keeping children safe and well

guidelines for the administration of medicines and for managing specific medical conditions in educational and early years settings and other Ofsted approved facilities

first edition December 2018

NHS Dudley Clinical Commissioning Group

Dudley Metropolitan Borough Council

Dudley Safeguarding protecting children and young people

contents

page

Preface 5

Introduction 6

part A

1 Responsibilities and requirements 10

2 Record keeping 14

3 Storage of medication and storage and disposal of sharps. 16

4 Offsite trips, visits and sporting events 17

5 Analgesics (painkillers) 19

6 Over-the-counter medicines (non-prescription) 20

7 Methylphenidate (e.g. Ritalin) 20

8 Antibiotics 21

9 Emergency medication 22

10 Return of medication 22

part B guidelines for specific medical conditions

11 Guidelines for the administration of adrenaline auto injector (AAI) 23

12 Guidelines for managing Asthma 26

13 Guidelines for managing pupils with Diabetes 28

14 Guidelines for managing Hypoglycaemia 30

15 Blood glucose monitoring for children 31

16 Guidelines for managing Eczema 33

17 Guidelines for managing epilepsy and the administration of emergency medication 34

17a Guidelines for the administration of Buccal Midazolam 35

17b Guidelines for the administration of Rectal Diazepam 37

18 Guidelines/competency guidance for managing Nasogastric tubes and Gastrostomy tubes 39

appendices

A Consent to Administer Medicines 40

B Administration Record 41

C Individual Health Care Plan - Part 1 of 2 42

Individual Health Care Plan - Part 2 of 2 44

D. Model letter for school/setting to issue to parents re management of children's medicines 45

E. Staff training record - administration of medicines 46

F. Medical conditions in school - sample policy framework 47

G. Reviewing policy and practice in schools - key questions and requirements 54

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. Where setting is used this refers to all schools, early year's settings and other Ofsted approved facilities. The term parent is used to refer to parents, carers and legal guardians. The term governing body refers to the governing body, proprietor or management/executive committee.

preface

This is the First Edition of the Guidelines for the Administration of Medicines and for managing specific medical conditions in Educational Establishments and Early Years Settings and other Ofsted approved facilities document.

This guidance is 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 December 2015 and Guidance on the use of adrenaline auto-injectors in schools, Department of Health, September 2017.

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

- Dudley School Nurse Lead (Shropshire Community Healthcare NHS Trust) Gail Hooper
- Dudley Clinical Commissioning Group Pharmaceutical advisor (Pharmacist) Jag Sangha
- School Nurses
- Public Health Manager (Children & Young People) Jill Edwards
- Senior Health Improvement Practitioner (Children & Young People) Rachael Doyle
- Childcare Cluster Development Officer Debbie Hayley
- Childcare Cluster Development Officer Rachel Layton
- Early Years Educational Advisory Service Area SENCO Michelle Evans
- Early Years Educational Advisory Service Area SENCO Shantell Gibson
- Dudley Council Service Lead Dudley Disability Service Joanne Tasker
- Dudley Council Head of Service Physical Impairment and Inclusion Service Kim Fisher
- Head teacher representatives (Dudley Safeguarding Children Board)
- Dudley Clinical Commissioning Group Prescribing sub group

This guidance has been consulted upon by other stakeholders including Shropshire Community Healthcare NHS Trust, Dudley CCG prescribing subcommittee (including GP's and the pharmaceutical public health team), Dudley Walsall Mental Health Trust, Dudley Group of Hospitals and Black Country Partnership Foundation Trust.

This guidance applies to all Dudley Local Authority schools and academies and Early Years Settings, Dudley School Nurses and Special School Nurses and community paediatricians and was approved by Dudley Safeguarding Children Board in September 2018. It will be reviewed every 3 years or when a change in relevant legislation occurs or recommendations are made from a statutory body.

introduction

The purpose of this document is to provide advice to staff on managing medication in settings and to put in place safe and 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 Pupil Referral Units 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 (updated December 2015) 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 so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

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 settings is entirely voluntary and not a contractual duty unless expressly stipulated within an individual's job description. In practice, many setting staff will volunteer. If a decision is made that medication is not going to be given, the 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 and safeguard the good health of children. Policies must be made clear to parents. Further advice can be sought from your Trade Union or Professional Association.

common law duty of care

Anyone caring for children, including teachers and other setting staff, has a common law duty of care to act like any reasonably prudent parent. This relates to the 'common law': the body of law derived from court decisions made over the years, as opposed to law which is set down in statute. The duty means that staff need to make sure that children are healthy and safe, and in exceptional circumstances, the duty of care could extend to administering medicine and/or taking action in emergency. The duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

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 for 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, Healthcare Plan (EHCP) 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 EHCP plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those pupils.

