



*'Individual Growth, Individual People'*

Head Teacher: Mrs M A Tyers

# Policy for Special School Staff on the Administration of Medicines

## Reviewed April 2018

## 1. Preface

**PLEASE READ THIS DOCUMENT IN CONJUNCTION WITH THE NATIONAL GUIDANCE.**

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

This policy is intended to provide guidance and support to school staff at Newark Orchard School.

At the present time, with the position of "in loco parentis" the ultimate responsibility for the administration of medicines rests with the school. School staff administer emergency medication when pupils are off school premises. They also administer all medication when pupils are on out of school activities or on residential visits.

This policy is based on guidance from DoE and DoH - Managing Medicines in Schools and Early Years Settings 2015 and the 4<sup>th</sup> Edition of The Administration of Medicines in Schools issued by Solihull Care Trust

# Contents

1. Preface.....	1
2. Introduction.....	5
What This Booklet Contains.....	5
3. Responsibilities.....	7
Parent/carer.....	7
Local Authority.....	9
Training.....	9
School Governors.....	9
School Emergency Procedures.....	10
School Staff.....	10
4. Record Keeping.....	12
5. Storage and Guidance of Use of Equipment.....	13
Use of spoons and syringes.....	13
Disposal of any sharp items (sharps).....	13
6. School Trips, Visits and Sporting Events.....	15
7. Over-The-Counter Medicines.....	17
8. Methylphenidate (e.g. Ritalin).....	18
9. Antibiotics.....	19
10. Emergency Medication.....	20
11. Return of Medication.....	21
Guidance Information.....	22
Guidelines for the Administration of Epipen/Anapen by School Staff.....	22
Guidelines for Managing Asthma.....	24
Guidelines for Managing Pupils with Diabetes.....	26
Guidelines for Managing Hypoglycaemia (Hypo / Low Blood Sugar) in Pupils Who Have Diabetes.....	27
To prevent a hypo.....	27
To treat a hypo.....	27
If Glucogel/Hypostop has been provided.....	28
Blood Glucose Monitoring for Children.....	29
When to use.....	29

Guidelines for Managing Nasogastric Tubes and Gastrostomy Tubes .....	31
Care of Gastrostomy Tube .....	31
Care of Nasogastric Tube .....	32
Guidelines for the Administration of Rectal Diazepam .....	33
Guidelines for the Administration of Buccal Midazolam .....	35
Eczema .....	37
Sickle cell and Thalassaemia .....	38
Use of Oxygen in school .....	39
Instructions for storage of oxygen .....	39
Appendix A .....	40
Prescription and Instructions for Administration of Rectal Diazepam .....	40
Appendix B .....	42
Consent Form for Administration of Rectal Diazepam .....	42
Appendix C .....	43
Prescription and Instructions for Administration of Buccal Midazolam .....	43
Appendix D .....	45
Consent Form for Administration of Buccal Midazolam .....	45
Appendix E .....	46
Medicine Administration Record Card for Emergency Anti-Convulsants .....	46
Appendix F .....	47
Request for School Staff to Administer Medication	
Appendix G .....	48
Administration Record .....	48
Appendix H .....	49
Care Plan for Pupil with Medical Needs Part 1 of 2 .....	49
Care Plan for Pupil with Medical Needs Part 2 of 2 .....	51
Appendix I .....	52
Model letter for school to issue to parents re: management of pupil medicines	
.....	52
Appendix J .....	53
Administration of Medicine .....	53
Checking of Medicines .....	53
The Receipt and Return of Medicines in Special Schools .....	55

The Management of Errors/Omissions in Administration of Medication in Special Schools.....	56
Storage of Medicines in Special Schools .....	56
Key Security .....	57
Consent .....	57
Appendix K.....	58
Cleaning Equipment .....	58
Instruction for cleaning.....	58

## 2. Introduction

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

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

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

### **What This Booklet Contains**

Sections 3 to 12 offers general guidance on a variety of issues connected to medicines in school. Other guidelines are attached to this policy as appendices to provide guidance to staff who are administering specific medication to pupils who have diabetes, allergies and epilepsy.

