to complete a consent form (page 42). Verbal instructions should not be accepted.

Only one parent (defined as those with parental responsibility) is required to agree to, or request, that medicines are administered by staff.

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

Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

For administration of emergency medication, a Care Plan must be completed by the parent/carer in conjunction with the school nurse and school staff. Minor changes to the Care Plan can be made if signed and dated by the school nurse. If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed at least annually. It is the parents' responsibility to notify school/school nurse of any changes required to the Plan e.g. treatment, symptoms, contact details.

The parent/carer needs to ensure there is sufficient medication and that the medication is in date. The parent/carer must replace the supply of medication at the request of relevant school/health professional. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

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

- Child's name, date of birth
- Name and strength of medication
- Dose
- Any additional requirements e.g. in relation to food etc
- Expiry date whenever possible
- Dispensing date

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

School/Setting staff

The administering of medicines in schools/settings is entirely voluntary and not a contractual duty unless expressly stated within an individual's job description. Some unions advise staff not to administer medication to pupils. The unions also accept that sometimes it is done. If so they advise that the member of staff has access to information, training and that appropriate insurance is in place. In practice, head teachers/setting leads may agree that medication will be administered or allow supervision of self-administration to avoid a pupil losing teaching time by missing school or a child being unable to attend the setting. Each request should be considered on individual merit and staff have the right to refuse to be involved. It is important that staff who agree to administer medication understand the basic principles and legal liabilities involved, have confidence in dealing with any emergency situations that may arise and have had appropriate training. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

It is possible for support staff to have duties relating to the administration of medicines written into their core job description. These duties will have to be considered as part of the job evaluation for the role. There would still be a requirement for the member of support staff to receive appropriate training before undertaking relevant duties.

Conditions of employment are individual to each non-maintained early years setting. The setting lead/manager is required to arrange who should administer medicines within a setting, either on a voluntary basis or as part of a contract of employment.

Annual training relating to emergency medication and relevant medical conditions should be undertaken. Advice about this can be obtained from the school nurse/doctor/health visitor/specialist nurse.

Schools should have a named person responsible for dealing with pupils who are unable to attend school because of medical needs.

The school/setting should know if parents are satisfied with the quality of support, guidance and care provided by staff. This includes the level of satisfaction of how well the school/setting liaises with a hospital/hospital school while a child is receiving treatment.

Ofsted

The inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. School Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools will be expected to have a policy dealing with medical needs and to be able to demonstrate this is implemented effectively.

Training

Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

Advice and training is available to members of staff concerned with administration of medicines from Heart of England Foundation Trust. All members of staff need to have some appreciation of the underlying medical condition and the need for treatment. All staff volunteering to administer emergency medication (see Section 9) **must** first receive appropriate training from Heart of England Foundation Trust through a school nurse or other suitably qualified health professional.

The employer must ensure that school/setting staff receive appropriate support and training, where necessary. Where specialist medical training is required in order for staff to administer certain medication, for example injections, the child's parents may have medical professionals that they work with who could provide this training. Where possible, training should be accredited. Records of the satisfactory completion of all training should be kept. After training has been received the member of staff can withdraw or request further training if not completely assured of their ability to administer the medication or conduct the procedure safely.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Emergency procedures

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

Staff should not take a child to hospital in their own car. It is always safer to call an ambulance. If the parent/carer is unable to accompany their child, a member of staff must always accompany a child taken to hospital by ambulance and should stay until a parent/carer arrives. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Health professionals are responsible for any decisions on medical treatment when a parent/carer is not available. Basic medical information about the child, identifying data and contact details should be taken to hospital by school/setting staff.

2 Record Keeping

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

All schools/settings should have a medicine policy which is shared with parent/carer and indicates what staff will do in regard to routine and emergency medication administration. The policy should reflect procedures for who will give any medication, how the medication will be stored, recording how you give medication, training staff if there is a specific medical need. (A suggested framework can be found on page 50.)

An individual Care Plan clarifies for parent/carer, the child and school/setting staff the circumstances in which additional health support will be required and the actions to be taken by school/setting staff to meet the pupil's needs. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan. The Care Plan will be developed with input from a health professional, a parent/carer/pupil and a member of school/setting staff depending on the nature of the pupil's condition. Specialist guidance may be sought from the child's GP, Consultant or Nurse Specialist.

Under the Data Protection Act medical documents are deemed sensitive information. The information in the Care Plan and/or related medical information where a Care Plan is not necessary, needs to be disseminated to relevant staff but balanced with the need to keep confidential information secure. Care Plans must not be displayed in a public place, e.g. staff room, because of the sensitive information they contain unless there is a clear, justified need to do so and the parent/carer has also given their explicit written consent for this. Where appropriate, pupils should also be consulted.