For the private, voluntary and independent early years sector health care plans are used to ensure a child's health needs are catered for.

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. All settings Health and Safety policies should incorporate arrangements for managing the administration of medicines and supporting children with complex health needs. This will support 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 setting Health & Safety 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) state 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 a disabled toilet or care room.

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.

For private, voluntary and independent early years sector, providers should have a complaints process concerning support for children with medical needs.

guidance contents

Part A of this document offers guidance on a variety of issues connected to medicines in settings. Part B offers guidance to staff who are administering specific medication to children who have diabetes, allergies, eczema, epilepsy or requiring nasogastric/gastrostomy tubes.

The Consent Form to Administer Medicines (Appendix A, page 40) should be filled in by the parent/carer before staff can give any medication. A record should be made of the administration on the reverse of this form.

When staff administer medications a record must be kept (Appendix B, page 41).

The Health Care Plan for Pupils with Medical Needs (Appendix C, page 42) needs only to be completed for children who have chronic long term medical conditions e.g. diabetes, epilepsy, severe allergies, asthma, and others which have a need for emergency medication as appropriate. The health 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 the school's responsibility to ensure these are in place and any information on them is reinforced by the child's relevant medical professional.

Parents should receive a letter regarding medication in schools and other settings (Appendix D, page 45).

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 (Appendix E, page 46).

This guidance contains a suggested policy framework to enable schools/settings to articulate their own policies and practice pertaining to the medicines (Appendix F, page 47). 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 'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England', Dept. of Education 2015 and Guidance on the use of adrenaline auto-injectors in schools Dept. of Health 2017.

A checklist has also been included to support settings in ascertaining whether they are meeting their statutory obligations (Appendix G, page 54).

Your school nurse/ health visitor/specialist voluntary bodies/professional associations/ Dudley Council Physical Impairment and Medical Inclusion Service, Dudley Disability Service, early years area sencos and complex care nurses are available for advice, support and training.

part A

1 responsibilities and requirements

School governing bodies, proprietors and management committees (the provider)

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

The provider should ensure that their arrangements give parents and children confidence in the settings ability to provide effective support for medical conditions in that setting. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn/develop, as well as increase their confidence and promote self- care. They should ensure that staff receive adequate and appropriate training to provide the support for individual children's needs. They are responsible for ensuring the health care plan is in place.

The provider should ensure that all settings develop a policy for supporting children with medical conditions that is reviewed regularly and is readily accessible to parents and staff.

The provider should ensure that the arrangements they set up include details on how the setting policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

The provider should ensure that the setting policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children with medical conditions.

Governing bodies of maintained schools and management committees of Short Stay Schools 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). Nursery proprietors should ensure the appropriate level of insurance is in place.

The employer

Who the employer is depends on the type of school or for registered day care, how it has been established. 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, have been provided with appropriate training and are following care plans and risk assessments. 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 school nurses, GP, consultants or other healthcare provider and Dudley Council Physical Impairment and Medical Inclusion Service.

Parent/carer

Parents should provide the setting with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the setting that their child has a medical condition. This information should always be confirmed by the child's relevant healthcare professional.

If the setting staff agree to administer medication on a short term or occasional basis, the parent/carer is required to complete a consent form (Appendix A). 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 a setting on a regular basis, a completed written 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 health care 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 (sometimes known as rescue medication) an individual health care plan (Appendix C) must be completed by the parent/carer in conjunction with the school nurse/health visitor and school/nursery staff. Minor changes to the health care plan can be made if signed and dated by the school nurse or health visitor. If, however, changes are major, a new health care plan should be completed. Health care plans should be reviewed at least annually. It is the parents' responsibility to notify the setting of any changes required to the plan e.g. treatment, symptoms, contact details. Any changes should be received in writing from the consultant or prescriber.

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 (for further information see section 10).

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

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

For non-prescribed medication purchased over the counter, it must be in its original container with the doses clearly visible (for further information please see page 18).

Children

Children 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.