The prescription sheets and record card for convulsions are primarily for pupils in special schools, a member of the nursing team will arrange for these to be completed.

The Consent Form to Administer Medicines must be filled in by the parent/carer before school staff can give any medication. A record must be made of the administration on the Medication Administration Record (MAR) sheet.

The Care Plan For Pupils with medical needs need only be completed for pupils who have serious medical conditions e.g. diabetes, epilepsy, severe allergies and severe asthma, and who may need emergency medication in school. The Care Plan

supplied is a guide to the type of information required and may be expanded as required by the pupil's condition and nature of the treatment and will be written in conjunction with community children nurse or specialist nurses .

The community nurse/ specialist nurse/doctor is available for advice, support and training.

# 3. Responsibilities

## Parent/carer

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

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

For administration of emergency medication, a Care Plan must be completed by the parent/carer in conjunction with the community nurse, Medical L5 TA and Health Care Assistants. This is essential so there are no grey areas in which vital information involving the child's medication are unknown to the staff who are managing the pupil on a daily basis. Minor changes to the Care Plan can only be made if signed and dated by the medical professional. If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed annually by school and nursing service working in partnership. It is parents responsibility to notify school of any changes required to the Plan e.g. treatment, symptoms, contact details. School will continue to follow the care plan until written updates have been seen.

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

*It is best practice that medication should be provided in an original container with the pharmacist's original label and the following, clearly shown:*

- Pupil's name
- Name and strength of medication
- Dose
- Any additional requirements e.g. in relation to food, frequency of administration
- Dispensing date



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

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

Due to the nature of this school the majority of pupils are brought in by specialist transport. It is practice that parents give medication to the bus escort. This is then handed over to the door staff at school. It is recorded as

received by the door staff and placed in a separate container. It is then stored securely in the medical cupboard. Emergency medication is held securely in the medical room unless separately agreed. Then it should be stored in a locked cupboard in classroom or carried on a named member of staff.

On departure from school the door staff returns the container to the bus escorts for individual pupils.

## **Local Authority**

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

## **Training**

Advice and training is available to members of staff concerned with administration of Medicines by the Community Training team. The Education Health Lead and Medical Level 5 TA will have responsibility with the CPD group to arrange, organise and monitor health training. All members of staff need to have some appreciation of the underlying medical condition and the need for treatment and this will be renewed on an annual basis. All staff volunteering to administer emergency medication (see Section 9) must first receive appropriate training from suitably qualified health staff.

## **School Governors**

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

Guidance regarding the Disability Discrimination Act should be sourced from the

Disability Rights Commission Code of Practice: Disability Discrimination Act 1995: Part 4.

## **School Emergency Procedures**

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

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

## **School Staff**

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

The school employs the Education Health Lead and Medical Level 5 TA who have overall responsibility for medication. Other staff training should be considered on individual merit and school staff have the right to refuse to be involved. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise.

Annual training relating to emergency medication and relevant medical conditions should be undertaken. This is to be provided by the relevant health professionals who will keep an on-going record of those staff who have received training and will advise as to when up-dating training is required. The Education Health Lead and Medical Level 5 TA will be responsible for keeping records up

to date and Care Plans (with specialist medical staff). Procedure care plans for emergency medication to be kept in the emergency bags.

# 4. Record Keeping

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

Volunteer staff will have training to administer medication from a suitable qualified medical professional. When staff administer medication a record must be made of the date, time and dose, and this record must be signed on the medication administration record (MAR) sheet. 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.

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

The Care Plan will be developed with input from specialist nurses, a parent/carer/pupil and a member of school staff depending on the nature of the pupil's condition. Specialist guidance may be sought from the child's GP, Consultant or Nurse Specialist. All gastro / entro feeds need to follow instructions from dietician and undertaken by appropriately trained staff.