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

All early years settings must keep written records of all medicines administered to children and make sure that parents are informed on the same day or as soon as reasonably practicable.

The statutory retention period for Early Years records is two years. For schools, the recommended retention for these records is the date of birth of the child being given/taking the medicine plus 25 years. This allows for records to be kept as evidence for litigation should the child on reaching 18 years old feel this is something they want to pursue.

3 Storage

Generally non-emergency medication should be stored in a locked cupboard, preferably in a cool place. Items requiring refrigeration may be kept in a clearly labelled closed container in a standard refrigerator and the temperature monitored each working day. Consideration should be given as to how confidentiality can be maintained if the fridge is used for purposes in addition to the storage of medicines. All storage facilities should be in an area which cannot be accessed by children.

Wherever appropriate, pupils in secondary schools should be allowed to be in charge of their own medication, either keeping it securely on their person or in lockable facilities. It is advisable for a risk assessment to be completed in order to minimise the potential for harm to occur. Children in primary schools/early years settings generally will not be in charge of their own medication, except for medication such as asthma inhalers, dextrose tablets. This will depend on the child's age, maturity, parent/carer and school consent.

All emergency medication e.g. inhalers, Epipen, dextrose tablets and anti-convulsants must be readily accessible but stored in a safe location known to the child and relevant staff (see condition guidelines). This location will be different in every school/setting; according to where the pupil normally has lessons/child spends most of their day, the size and geography of the school/setting and the pupil/child's age and maturity. Possible locations include the classroom, medical room, school/setting office or head's office. Medication should always be kept in the original dispensed containers. Staff should never transfer medicines from original containers.

Local pharmacists and school nurses can give advice about storing medicines.

Disposal of any sharp items (sharps)

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

It is the personal responsibility of the individual using the sharp to dispose of it safely. Dispose of used sharps immediately at the point of use. Always take a suitable sized sharps container to the point of use to enable prompt disposal and ensure the temporary closure mechanism is in place when the sharps bin is not in use.

Sharps bins are available on prescription where needed. Children should not be carrying used sharps bins to and from school themselves. Arrangements for disposal should be outlined in the child's Care Plan. Bins should be emptied when they are two thirds full.

Further policy advice can be obtained from the Health and Safety Support team, Solihull MBC e.g. handling a needle-stick injury.

4 School Trips, Visits and Sporting Events

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Medication required during a trip should be carried by the child, if this is normal practice. If not, then a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication as necessary. Parent/carer must complete a Consent Form if their child requires any medication whilst on a trip or visit.

The above information should be cross-referenced with the Solihull handbook 'Policy and Procedures for Management of Educational Visits'. The following is an extract from the policy; Part 2.4. Parental Consent: points 58-60

58. Parents must sign a consent form which should include:

- *Name, address, date of birth and telephone number of participant.*
- *The parents contact information.*
- *An alternative contact with address and telephone numbers.*
- *Any allergies / phobias the young person may have.*
- *Any medication the young person is taking (dosage and administration).*
- *Any recent illnesses or contagious or infectious diseases in the preceding weeks.*
- *Name, address and telephone number of the young person's GP.*
- *Any special medical / dietary requirements.*
- *Any other information that the parent thinks should be known.*
- *A statement of consent for the Supervisors giving permission for your child to receive medical treatment in an emergency.*
- *A dated signature agreeing to the visit, medical consent and to confirm that they have received the information and are willing for their child to participate*

For Category 'A' visits that recur throughout the school year, parents may be asked to sign a 'blanket' consent form for the whole year instead of a form for each visit.

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

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

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

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

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

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

5 Analgesics (Painkillers)

The Early Years Statutory Framework allows children to be given analgesics. However, written permission must be given beforehand and the same recording procedures followed for prescribed medication. Once written permission has been given, it does not have to be provided on each occasion. It is good practice, however, to ask the parent/carer to sign the written record to confirm that you have told them that you gave the agreed medication.

For children who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school/setting. It is recommended that schools/settings do not keep stock supplies of analgesics e.g. paracetamol, for potential administration to any child. However there are rare circumstances when an individual school/setting feels it is absolutely necessary to keep stock supplies. In this case a clear policy must be in place detailing under what circumstances the analgesic will be given and a risk assessment linked to its storage completed. Parent/carer consent must be in place. More information is available from the school nurse/health visitor.

Children under 16 should never be given medicines (including teething gels) containing aspirin or ibuprofen unless prescribed by a Doctor.