Setting staff

The administering of medicines in 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 children. The unions also accept that sometimes it is done. If so they advise that the member of staff has access to information, training at the appropriate level 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 child 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 children 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 training before undertaking relevant duties.

For non-maintained early years settings, conditions of employment are individual to each 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/ Dudley Council Physical Impairment and Medical Inclusion Service.

Schools should have a named person responsible for dealing with pupils who are unable to attend school because of medical needs and who collates medical information, health care plans and records staff training.

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

Providers should ensure that the settings policy sets out clearly how staff will be supported in carrying out their role to support children 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 Dudley School Nurses or other Specialist Nurse/Practitioner/GP/ Dudley Council Physical Impairment and Medical Inclusion Service. 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 training through a school nurse or other suitably qualified health professional.

The employer must ensure that setting staff receive the appropriate level of 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 and competency based. Records of the satisfactory completion of all training should be kept with the training provider able to provide evidence of training. 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 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 setting to decide, having taken into consideration the training requirements as specified in childrens' individual health care plans. A first-aid certificate does not constitute the only 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 should always accompany a child taken to hospital by ambulance and should stay until a parent/carer arrives. Settings 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 including Individual Health Care Plans (IHCP)

When staff administer medication a record (Appendix B) must be made of the date, time and dose and this record must be signed. Reasons for any non- administration of regular medication must be recorded and parent/carer informed on the same day. The consent form should be kept with the medication. A separate register with each child's medication is required.

Every attempt should be made to ensure accuracy however errors can and do occasionally occur. If this happens there are strict guidelines which must be followed.

- Never write over the top of an error
- Never use correction fluid
- Never cross out
- Do not alter what has been written in any way

The error should be identified with an asterisk (or two asterisks if it is not the first error on the page). Then either on the next line, or at the bottom of the page write: "ENTERED IN ERROR, SHOULD READ…" and then insert the correct entry and sign and date it.

All settings should have a medicine policy which is shared and disseminated with all staff, parent/carers and indicates what staff will do in regard to all medication administration. The policy should reflect procedures for who will give any medication, how the medication will be stored, recording how you give medication and train staff if there is a specific medical need. The policy should be published on the setting website.

An individual health care plan (Appendix C) clarifies for parent/carer, the child and setting staff the circumstances in which additional health support will be required and the actions to be taken by setting staff to meet the child's needs. They should be developed with the child's best interests in mind and ensure that the setting assesses and manages risks to the child's education/development, health and social wellbeing, and minimises disruption. Where the child has a special educational need identified in a statement or EHCP, the individual healthcare plan will inform the assessment and planning process but will not replace reports from health care professionals as part of the statutory process. The health care plan will be developed with input from a health professional, a parent/carer/pupil and a member of setting staff depending on the nature of the child's condition. Specialist guidance may be sought from the child's GP, Consultant or Nurse Specialist.

Model process for developing individual health care plans.

Under the Data Protection Law medical documents are deemed sensitive information. The information in the health care plan and/or related medical information where a health care plan is not necessary, should be disseminated to relevant staff but balanced with the need to keep confidential information secure. Health 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 health 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 health care plan must be kept up to date and should be reviewed on a regular basis and at least annually to reflect the child's needs. A new health care plan is required if a child moves setting or their condition or treatment changes.

For private, voluntary and independent sector early year's providers an example health care plan can be found by visiting **http://www.dudley.gov.uk/resident/early-years/for-providers/supporting-children/**

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.

Care and consideration should be given regarding the communication of a child's individual health needs to the whole setting staff.

3 storage of medication and disposal of sharps

Generally non-emergency medication should be stored in a locked cupboard, secured to the wall or floor, preferably in a cool place. Items requiring refrigeration may be kept in a clearly labelled locked container in a standard refrigerator or in a closed container in a locked fridge used only for medication 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 and medicines should not be stored alongside food. All storage facilities should be in an area which cannot be accessed by children.

Wherever appropriate, pupils in secondary schools should be allowed to take charge of their own medication (Adrenaline Auto Injectors, asthma inhalers, dextrose tablets and painkillers (not aspirin)) if they are deemed competent, either keeping it securely on their person or in lockable facilities, and written consent from parents has been obtained. 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, Adrenaline Auto Injectors. This will depend on the child's age, maturity, and written parent/carer consent and school consent. Parents should be informed if these have been used or taken during the day.