Under General Data Protection Regulations, medical documents are deemed sensitive information.

The information in the Care Plan needs to be disseminated to relevant school staff but balanced with the need to keep confidential information secure. Care Plans must not be displayed in a public place because of the sensitive information they contain unless parent/carer has given their explicit written consent for school to do so.

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

# 5. Storage and Guidance of Use of Equipment

Generally non-emergency medication is stored in a locked cupboard preferably in a cool place, below 25 degrees. Items requiring refrigeration are kept in a clearly labelled closed container in a standard refrigerator. A record should be kept of the minimum/maximum temperature of fridges and room temperatures. Portable minimum and maximum thermometers to be used to record results. All storage facilities should be in an area which cannot be accessed by pupils.

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

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

*It is best practice that medication should always be kept in the original dispensed containers. Staff should not transfer medicines from original containers.*

## Use of spoons and syringes

When using a syringe to administer medication it must be from sealed packaging, can only be used for 1 child for one week then disposed of. If a parent wants it returning home there must be written consent and there must be a written record sheet of disposal.

All syringes and spoons must be washed in warm water with household detergent only.

## Disposal of any sharp items (sharps)

Some procedures involve using sharp items (sharps) such as lancets for blood glucose monitoring. The safe disposal of sharps is essential if sharps accidents and the consequent risk of infection with blood borne viruses is to be avoided. Sharps injuries are preventable with careful handling and disposal. Sharps bins are located in

designated areas, in a safe position at waist height. Sharps bins must never be kept on the floor.

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

# 6. School Trips, Visits and Sporting Events

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

The following are essential.

Parents must sign a consent form which should include:

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

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

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

- Relationship of the person giving consent to the participant, where names differ.
- Signature of the participant agreeing to appropriate rules and a code of conduct if applicable.



- Whether the young person suffers from travel sickness.
- Permission for photographs of the participant to be used for display or publicity purpose

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

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

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

# 7. Over-The-Counter Medicines

Over the counter medicines, e.g. *paracetamol*, hay fever treatments, should be accepted only in exceptional circumstances, and be treated in the same way as prescribed medication. Parent/carer must clearly label the container with child's name, dose and time of administration and complete a Consent Form. Parents to be informed that forms can be downloaded from school's website. It should be noted that whilst trained school staff may agree to administer over the counter medication it must be treated the same as other medication.

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

*Paracetamol can be administered by trained staff in school with parental permission and maintaining a four hour gap between doses. Doses given are recorded in a separate book in medical room.*

# 8. Methylphenidate (e.g. Ritalin)

Any Controlled Drug which in a healthcare setting has specific storage and administration requirements. In schools they must be stored in a locked place within a locked room 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 the controlled drug are received into school. Unused controlled medication must be sent home via an adult and a record kept. These records must allow full reconciliation of supplies received, administered and returned home. Records must be kept in a recognised controlled drug book as well as the schools normal recording methods.

Staff administering the drug will need additional training which is given from the training team.

Pupils undertaking TITAN travel training or make their own way to school still require their controlled drugs to be handed into school by an adult.

# 9. Antibiotics

*If antibiotics are prescribed by a doctor pupils will be expected to remain at home for at least the first day of treatment before returning to school. Pupils will not be accepted into school until they have completed one full day's prescribed dosage unless it is regular antibiotics that the pupil takes*

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

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

Parent/carer must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and sent home again after school each day.

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

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

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

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

# 10. Emergency Medication

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

The emergency medication which might be used includes:

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

Training will be given by the training team / specialist nurses to all staff for emergency situations including the school staff who have volunteered to administer emergency medication. Care Plans may also need to be written by specialist nurses

# 11. Return of Medication

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

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

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

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

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

# Guidance Information

## Guidelines for the Administration of Epipen/Anapen by School Staff

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

An Epipen/Anapen can only be administered school staff who have volunteered and have been designated as appropriate by the Head teacher and who has been trained by the nurse/doctor. Training of designated staff will be provided by the doctor/nurse and a record of training undertaken will be kept by the Education Health Lead and Medical Level 5 TA. Training will be updated at least once a year.