6 Over the Counter Medicines (non-prescription)

Over the counter medicines, e.g. hay-fever treatments, cough/cold remedies should only be accepted in exceptional circumstances, and be treated in the same way as prescription medication. The parent/carer must clearly label the container with the child's name, dose and time of administration and complete a Consent Form. Staff should check that the medicine has been administered without adverse effect in the past and that parents have certified that this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.

There is a potential risk of interaction between prescription and over the counter medicines so where children are already taking prescription medicine(s), prior written approval from the child's GP should be considered. The use of non-prescribed medicines should normally be limited to a 24hr period and in all cases not exceed 48hrs. If symptoms persist medical advice should be sought by the parent.

Other remedies, including herbal preparations, should not be accepted for administration in school/setting.

7 Methylphenidate (e.g. Ritalin, Metadate, Methylin)

Methylphenidate is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). Its supply, possession and administration are controlled by the Misuse of Drugs Act and its associated regulations. In schools/settings Methylphenidate must be stored in a locked non-portable container/place to which only named staff have access and a record of administration must be kept. It is necessary to make a record when new supplies of Methylphenidate are received into school.

Unused Methylphenidate must be sent home via an adult and a record kept. These records must allow full reconciliation of supplies received, administered and returned home.

8 Antibiotics

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

Most antibiotic medication will not need to be administered during school/setting hours. Twice daily doses should be given in the morning before school/setting and in the evening. Three times a day doses can normally be given in the morning before school/setting, immediately after (provided this is possible) and at bedtime. It should normally only be necessary to give antibiotics in school/setting if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

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

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

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing and be in their original container.

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

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

9 Emergency Medication

Separate guidelines are in place for emergency medication (see relevant section). Anyone caring for children including teachers, other school and day care staff in charge of children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicines and/or taking action in an emergency. New or temporary staff must be made aware of any pupil with specific medical needs. In general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. This type of medication must be readily accessible in a known location, because in an emergency, time is of the essence.

The emergency medication which might be used includes:-

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

Training will be given by Heart of England Foundation Trust nurses or appropriate specialist nurses to all staff for emergency situations including the school/setting staff who have volunteered to administer emergency medication.

10 Return of Medication

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

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

This should be documented on the administration record held in the child's file and the Care Plan amended accordingly. The parent/carer should be advised to return unwanted medicines to their pharmacist.

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

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

11 First Aid Boxes

First aid boxes, identified by a white cross on a green background, will be provided within the workplace to ensure there are adequate supplies for the nature of the hazards involved. Consideration should be given to the recommended minimum provision provided by the Health and Safety Executive.

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

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

First aid boxes will display the following information:-

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

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

First aid box contents

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

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

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

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

12 Guidelines for the Administration of Epipen/Anapen by Staff

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

An Epipen/Anapen can only be administered by staff who have volunteered and have been designated as appropriate by the Head teacher/setting lead or manager and who has been trained by the appropriate health professional. Training of designated staff will be provided by the appropriate health professional and a record of training undertaken will be kept by the Head teacher/setting lead or manager. Training will be updated at least once a year.

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

1 Where an Epipen/Anapen may be required there should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent/carer, school/setting staff and doctor/nurse.

2 The Epipen/Anapen should be readily accessible for use in an emergency and where pupils are of an appropriate age the Epipen/Anapen can be carried on their person. It should be stored at room temperature, protected from heat and light and be kept in the original named box

3 It is the parent's responsibility to ensure that the Epipen/Anapen is in date. Schools have a statutory duty to keep children safe. As such, they may put systems in place whereby expiry dates and discolouration of contents are checked termly (see Appendix J for sample letter). Parents are ultimately responsible for replacing medication as necessary.

4 The use of the Epipen/Anapen must be recorded on the pupil's Care Plan, with time, date and full signature of the person who administered the Epipen/Anapen.

5 Immediately after the Epipen/Anapen is administered, a 999 ambulance call must be made and then parent's notified. If two adults are present, the 999 call should be made at the same time of administering the Epipen/Anapen. The used Epipen/Anapen must be given to the ambulance personnel.

6 It is the parent/carer's responsibility to renew the Epipen/Anapen before the child returns to school.

See Appendix I for model letter to parents.

7 The Epipen/Anapen must be taken if the pupil leaves the school site. The pupil must be accompanied by an adult, who has been trained to administer the Epipen/Anapen.

Other sources of information:

The Anaphylaxis Campaign
PO Box 275
Farnborough
Hampshire
GU14 6SX

Helpline: 01252 542029
Website: www.anaphylaxis.org.uk
Email: info@anaphylaxis.org.uk

13 Guidelines for Managing Asthma

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

Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. Staff who have volunteered to assist children with inhalers, will be offered training from the school nurse/other appropriate health professional.