All emergency medication e.g. reliever inhalers i.e. salbutamol , adrenaline auto –injector (AAI), and Buccal Midazolam for prolonged epileptic seizures must be readily accessible but stored in a safe, unlocked and suitably central location known to the child and relevant staff (see Part B). This location will be different in every setting according to; where the pupil normally has lessons or where the child spends most of their day, the size and geography of the setting and the child's age and maturity. Possible locations include the classroom, medical room, setting office or head teachers/managers office but these localities must be accessible, not locked and available at all times and within 5 minutes away from where they may be needed. In large settings, it is advised that emergency medications follow the child during the day (this is particularly important for AAI where speed of administration can be the difference between life and death. Severe anaphylaxis is an extremely time critical situation: delay in administering adrenaline has been associated with fatal outcome). This prescribed medication should always be kept in the original dispensed containers. Staff should never transfer medicines from original containers.

The Clinical Commissioning Group pharmaceutical public health team (medicines expertise), school nurses and Dudley Council Physical Impairment and Medical Inclusion Service 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 and needles from insulin pen devices. 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 an appropriate place situated near where the injections /blood glucose monitoring takes place. Sharps bins can be obtained on prescription from the child's GP or purchased over the counter from a community pharmacy. Parents are responsible for provision of sharps bins to the school. Sharps bins should be stored in a locked cupboard.

The setting should make arrangements for the safe disposal of sharp boxes, e.g. local authority environmental services. 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.

Children should not be carrying used sharps bins to and from school themselves. Arrangements for disposal should be outlined in the child's health care plan. Sharps bins should be securely locked when they are full and a replacement provided to the school by the parent.

4 offsite trips, visits and sporting events

Settings should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits and residential trips where medication will be different. It is best practice to carry out a risk assessment, using the Dudley official risk assessment template for Dudley schools, to ensure 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 can be carried by the child, if this is normal practice and the child is deemed competent. 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. For Dudley schools offsite trips the parent/carer must complete a High A2 consent form if their child requires any medication whilst on a trip or visit.

Arrangements should be made for taking sufficient supplies of any necessary medicines on visits, and for ensuring that they are safely labelled in original packaging, transported, stored (locked refrigerator if necessary), controlled and administered, and that records are kept of their use.

All staff supervising visits should be made aware of individuals' medical needs and any medical emergency procedures. Summary sheets held by all staff, containing details of each individual's needs and any other relevant information provided by parents, is one way of achieving this. You should consider how individuals' confidentiality can be protected, and ensure that personal information is securely disposed of when it is no longer needed. Refer to the National guidance for the management of outdoor learning, off-site visits and learning outside the classroom available here https://oeapng.info/

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 group leader 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 low risk activities / visits that recur throughout the school year, parents should sign a 'blanket' consent form LowA1 for the whole year instead of a form for each visit.

Medication provided by the parent must be accompanied with written directions for its use in its original packaging.

All group leaders should have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Education Visits Coordinators should be comfortable with the administration of parental/ medical professional instruction 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 in line with Dudley Safeguarding Children Board guidance.

If a child is subject to a Care Order, foster parents will need to ensure that Children's Services Social Care 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 (not containing aspirin). Settings should check packaging to ensure the medicine does not contain aspirin. However, written permission must be given by the parent/carer 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. Parents should inform settings upon arrival if a dose of analgesics has been given prior to arrival at the setting and at what time.

For all age children who regularly need analgesia (e.g. for migraine or menstrual associated pain), an individual supply of their analgesic should be kept in the setting. It is recommended that 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 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 and Dudley Council Physical Impairment and Medical Inclusion Service.

Children under 16 should never be given medicines (including teething gels) containing aspirin unless prescribed by a Doctor. Analgesics should only be given for teething where a temperature is present. Other pain relief should be offered, e.g. teething rings and teething pegs.

6 over the counter medicines (non-prescription)

A prescription is not required, and in most cases will not be given, for any medication, which can be purchased over the counter. Over the counter medicines, e.g. hay-fever treatments, cough/cold remedies, analgesics for pain relief should only be accepted in exceptional circumstances e.g. for treatment of minor ailments for self-care and be treated in the same way as prescription medication. The parent/carer must clearly label the container with the child's name and complete a consent form with the dose and time required to support administration. All medication, including non-prescription medication must be in its original packaging. 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.