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

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

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

### Other sources of information:

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

The Anaphylaxis Campaign  
PO Box 275  
Farnborough  
Hampshire GU14 6SX

Helpline: 01252 542029 Website: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)



# Guidelines for Managing Asthma

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

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

- All staff administering asthma medication should have completed either face to face training by the training team or online training.  
[www.supportingchildrenshealth.org/asthma-module/](http://www.supportingchildrenshealth.org/asthma-module/)
- If school staff are assisting pupils with their inhalers, a Consent Form from parent/carer should be in place. Individual Care Plans need only be in place if pupils have severe asthma which may result in a medical emergency.
- An asthma register must be kept detailing the names of all pupils with asthma, or those who have been prescribed a reliever inhaler.
- Inhalers **MUST** be readily available when children need them. Where appropriate 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.
- From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). A record of the 'when, where, who and why' of the emergency inhaler use must be kept, and parents informed of this in writing.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)
- All inhalers should be labelled where possible with the following information:
  - Pharmacist's original label
  - Pupil's name and date of birth
  - Name and strength of medication
  - Dose
  - Dispensing date

- Expiry date
- Some pupils, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
- School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
- Parent/carer is responsible for renewing out of date and empty inhalers.
- Parent/carer should be informed if a pupil is using the inhaler excessively.
- 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.
- If pupils are going on offsite visits, inhalers **MUST** still be accessible.
- 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.
- Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

### Other sources of information:

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

National Asthma Campaign

Tel: 0800 1216255

[www.asthma.org.uk](http://www.asthma.org.uk)

Education for Health

Tel: 01926 493313

[www.educationforhealth.org](http://www.educationforhealth.org)

# Guidelines for Managing Pupils with Diabetes

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

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

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

## Other sources of information:

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

Diabetes UK  
10 Parkway  
London NW1 7AA

Tel: 020 7424 1000  
Careline: 0845 1202960  
Fax: 020 7424 1001  
Email: [info@diabetes.org.uk](mailto:info@diabetes.org.uk)  
Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

# Guidelines for Managing Hypoglycaemia (Hypo / Low Blood Sugar) in Pupils Who Have Diabetes

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

## To prevent a hypo

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

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

## To treat a hypo

- If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion and slurred speech.
- Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, or Glucogel/Hypostop (dextrose gel), as per Care Plan.

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

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

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

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

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

## **If Glucogel/Hypostop has been provided**

The Consent Form should be available.

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

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

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

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

## Blood Glucose Monitoring for Children

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

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

### When to use

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

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

How to use the Unistik lancet:

1. Prior to the test wash hands / use alcohol rub.
2. Encourage pupil to wash their hands wherever possible.
3. Ensure all equipment is together on a tray including a small sharps box
4. Where possible explain the procedure to the pupil
5. Apply gloves before testing
6. 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
7. Ensure meter is coded correctly for the strips in use and that the strips are in date.
8. Place the strip into the meter
9. Prick the side of the finger using a Unistik comfort 3
10. Apply blood to the test strip according to the manufacturer's instructions
11. Once the test is completed put the used test strip and lancet directly into the sharps box
12. Return the tray to a safe area/room

13. Wash hands following the removal of gloves/possible contact with blood, use alcohol rub.
14. Record the blood glucose reading in the pupil's Care Plan/diary
15. Parents are responsible for supplying all necessary equipment and medication.
16. Provision and disposal of a sharps box should be discussed individually with the School Nurse / Paediatric Diabetes Specialist Nurse

**Further notes:**

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

# Guidelines for Managing Nasogastric Tubes and Gastrostomy Tubes

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

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

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

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

## Care of Gastrostomy Tube

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



or nasogastric tubes. The tubes should be flushed with water between different medicines.