Schools are now able to hold salbutamol inhalers for emergency use. For further information and guidance, please see *Guidance on the use of emergency salbutamol inhalers in schools, DfE, September 2014.*

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Appropriate training is available from the school nursing service.

1 If school/setting staff are assisting pupils with their inhalers, a Consent Form from parent/carer should be in place. Schools may wish to keep a register of children in school with asthma. Individual Care Plans need only be in place if pupils have severe asthma which may result in a medical emergency.

2 Inhalers MUST be readily available when children need them. Pupils of year 3 and above should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place. Individual circumstances need to be considered, e.g. in small schools; inhalers may be kept in the school office.

3 It would be considered helpful if parent/carer could supply a spare inhaler for pupils who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the pupil loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.

4 All inhalers should be labelled where possible with the following information:-

- Pharmacist's original label
- Child's name and date of birth
- Name and strength of medication
- Dose
- Dispensing date
- Expiry date

5 Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.

6 School/setting staff should take appropriate disciplinary action, in line with the school/settings Behaviour and Managing Substance Related Incidents policies, if the owner or other pupils misuse inhalers.

7 Parent/carer is responsible for renewing out of date and empty inhalers.

8 Parent/carer should be informed if a pupil is using the inhaler excessively.

9 Physical activity will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.

10 If pupils are going on offsite visits, inhalers MUST still be accessible.

11 It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent/carer.

12 Asthma can be triggered by substances found in schools/settings e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these is advised not to have contact with them.

Other sources of information:

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

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

14 Guidelines for Supporting the Management of Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both. There are two main types of diabetes:

Type 1 Diabetes develops when the pancreas is unable to make insulin. The majority of children and young people have Type 1 diabetes. Children with type 1 diabetes will need to replace their missing insulin either through multiple injections or an insulin pump therapy.

Type 2 Diabetes is most common in adults but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough or it does not work properly.

Treating Diabetes
Children with Type 1 diabetes manage their condition by the following:-

- Regular monitoring of their blood glucose levels
- Insulin injections or use of insulin pump
- Eating a healthy diet
- Exercise

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a pupil may need to do this at least once while at school/setting.

Insulin Therapy
Children who have Type 1 diabetes may be prescribed a fixed dose of insulin; other children may need to adjust their insulin dose according to their blood glucose readings, food intake and activity. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

Insulin pens
The insulin pen should be kept a room temperature but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. Parents should ensure enough insulin is available at school and on school trips at all times.

Older pupils will probably be able to independently administer their insulin; however, younger pupils may need supervision or adult assistance. The pupil's individual Health Care Plan should provide details regarding their insulin requirements.

Insulin pumps
Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage their pump independently, while others may require supervision or assistance. The child's individual Health Care Plan should provide details regarding their insulin therapy requirements.

Medication for Type 2 Diabetes

Although Type 2 Diabetes is mainly treated with lifestyle changes e.g. healthy diet, losing weight, increased exercise, tablets or insulin may be required to achieve normal blood glucose levels.

Administration of Insulin injections

If a child requires insulin injections during the day, individual guidance/training will be provided to appropriate school staff by specialist hospital liaison nurses as treatment is individually tailored. A Care Plan will be written.

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

Other sources of information:

Diabetes UK
10 Parkway
London NW1 7AA

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

15 Guidelines for Managing Hypoglycaemia (hypo or low blood sugar) in Children Who Have Diabetes

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

To **prevent** a hypo

1 There should be a Care Plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent/carer.

Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.

2 Children must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed due to extra curricular activities at lunchtimes or detention sessions.

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

To **treat** a hypo

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

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

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

Expiry dates must be checked each term by the parent/carer.

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

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

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

If Glucogel/Hypostop has been provided:

The Consent Form should be available.

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

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

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

Do not use Glucogel/Hypostop if the child is unconscious.

16 Blood Glucose Monitoring for Children

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

If a child has an insulin pump individual arrangements will be made with a specialist nurse and parents to ensure school/setting staff are fully trained in the management and use of the pump. This will be documented in the Care Plan.

When to use

For children who self-test the use of Unistiks is not necessary and he/she will be taught to use a finger pricker device in which a disposable lancet will be inserted. This device can be purchased at a local chemist or in some cases provided by the Paediatric Diabetes Specialist nurse. The disposable lancet can by ordered on prescription via the pupil's GP.

Whenever possible, staff will encourage pupils to undertake their own finger prick blood glucose testing and management of their diabetes, encouraging good hand hygiene. However in exceptional circumstances such as a pupil having a hypoglycaemic attack, it may be necessary for a member of staff to undertake the test.