Medication containing aspirin should not be brought into the setting. Staff should check the original packaging to ensure it does not contain aspirin.

There is a potential risk of interaction between prescription and over the counter medicines so where children are already taking prescription medicine(s), it is good practice to seek advice from a local community pharmacist. The use of non-prescribed medicines should normally be limited to a 48hr period and in the majority of cases not exceed 48hrs for acute, short term minor ailments. If symptoms persist, medical advice should be sought by the parent. However, in exceptional circumstances such as residential trips or a chronic minor ailment suitable for self-care with OTC medicines (e.g. menstruation (period) pain, chronic pain syndrome, hayfever treatment unresponsive to daily medication etc), it may be appropriate to facilitate ongoing self-care. Staff are advised to contact the Pharmaceutical Public Health Team at Dudley CCG and/or the Dudley Council Physical Impairment and Medical Inclusion Service for further information as appropriate on a case by case basis.

Non licenced medicine, including herbal preparations and or vitamins should not be accepted for administration in settings.

If you are unsure about any over the counter medications please contact your local Community Pharmacist or a member of the Pharmaceutical Public Health Team at Dudley CCG on **01384 321979**

7 methylphenidate (e.g. Ritalin, Equasym®, Medikinet®)

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 settings Methylphenidate must be stored in a locked non-portable container/place to which only named staff will have access to and a record of administration must be kept. The child must be taken to the medication. Tablets should not be crushed or halved unless this is explicit on the original package, directed by a health professional. 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

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. The Medicines Standard of the National Service Framework (NSF) for Children 2003 recommends that prescribers:

- Consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside child care setting or school hours
- Consider providing two prescriptions (known as split prescribing) where appropriate and practicable, for a child's medicine: one for home and one for use in the school or child care setting, avoiding the need for repackaging or re-labelling of medicine by parents

If a GP feels the need to prescribe an antibiotic, parent/carers should be encouraged to ask the GP for one which can be given outside of setting hours wherever possible.

Most antibiotic medication will not need to be administered during setting hours. Twice daily doses should be given in the morning before attending the school/setting and in the evening. Three times a day doses can normally be given in the morning before attendance at school/setting, immediately after the school day finishes (provided this is possible) and at bedtime. It should normally only be necessary to give antibiotics in 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. It is advisable to have a locked fridge or the fridge is located in a room which can be locked. NB Antibiotics should not be stored with food.

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 or as specified. 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 Part B). 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 must 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:-

- Adrenaline auto injector (Epipen®/Emerade®/Jext®) (Part B Section 12)
- Reliever Inhalers e.g. salbutamol for asthma (Part B Section 13)
- Glucose (dextrose tablets) (Part B Section 15)
- Rectal Diazepam (Part B Section 18)
- Buccal Midazolam (Part B Section 19)

Training can be given by Dudley School Nurses/Health Visitor nurses or appropriate specialist nurses to all staff for emergency situations including the school/setting staff who have volunteered to administer emergency medication. For early years training for Adrenaline Auto Injectors is provided by the area SENCOs.

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 health 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 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/carer's responsibility to replace medication which has been used or expired, at the request of the setting staff.

For children who are provided transport to school, medications should be returned in a zipped bag, with a form signed by the office staff and travel escort (if applicable) with a follow up phone call to home to ensure the medication has arrived home.

part B - guidelines for specific medical conditions

11 guidelines for the administration of adrenaline auto injector (AAI)

AAI by staff to be used in conjunction with Dept. of Health Guidance on the use of adrenaline auto injectors in schools 2017

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

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 AAI can only be administered by staff who have volunteered and have been designated as appropriate by the Head teacher/setting lead or manager.

Settings should ensure there are a reasonable number of designated members of staff to provide sufficient coverage, including when staff are on leave. In many settings, it would be appropriate for there to be multiple designated members of staff who can administer an AAI to avoid any delay in treatment.

Settings should ensure staff have appropriate training and support, relevant to their level of responsibility. Supporting Pupils requires governing bodies to ensure that staff supporting children with a medical condition should have appropriate knowledge, and where necessary, support.