- If the tube falls out, **there needs to be a clear plan on the pupil care plan about the immediate action.** The opening track can close over very quickly and the tube will need to be replaced as soon as possible either by parent/carer or at the hospital they normally attend.
- The feeding regime will be different for each pupil and will be recorded in their Care Plan.

## Care of Nasogastric Tube

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

## Other sources of information:

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

# Guidelines for the Administration of Rectal Diazepam

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

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

- Rectal Diazepam can only be administered by a member of the school staff who has volunteered and has been designated as appropriate by the Head teacher and who has been assessed as competent by the training team. The training team will provide training of designated staff and the Head teacher will keep a record of the training undertaken. Training will be updated at least once a year.
- Rectal Diazepam can only be administered in accordance with an up-to-date written prescription sheet from a Medical Practitioner and the signed Consent Form. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the pupil's records.
- The prescription sheet should be renewed yearly. This will need to be checked and updated on the Care Plan
- The Consent Form and prescription sheet must be available each time the Rectal Diazepam is administered; if practical it should be kept with the Rectal Diazepam.
- Only designated staff who have received training from the training team can administer Rectal Diazepam. A list of appropriately trained staff will be kept by the HCAs.
- The Consent Form and the prescription sheet must always be checked before the Rectal Diazepam is administered.
- It is recommended that the administration be witnessed by a second person.
- The pupil should not be left alone until fully conscious.
- Consideration should be given to the pupil's privacy and dignity.
- The amount of Rectal Diazepam that is administered must be recorded on the pupil's Rectal Diazepam Record Card. The record card must be signed with a full signature of the person who has administered the Rectal Diazepam, and dated.

- Each dose of Rectal Diazepam must be labelled with the individual pupil's name and stored in a locked cupboard. The keys should be readily available to all designated staff. If HCAs are not on site go to a member of SLT.
- HCAs must check expiry dates of Rectal Diazepam at the beginning of each month. The parent/carer should replace medication when requested by school or health staff.
- All HCAs who are designated to administer Rectal Diazepam should have access to a list of pupils who may require emergency Rectal Diazepam. The list should be updated at least yearly, and amended at other times as necessary.

### Other sources of information:

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

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

Website: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)  
Tel: 0113 210 8800  
Freephone Helpline: 0808 800 5050  
Open: Mon - Thurs: 9.00 am - 4.30 pm  
Fridays: 9.00 am - 4.00 pm

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

# 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 HCAs and 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 Community Training Team. Training of designated staff will be provided and a record of the training undertaken will be kept by the HCAs / Head teacher. Training will be updated at least once year.

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

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

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

- The amount of Buccal Midazolam that is administered must be recorded on the pupil's Buccal Midazolam Record Card. The Record Card must be signed with a full signature of the person who has administered the Buccal Midazolam and dated.
- Each dose of Buccal Midazolam must be labelled with the individual pupil's name and stored in a locked cupboard, yet readily available. The keys should be readily available to all designated staff. When no HCAs on site go to a member of the SLT.
- Staff must check expiry dates of Buccal Midazolam at the beginning of each month. It should be replaced by the parent/carer at the request of school or health staff.
- All school staff who are designated to administer Buccal Midazolam should have access to a list, provided by schools HCAs 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](http://www.epilepsy.org.uk)  
Tel: 0113 210 8800

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

# Eczema

*Eczema cream should be treated in the same way as any prescribed medication. Parent/carer must clearly label the container with child's name, dose and time of administration and complete a Consent Form.*

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

## Sickle cell and Thalassaemia

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

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

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

# Use of Oxygen in school

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

## Instructions for storage of oxygen

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



# Appendix A

## Prescription and Instructions for Administration of Rectal Diazepam

To be completed by the school nursing team in support of administration by school staff

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

Pupil name:		Date of Birth:	
-------------	--	----------------	--

Description of seizures requiring treatment with **Rectal Diazepam**

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

Rectal diazepam prescribed by :			
Amount:			
Signed:			
Title:		Date:	

<b>Emergency contacts</b>			
1	Name	Tel No:	
	Relationship to pupil:		
2	Name:	Tel No:	
	Relationship to pupil:		