How to use the Unistik lancet:

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

Further notes:

Ensure there is a procedure in place regarding what action is to be taken if the result is above or below normal and document this in the Care Plan. This must be agreed in consultation with the pupil, his/her parents, the Paediatric Diabetes Specialist nurse, School nurse/GP/health visitor and the identified teacher/member of staff.

If further advice or training is required please contact the child's Paediatric Diabetes Specialist nurse.

17 Guidelines for Managing Eczema

Eczema (also known as dermatitis) is a dry skin condition. It is a highly individual condition which varies from person to person and comes in many different forms. It is not contagious so you cannot catch it from someone else.

In mild cases of eczema, the skin is dry, scaly, red and itchy. In more severe cases there may be weeping, crusting and bleeding. Constant scratching causes the skin to split and bleed and also leaves it open to infection. In severe cases, it may be helpful and reassuring for all concerned if a Care Plan is completed.

Eczema affects people of all ages but is primarily seen in children. In the UK, one in five children have eczema.

Atopic eczema is the most common form. We still do not know exactly why atopic eczema develops in some people. Research shows a combination of factors play a part including genetics (hereditary) and the environment. Atopic eczema can flare up and then calm down for a time, but the skin tends to remain dry and itchy between flare ups. The skin is dry and reddened and may be very itchy, scaly and cracked. The itchiness of eczema can be unbearable, leading to sleep loss, frustration, poor concentration, stress and depression.

There is currently no cure for eczema but maintaining a good skin care routine and learning what triggers a pupil’s eczema can help maintain the condition successfully, although there will be times when the trigger is not clear. Keeping skin moisturised using emollients (medical moisturisers) is key to managing all types of eczema with topical steroids commonly used to bring flare ups under control.

Common problems:

- Dealing with allergies and irritants e.g. pets, dust, pollen, certain soaps and washing powders;
- Food allergies can create problems with school lunches and the school cook having to monitor carefully what the child eats;
- Needing to use a special cleaner rather than the school soap, they may also need to use cotton towels as paper towels can cause a problem;
- Changes in temperature can exacerbate the condition, getting too hot (sitting by a sunny window) or too cold (during PE in the playground);
- Wearing woolly jumpers, school uniforms (especially if it is not cotton) and football kits can all exacerbate eczema;
- Applying creams at school, a need for extra time and privacy;
- Needing to wear bandages or cotton gloves to protect their skin;
- If the eczema cracks they may not be able to hold a pen;
- Eczema may become so bad that the child is in pain or needs to miss school, due to lack of sleep, pain or hospital visits;
- Sleep problems are very common. A nice warm cosy bed can lead to itching and therefore lack of sleep;
- Grumpiness and lack of concentration can result due to tiredness.

For more information, please see:

National Eczema Society
www.eczema.org
mailto:helpline@eczema.org
Helpline - 0800 089 1122 - Monday to Friday, 8am to 8pm

18 Guidelines for the Administration of Rectal Diazepam

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

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

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

See local guidance on *Developing Personal Care in Schools, September 2008*.

1 Rectal Diazepam can only be administered in accordance with an up-to-date written prescription sheet from a Medical Practitioner and the signed Consent Form. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the pupil's records.

2 The prescription sheet should be renewed yearly. The school nurse will check with the parent/carer that the dose remains the same.

3 The Consent Form and prescription sheet and Care Plan must be available each time the Rectal Diazepam is administered; if practical it should be kept with the Rectal Diazepam.

4 Only designated staff who have received training from the named school nurse can administer Rectal Diazepam. A list of appropriately trained staff will be kept.

5 The Consent Form, the prescription sheet and Care Plan must always be checked before the Rectal Diazepam is administered.

6 It is recommended that the administration be witnessed by a second adult.

7 The pupil should not be left alone until fully conscious.

8 Consideration should be given to the pupil's privacy and dignity.

9 The amount of Rectal Diazepam that is administered must be recorded on the pupil's Rectal Diazepam Record Card. The record card must be signed with a full signature of the person who has administered the Rectal Diazepam, dated and parents/carers informed if the dose has been given in an emergency situation.

10 Each dose of Rectal Diazepam must be labelled with the individual pupil's name and stored in a locked cupboard. The keys should be readily available to all designated staff.

11 School staff must check expiry dates of Rectal Diazepam each term. In Special Schools the school nurse / doctor may carry out this responsibility. The parent/carer should replace medication when requested by school or health staff.

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

Other sources of information:

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

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

19 Guidelines for Managing Nasogastric Tubes and Gastrostomy Tubes

If a child is admitted to school who is unable to take food or fluid by mouth, they may require supplementary feeding and medicines via a gastrostomy or nasogastric tube.

I**t is necessary to:**:

- Contact both the School Nurse and the Community Children's Nursing Team as soon as possible so that training on the care of the tube can be started.