It would be reasonable for ALL staff to:

- be trained to recognise the range of signs and symptoms of an allergic reaction
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g. skin) symptoms
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective)
- be aware of the anaphylaxis policy
- be aware of how to check if a child is on the register
- be aware of how to access the AAI
- be aware of who the designated members of staff are and the policy of how to access their help

Settings must arrange specialist anaphylaxis training for staff where a child who attends the setting has been diagnosed as being at risk of anaphylaxis. The specialist training should include practical instruction in how to use the different AAI devices available. Online resources and introductory e-learning modules can be found at

http://www.sparepensinschools.uk or **www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools** although this is NOT a substitute for face-to-face training. Alternatively as a refresher, videos for correct use are available on the manufacturer's website and/or anaphylaxis UK website **https://www.anaphylaxis.org.uk/**

As part of the medical conditions policy, the setting should have agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff, to help administer an AAI, as well as for collecting the spare AAI in the emergency kit. These should be proportionate, and flexible – and can include phone calls being made to another member of staff or responsible secondary school-aged children asking for the assistance of another member of staff and/or collecting the AAI (but not checking the register), and procedures for supporting a designated staff member's class while they are helping to administer an AAI.

DELAY IN ADMINISTERING ADRENALINE HAS BEEN ASSOCIATED WITH FATAL OUTCOME. Thought should be given to where delays could occur (for example, a phone call is made to summon help but there is no answer).

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 AAI 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 AAI 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 health care plan. The AAI should only be used for the person for whom it is prescribed.

1. Where an AAI may be required there should be an individual health 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, setting staff and doctor/nurse.
2. The AAI should be readily accessible for use in an emergency and where children are of an appropriate age the AAI 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 AAI is in date. Settings have a statutory duty to keep children safe. As such, they may put systems in place whereby expiry dates and discoloration of contents is checked termly (see Appendix D for sample letter). Parents are ultimately responsible for replacing medication as necessary.
4. It is now recommended that parents provide two AAI's to the setting, one for immediate access and one for second administration (if no improvement after 5 minutes with first dose for same event) in line with the personal allergy action plan for that service user. These can be requested from the GP by the parent/guardian.
5. The use of the AAI must be recorded on the pupil's medicine administration record, with time, date and full signature of the person who administered the AAI.
6. Immediately after the AAI 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 AAI. The used AAI must be given to the ambulance personnel.

7. It is the parent/carer's responsibility to renew the AAI before the child returns to school.
8. The AAI must be taken if the pupil leaves the school site on an offsite visit. The pupil must be accompanied by an adult, who has been trained to administer the AAI.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows all schools and maintained nurseries to buy AAI devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken or out of date). **NB this does not apply to private, voluntary and independent day nurseries.**

https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Further information can be found at **http://www.sparepensinschools.uk**

Display posters for various AAi's are available by visiting

https://www.bsaci.org/about/download-paediatric-allergy-action-plans

The Anaphylaxis Campaign
PO Box 275
Farnborough Hampshire GU14 6SX
Helpline: **01252 542029**
Website: **www.anaphylaxis.org.uk**
Email: **info@anaphylaxis.org.uk**

12 guidelines for managing asthma and the administration of inhalers

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 child took another child'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.

From October 2017 schools and maintained nurseries are able to hold salbutamol inhalers for emergency use along with a spacer. **NB this does not apply to private, voluntary and independent day nurseries.**

For further information and guidance, please see Guidance on the use of emergency salbutamol inhalers in schools, Dept. of Education, September 2014. Children only need to bring one inhaler to the setting.

1. 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. Training is available from the school nursing service for schools.
2. To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use. The emergency salbutamol inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to air dry in a clean, safe place The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of. To improve the effect of inhaled salbutamol in an emergency situation and to limit the need to dispose of the salbutamol, the salbutamol inhaler should always be administered with the spacer device (unless an exceptional circumstance prevents this i.e. emergency spacer cannot be located).
3. If school staff are assisting pupils with their inhalers, a consent form from parent/carer should be in place. Schools need to keep a register of children in school with asthma. Individual health care plans for all children should be in place with an asthma diagnosis or who have an inhaler.
4. 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 in classroom. Individual circumstances need to be considered, e.g. in small schools; inhalers may be kept in the school office.
5. 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.

6. All inhalers should be labelled with the following information:-

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

7. All children should use a spacer device with their inhaler where possible which needs to be labelled with their name. One spacer can be obtained through the child's GP for use in the setting. Additional spacer devices can be purchased, if needed, over the counter through the community pharmacy. The spacer device needs to be sent home at least once a term for cleaning.