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

School Nurse:	
Tel No:	

# Appendix B

## Consent Form for Administration of Rectal Diazepam

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

### Parent/Carer Consent

**Pupil Name:**

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

Parent/Carer:

Signature:

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

# Appendix C

## Prescription and Instructions for Administration of Buccal Midazolam

To be completed by the school nursing service in support of administration by school staff

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

Pupil Name:	
Date of Birth:	

Description of seizures requiring treatment with Buccal Midazolam
---

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

1	Wait minutes. If seizure has not stopped, administer:	Quantity of dose:
2	Wait minutes, check if seizure has stopped. If it has not, administer another:	Quantity of dose:
3	Wait minutes, check if seizure has stopped. If it has not, administer another:	Quantity of dose:
4	Wait minutes. <b>If seizure does not stop, then call for an ambulance and inform parent/carer.</b>	
N.B.	If <b>second/third</b> dose administered, does pupil need a hospital check? <b>Yes/No</b> (delete as appropriate)	

Maximum dose per school day:			
Buccal Midazolam prescribed by :			
Amount:			
Signed:			
Title:		Date:	
<b>Emergency contacts</b>			
1	Name:	Tel No:	
	Relationship to pupil:		
2	Name:	Tel No:	
	Relationship to pupil:		

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

<b>School Nurse:</b>	
<b>Tel No:</b>	

# Appendix D

## Consent Form for Administration of Buccal Midazolam

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

### Parent/Carer Consent

Name of pupil:	
----------------	--

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

Parent/Carer:		Signature:	
---------------	--	------------	--

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

# Appendix E

## Medicine Administration Record Card for Emergency Anti-Convulsants

Name of pupil:	Date of Birth:
Name of medication:	School:

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

# Appendix F

## REQUEST FOR A SCHOOL STAFF TO ADMINISTER MEDICATION

The school staff cannot give your child medicine unless you complete and sign this form.

### CHILD'S DETAILS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ TEL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_

### MEDICATION

Medication	Time	Dose	Full directions for use

**I understand that I must inform the transport escort that medicines are being transported to school**

I consent to school staff giving the above medication to my child.

Has your child any allergies YES/NO      What is your child allergic to? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_



# Appendix G

## Administration Record

Medication Record Sheet    Date

Name

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

**R** – Refused medication**M** – Missed medication**H** – At home for medication**Sch** – At school for medication

# Appendix H

## Care Plan for Pupil with Medical Needs Part 1 of 2

<b>Name of pupil:</b>	<b>Photo:</b>
<b>Address:</b>	
<b>Date of birth:</b>	
<b>Condition:</b>	

<b>Name of school:</b>		<b>Year Group:</b>		<b>Date:</b>	
<b>Year Group and Review Dates:</b>					

Contact Information		
<b>Family Contact 1:</b>	<b>Name:</b>	<b>Tel Work:</b>
		<b>Tel Home:</b>
		<b>Tel Mobile:</b>
<b>Relationship:</b>		
<b>Family Contact 2:</b>	<b>Name:</b>	<b>Tel Work:</b>
		<b>Tel Home:</b>

		<b>Tel Mobile:</b>
<b>Relationship:</b>		

<b>Clinic/Hospital Contact:</b>	
<b>Name:</b>	
<b>Clinic/Hospital:</b>	
<b>Tel No:</b>	
<b>Name of GP:</b>	
<b>Tel No:</b>	

Describe condition and give details of pupil's individual symptoms:
Daily care requirements where relevant (e.g. before sport/at lunchtime)
Describe what constitutes an emergency for the pupil and the action and follow up required if this occurs:

<b>Completed by:</b>		<b>Date:</b>	
----------------------	--	--------------	--

## Care Plan for Pupil with Medical Needs

### Part 2 of 2

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

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

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

Name of pupil:	
----------------	--

On behalf of school:			
Name of parent/carer:			
Signature of parent/carer:		Date:	

On behalf of Nottingham Primary Trust			
Name of Doctor/Nurse:			
Signature of Doctor/Nurse:		Date:	

### Staff Indemnity

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

# Appendix I

## Model letter for school to issue to parents re: management of pupil medicines

The letter below is attached for guidance.