- Receive training and attain competencies (see p32 & p33) on the care of the tube to include the administration of both medicines and feeding via the tube as required.

- Ensure a Care Plan is in place that reflects the specific requirements of each named child with a tube.

Contacts

The Community Children's Nursing Team:

3 The Green
Stratford Road
Shirley
Solihull
B90 4LA

Office Telephone number: 0121 746 4436

School Nurses:

All schools have details of their nominated school nurse

Other sources of information:

Nutritional care nurses at the hospital the pupil attends.
The Heart of England NHS Trust policy on enteral feeding (via the Community Children's Nursing Team)

Gastrostomy Tube/Button Device Competency

Competency Statement

Utilise agreed national and local policy, procedures and guidelines to care for a gastrostomy tube/button device safely and correctly.

Required knowledge and skills:

- Anatomy and physiology of the gastrointestinal tract
- Awareness of what a gastrostomy is and indications for a gastrostomy
- Awareness of maintaining privacy and dignity
- Awareness of aspects of health and safety when using a gastrostomy tube/button device:
  - Infection control including hand washing and use of appropriate personal protective equipment
  - Care of the tube/button device (daily, weekly and monthly)
  - Personal hygiene including mouth care
  - Recognition and treatment of an unhealthy stoma (inflammation, infection, granulation)
- Emergency procedures and gastrostomy troubleshooting:
  - Tube/button device displacement
  - Tube/button device dislodgment
  - Blocked tubes
  - Leaking stoma
  - Gastrointestinal disturbance
- Safe administration of feeds:
  - Equipment selection and use
  - Feed storage and checks required prior to using feed
  - Bolus feeding using gravity feeding set
  - Feeding using a feeding pump
  - Flushing the tube before and after feeding
  - Disposal of waste
- Safe administration of oral medications:
  - Equipment selection and use
  - Drug specific knowledge (dosage, side effects, contra-indications, drug calculations)
  - Flushing the tube before and after administering oral medications
  - Disposal of waste
- Changing a gastrostomy tube/button device safely:
  - Equipment selection and use including checking the integrity of equipment prior to use
  - Measurement of the required tube length
  - Methods of reducing pain and discomfort
  - Inflating the retention balloon
  - Checking the position of the newly inserted gastrostomy tube/button device

Nasogastric Tube Competency

Competency Statement

Utilise national and local policy, procedures and guidelines to care for a child with a nasogastric tube safely and correctly.

Required Knowledge and Skills:

- Anatomy and physiology of the gastrointestinal tract
- Awareness of what a nasogastric tube is and indications for a nasogastric tube
- Awareness of aspects of health and safety when using a nasogastric tube:
  - Infection control including hand washing and use of appropriate personal protective equipment
  - Aspirating the tube prior to each access to confirm position (pH test)
  - Personal hygiene including mouth care
  - Appropriate tube fixation
  - When to change the tube
  - Use of enteral syringes and sizes of syringe that may be used
- Emergency procedures and troubleshooting:
  - Unable to aspirate
  - Tube dislodgment
  - Blocked tube
  - Gastrointestinal disturbance
- Safe administration of feeds:
  - Equipment selection and use
  - Feed storage and checks required prior to using feed
  - Bolus feeding using gravity feeding set
  - Feeding using a feeding pump
  - Flushing the tube before and after feeding
  - Disposal of waste
- Safe administration of oral medications:
  - Equipment selection and use
  - Drug specific knowledge (dosage, side effects, contra-indications, drug calculations)
  - Flushing the tube before and after administering oral medications
  - Disposal of waste
- Changing a nasogastric tube safely:
  - Equipment selection and use including checking the integrity of equipment prior to use
  - Measurement of the required tube length
  - Checking the position of the newly inserted nasogastric tube (pH test)
  - Awareness of potential problems (passing new tube into the lungs, vomiting/retching, nasopharyngeal trauma)
  - Secure fixation of the new tube

20 Guidelines for the Administration of Buccal Midazolam

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

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

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

1 Buccal Midazolam can only be administered in accordance with an up-to-date written prescription sheet from a medical practitioner and the signed consent form. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the pupil's records.

2 The prescription sheet and Care Plan should be renewed yearly. The school nurse will check with the parent/carer that the dose remains the same.

3 The consent form, prescription sheet and Care Plan must be available each time the Buccal Midazolam is administered; if practical it should be kept with the Buccal Midazolam.

4 Buccal Midazolam can only be administered by designated staff who have received training from the named school nurse. A list of appropriately trained staff will be kept.

5 The consent form, prescription sheet and Care Plan must always be checked before the Buccal Midazolam is administered.

6 It is recommended that the administration is witnessed by a second adult.

7 The child should not be left alone until fully conscious.

8 The amount of Buccal Midazolam that is administered must be recorded on the pupil's Buccal Midazolam record card. The record card must be signed with a full signature of the person who has administered the Buccal Midazolam, dated and parents/carers informed if the dose has been given in an emergency situation.

9 Each dose of Buccal Midazolam must be labelled with the individual pupil's name and stored in a locked cupboard, yet readily available. The keys should be readily available to all designated staff.

10 School/setting staff must check expiry dates of Buccal Midazolam each term. In Special Schools the school nurse / doctor may carry out this responsibility. It should be replaced by the parent/carer at the request of school or health staff.

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

Other sources of information:

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

Website:	www.epilepsy.org.uk	
Tel:	0113 210 8800	
Helpline:	0808 800 5050	
Open:	Mon – Thurs	9.am – 4.30 pm
	Fri	9 am – 4 pm

APPENDIX A

Rectal Diazepam
First Dose Authorisation Form

I, the prescriber:…….(named consultant)

……(base & contact tel. no)

give permission for the rectal administration of **Diazepam** by staff who have **attended specific training**.

I take full responsibility for this medication to be given as outlined below.

SIGNED:…… DATED: …….....

NAME OF CHILD: ..…… DOB: ……

NHS No: ……School:……..

Home Address: ……

Other Setting: ……

PRESCRIBED DOSE: ……..…

Amount to be administered:

ROUTE: RECTAL

To be given if seizure lasts longer than: …….minutes

Special instructions (if required): …….....
……..

When to call for a Paramedic Ambulance:

- Whenever any emergency rescue medication is being given to this child for the first time in a school/setting
- If the seizure has not resolved after …….minutes following administration of Diazepam.
- Other ……

Instructions for administration:
Please see individual manufacturer's instructions.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

Rectal Diazepam
Second Dose Authorisation Form

I, the prescriber:……(named consultant)

……(base & contact tel. no)

give permission for the rectal administration of **Diazepam** by staff who have **attended specific training**.

I take full responsibility for this medication to be given as outlined below.

SIGNED:…… DATED: ……

NAME OF CHILD: ..…… DOB: ……

NHS No: ……School:……..

Home Address: ……

Other Setting: ……

PRESCRIBED DOSE: ……..…

Amount to be administered:

ROUTE: RECTAL

To be given if seizure lasts longer than: …….minutes

Special instructions (if required): …….....

……..

When to call for a Paramedic Ambulance:

- Whenever any emergency rescue medication is being given to this child for the first time in a school/setting
- If the seizure has not resolved after …….minutes following administration of Diazepam.
- Other ……

INSTRUCTIONS FOR ADMINISTRATION
Please see individual manufacturer's instructions.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

APPENDIX B

Consent Form for Administration of Rectal Diazepam

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

Parent/carer Consent

Child's Name	

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

Parent/Carer		**Date**	

On behalf of school/setting			
Head teacher / setting lead or manager		**Date**	
On behalf of Heart of England Foundation Trust			
Doctor/Nurse		**Date**	
Reviewed by		**Date**	
Reviewed by		**Date**	

APPENDIX C

Buccal Midazolam 10 mg in 1 mL (multidose bottle preparation) First Dose Authorisation Form

I, the prescriber:……(child's clinician)

……(base & contact tel. no)

give permission for the buccal administration of **Midazolam preparation dispensed as 10mg in 1mL multidose bottle** by staff who have **attended specific training**. I take full responsibility for this medication to be given as outlined below.

SIGNED:…… DATED: ……

NAME OF CHILD: ..…… DOB: ……..

NHS No: ……School:……..

Home Address: ……

Other Setting: ……..

PRESCRIBED DOSE: …… mg

Amount to be administered in mL: **mL**

ROUTE: BUCCAL

To be given if seizure lasts longer than: ……minutes

Special instructions (if required): ……

……

When to call for a Paramedic Ambulance:

- Whenever any emergency rescue medication is being given to this child for the first time in a school/setting.
- If the seizure has not resolved after ……minutes following administration of Buccal Midazolam.
- Other ……

Instructions for administration

Take the **multidose bottle** and the **1 mL oral dispenser** supplied with this medication. Draw up the liquid as instructed using the oral dispenser until the black mark on the plunger reaches the correct **'mL'** mark. Place the tip of the dispenser into the buccal area of the child's mouth, between the cheek and the gum of the lower jaw, by the back teeth. Then slowly empty the contents of the dispenser. Remove dispenser from the child's mouth and gently hold lips together for a few seconds to allow absorption.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

Buccal Midazolam 10 mg in 1 mL (multidose bottle preparation)
Second Dose Authorisation Form

I, the prescriber:……(named consultant)

……(base & contact tel no)

give permission for the buccal administration of **Midazolam preparation dispensed as 10mg in 1mL multidose bottle** by staff who have attended specific training. I take full responsibility for this medication to be given as outlined below.