Clinic Address  
Telephone contact details  
Date

Dear Parent/Guardian

### **Name of Child - Medication in school**

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

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

Yours sincerely  
Health Care Assistant

# Appendix J

## Administration of Medicine

It is the responsibility of the trained school staff to check and administer the correct medicine to the correct child. Medicines must be checked by **Two** staff who have completed the appropriate training

## Checking of Medicines

When a new medication arrives in school this should be transcribed onto the medication administration record (MAR) sheet from the pharmacy label, once transcribed this should be checked and signed by another member of trained staff as soon as possible. This procedure should also be followed when transcribing from a completed MAR sheet to a new one or when transcribing onto a new line within the same card.

The checking process will include:

- MAR sheets in daily use must be checked to ensure all medication is given as prescribed. These will be kept in a ring binder and locked away at the end of the day.

Before starting the administration procedure ensure that you will not be disturbed (signage on door and or wear a red tabard so all staff know not to disturb you)

Members of staff administering medicines must **always** check the following items prior to administration:

- Correct and legible completion of all details transcribed on the MAR sheet *.It is best practice that it is initialled by 2 staff who have completed their medication administration training. No medication should be administered until the MAR sheet is signed.*
- If there is doubt or the prescription is ambiguous the parents must be contacted for clarification i.e. Use of terms such as "As directed" is not acceptable - staff must ensure that specific dosage instructions are stated
- The identity of the child/young person against the name and date of birth or photograph on the MAR sheet.

WHERE PHOTOGRAPHS ARE USED TO AID IDENTIFICATION, THE PHOTOGRAPHS NEED TO BE UPDATED WHEN THE STUDENT'S APPEARANCE CHANGES OR AT LEAST 2 YEARLY. THE PHOTOGRAPH SHOULD BE ATTACHED SECURELY TO THE APPROPRIATE CARD.

- The name, form and strength of the medicine to be administered
- The dose to be given
- The date and time of dosage, frequency. Start and finish dates.
- The time of last dosage, i.e. that the dose has not already been given
- The route of administration
- Any special guidance relating to the dose offered, e.g. dilution with water, before or after food etc
- Expiry date of the medication AND its discard date once opened
- Any drug sensitivities/allergies
- Medicines must only be dispensed for one child/young person at a time.
- If using a syringe it should come from a sealed packet, be used for one child and disposed of after a week. A record of disposal should be made. If parents want it sent home a consent form needs to be completed.
- Do not pour medication into another vessel to be measured out if possible and never pour excess medication back in to the original container.
- Excess medication can be poured down the sink
- Any dropped tablet / medication cannot be used. This must be recorded
- If the member of staff is unsure of the identity of the child/young person the medicine should not be given.
- The medication card must be initialled in black ink by the staff member administering the medicine and by the second person checking.
- Any individual who has undergone the appropriate training can administer a child's/young person's emergency medication.
- If there is any doubt the issue should be discussed with the parent or a Healthcare professional
- The Controlled Drug register should be completed if a controlled drug is administered.

The following should be noted on the card:-

- If any medication is omitted then the appropriate code (located on the MAR sheet) should be placed on the drug card. If a child has a prolonged absence then the reason should be documented on the chart.
- Any medicine refused, spat out or vomited must be documented and parents should be informed.