SIGNED:…… DATED: ……...

NAME OF CHILD: ..…… DOB: ……

NHS No: ……School:……..

Home Address: ……

Other Setting: ……

PRESCRIBED DOSE: …….. mg

Amount to be administered in mL: **mL**

ROUTE: BUCCAL

To be given if seizure lasts longer than: ……minutes

Special instructions (if required): ……...

……

When to call for a Paramedic Ambulance:

- Whenever any emergency rescue medication is being given to this child for the first time in a school/setting
- If the seizure has not resolved after ……minutes following administration of Buccal Midazolam.
- Other ……

Instructions for Administration

Take the **multidose bottle** and the **1 mL oral dispenser** supplied with this medication. Draw up the liquid as instructed using the oral dispenser until the black mark on the plunger reaches the correct **'mL'** mark. Place the tip of the dispenser into the buccal area of the child's mouth, between the cheek and the gum of the lower jaw, by the back teeth. Then slowly empty the contents of the dispenser. Remove dispenser from the child's mouth and gently hold lips together for a few seconds to allow absorption.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

Buccal Midazolam Oromucosal Solution in a Pre-filled Oral Syringe (Buccolam®)
First Dose Authorisation Form

I, the prescriber:……(child's clinician)
……(base & contact tel. no.)
give permission for the buccal administration of a **Buccolam® pre-filled oral syringe** by staff who have **attended specific training**. I take full responsibility for this medication to be given as outlined below.

SIGNED:……DATED:……..

NAME OF CHILD: ..…… DOB: ……..

NHS No: ……..School:……..

Home Address: ……

Other Setting: ……..

Dose to be administered: ONE [**mg**] **PRE-FILLED ORAL SYRINGE**

ROUTE: BUCCAL

To be given if seizure lasts longer than: …….minutes

Special instructions (if required): ……...

……

When to call for a Paramedic Ambulance:

- Whenever any emergency rescue medication is being given to this child for the first time in a school/setting.
- If the seizure has not resolved after …….minutes following administration of Buccal Midazolam Oromucosal.
- Other ……

Instructions for administration:

- Break the tamper-proof seal and remove the oral syringe from the protective plastic tube.
- **Remove and throw away the oral syringe cap.**
- Place the tip of the oral syringe into the buccal area of the child's mouth, between the cheek and the gu
- lower jaw by the back teeth.
- Slowly drip the Buccolam® solution into this area until the oral syringe is empty.
- Remove the oral syringe from the child's mouth.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

Buccal Midazolam Oromucosal Solution in a Pre-filled Oral Syringe (Buccolam®)
Second Dose Authorisation Form

I, the prescriber: …… (child's clinician)

…… (base & contact tel. no)

give permission for the buccal administration of a **Buccolam® pre-filled oral syringe** by staff who have received specific training. I take full responsibility for this medication to be given as outlined below.

SIGNED: …… DATED: ……..

NAME OF CHILD: …… DOB: ……

NHS No: …… School……

Home Address: ……

Other Setting: ……

Dose to be administered: ONE **mg** **PRE-FILLED ORAL SYRINGE**

ROUTE: BUCCAL

To be given if seizure lasts longer than: ……minutes

Special instructions (if required): .....

……

When to call for a Paramedic Ambulance:

- Whenever any emergency rescue medication is being given to this child for the first time in a school/setting.
- If the seizure has not resolved after ……minutes following administration of Buccal Midazolam.
- Other……

Instructions for administration:

- Break the tamper-proof seal and remove the oral syringe from the protective plastic tube.
- Remove and throw away the oral syringe cap.
- Place the tip of the oral syringe into the buccal area of the child's mouth, between the cheek and the gum of the lower jaw by the back teeth.
- Slowly drip the Buccolam® solution into this area until the oral syringe is empty.
- Remove the oral syringe from the child's mouth.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

APPENDIX D

Consent Form for Administration of Buccal Midazolam

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

Parent/carer Consent

Name of child	

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

Parent/Carer		**Date**	

On behalf of school/setting			
Head teacher / setting lead or manager		**Date**	
On behalf of Heart of England Foundation Trust			
Doctor/Nurse		**Date**	
Reviewed by		**Date**	
Reviewed by		**Date**	

APPENDIX E

Medicine Administration Record Card for Emergency Anti Convulsants

Name of child:	**Date of Birth:**
Name of medication:	**School/setting:**

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