- If a drug is no longer required then it should be crossed out signed and dated.
- Sign and date all entries

The reason for giving as required (PRN) medication should be recorded and parents/carers informed of medication, dose and time given

## The Receipt and Return of Medicines in Special Schools

- Trained staff will be responsible for ensuring that all incoming medication is labelled correctly. *It is best practice that* medicines should be in the original packs in which they were dispensed. All medication should have a prescription label stating:
  - Name of the child
  - Drug - name, strength and form
  - Dose and frequency in the school day
  - Date opened and discard date
  - Correct packaging and labelling
  - Dispensing date
  - Expiry date
  - Instructions for use
  - Medicinal product matches what is on the label
  - Patient information leaflet is enclosed
- The parents/carers of children/young people coming to school will be responsible for sending in all the medicines required for the school day and those medications in transit. School will not be responsible until the medication is received by them. Medication received will be checked in and out by trained staff. The medications will be transported via school driver/escort staff on school transport.
- There must be a record of all medicines sent to and from school. This will be recorded in the ..... and an acknowledgement of receipt of medication to parents
- A discard date should be applied to the label once the bottle/packet has been opened following pharmacy guidelines. Particular attention must be paid to an individual medication 'once opened' expiry date.
- When the staff member is satisfied that all is correct, the medicines should be locked away and the MAR sheet put in the regular medication file.
- At the end of the school day the school transport staff will hand medication required for home/respite to the transport escort who will be responsible for the return of them to parent/carer.



- All medication should be sent home at the end of the school year. **DO NOT** keep over the summer holidays
- If medication has expired or is no longer required then it should be returned to the parents/carers for disposal. The disposal of medicine letter should be sent with the medication
- If the medication has been completed and an empty packet/bottle remains then this should be returned to parent/carer

**N.B. Please remember, never put medicines into school bags, luggage etc.**

## The Management of Errors/Omissions in Administration of Medication in Special Schools

As soon as an error has been identified for example

- Giving the **wrong** medicine to the child/young person
- An **incorrect dose** being given
- Out of date medication being given

The following procedure should be followed:-

1. Inform a member of the Senior Leadership Team
2. Contact the child's GP for further advice
3. Inform the family if possible - if not possible at the time this must be done as soon as they are contactable
4. Record the incident in the child/young person's records
5. Record any advice and actions taken following advice from GP, Paediatrician or NHS Direct
6. Complete an incident report **before the end of the school day**

### Storage of Medicines in Special Schools

- All medicines will be stored in either a medicine cupboard, medicine refrigerator or CD cupboard\_as appropriate. These will be kept **locked** at all times.
- The fridge temperature should be monitored and recorded daily. Any deviation from 2°C - 8°C should be investigated and resolved. If deviation occurs, advice should be sought from a pharmacy around any medicines stored outside of this range.

- The keys will be held in the school office whilst on site and locked in a secure locked place at the end of the day.
- Medicines brought in for and prescribed to one child/young person must NOT be administered to another child/young person.
- Controlled drugs are stored within a separate controlled drug cupboard
- All medication expiry/discard dates must be checked weekly and further supplies requested in advance using a standard letter.

### **Key Security**

- Medicine cupboard keys must be held by the trained staff member when in use.
- Spare keys may be held by the school office.
- The keys should be kept locked up when not in use

### **Consent**

Person with parental responsibility should complete a consent form. This should be attached to the individual child's prescription chart and updated annually or when notified of a change in medication

# Appendix K

## Cleaning Equipment

The following equipment may/or may not be used when a child is being given a medication

- Extension set
- Enteral and oral syringes
- Graduated medicine pots
- Tablet crusher
- Pestle and mortar
- Jugs

### Instruction for Cleaning

Do not use sterilizing solutions or disinfectants (e.g., Milton, Dettol) for cleaning.

Do not use a bottle brush for cleaning.

Prior to cleaning:

- Extension sets / feeding extension sets - open clamp first
- Syringes - separate barrel and plunger
- Tablet crushers - unscrew and separate

Cleaning:

- Clean with hot water and detergent (washing-up liquid), rinse.
- Dry excess water with a paper towel.
- Allow to air dry

All cleaned equipment should be stored in a clean lidded container

The container should be washed daily as above.

A dishwasher can be used to clean all the above equipment except extension sets and tablet crusher. Ensure that the equipment remains inverted throughout the cycle.