8. The parent/carer is responsible for renewing out of date and empty inhalers.

9. The parent/carer should be informed if a pupil is using the inhaler excessively.

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

11. If children are going on offsite visits, inhalers MUST still be accessible.

12. It is good practice for 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.

13. 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 child 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**

13 guidelines for managing children with 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 at 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 on the advise of the specialist diabetes nurses. 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 diabetic nurses as treatment is individually tailored. A health care plan will be written by the Paediatric Diabetic Team. Advice can be sought from 01384 321420

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**
Care line: **0845 1202960**
Fax: **020 7424 1001**
Email: **info@diabetes.org.uk**
Website: **www.diabetes.org.uk**

14 guidelines for managing hypoglycemia (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 hypo glycaemia which occurs when the blood-sugar level falls. Training might be in conjunction with Paediatric Diabetic nurse and School Nurse 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 health 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 health 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 (dextrose gel), as per health 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 may have issued treatment in accordance with health care plan.

   If Glucogel has been provided:

   1. Glucogel is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream.
   2. The use of Glucogel must be recorded on the child's health care plan with time, date and full signature of the person who administered it.
   3. It is the parent/carer responsibility to renew the Glucogel when it has been used.

   If the child is unresponsive please refer to health care plan. The health care plan should give details of when an ambulance should be called and what care should be given following an episode.

15 blood glucose monitoring for children

All staff must use a fully disposable lancing device (supplied by parent/guardian) if they are undertaking blood glucose testing on behalf of a pupil. The lancet is single use only and the lancet can be safely disposed non-touch directly into the sharps container once the finger pricking has occurred. All lancing devices should have an eject feature to support this safe non-touch disposal to avoid sharps injuries. Settings staff should ensure correct use of the lancing device in line with the individual health care plan for that child. Lancets are required for use with children who need support to test their blood glucose and can be requested from the GP.

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

When to use

For children who self-test their blood glucose, a local CCG/hospital formulary blood glucose testing device will be provided and he/she will be taught to use a lancing device into which a disposable lancet will be inserted. This device is usually 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 Lancing device:

- 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 blood glucose meter which has a low risk for contamination when blood is applied to the strip. See the CCG formulary website for more details on Dudley supported blood glucose meters *Blood Glucose Testing - A Guide to Selecting the Correct Meter Blood Glucose Testing - Supported Blood Glucose Meters*
- 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 the lancing device
- 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 (follow manufacture instruction for safe disposal of the lancet)
- 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 health 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 health 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.

16 guidelines for managing Eczema

Eczema 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 health 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

17 guidelines for epilepsy and the administration of emergency medication

- Epilepsy is a neurological condition - which means it affects the brain. It is also a physical condition, because the body is affected when someone has a seizure
- Epilepsy is described as the tendency to have repeated seizures that start in the brain
- Epilepsy is usually only diagnosed after the person has had more than one seizure
- Anyone can have a seizure if the circumstances are right, but most people do not have seizures under 'normal conditions'
- Seizures are sometimes called 'fits' or 'attacks'. Seizures happen when there is a sudden interruption in the way the brain normally works
- Epilepsy is a variable condition that affects different people in different ways
- There are over 40 different types of seizure. What seizures look like can vary. For example someone may go 'blank' for a couple of seconds, they may wander around and be quite confused, or they may fall to the ground and shake (convulse). Not all seizures involve convulsions
- Some people are unconscious during their seizures and so they do not remember what happens to them. It can be really useful to have a description of what happened from someone who saw their seizure to help with diagnosis. This is sometimes called an 'eyewitness account'
- There are many different causes (reasons) why someone might develop epilepsy. Sometimes a cause for epilepsy can be found (for example a head injury) but sometimes the person's epilepsy starts 'out of the blue' and the cause cannot be found

If the child is unresponsive please refer to health care plan. The health care plan should give details of when an ambulance should be called and what care should be given following a seizure.

Further information can be found on

https://www.epilepsysociety.org.uk/what-epilepsy#.Wx-GX1KWyM8

17a guidelines for the administration of Buccal Midazolam

Buccal Midazolam is a treatment for convulsions, and it is administered orally. The health care plan should state when Buccal Midazolam is administered, what care should be given after administration and when an ambulance should be called.

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

The prescription and health care plan 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 child's records.
2. The prescription sheet and health care plan should be renewed if there are changes. The school nurse/provider will check with the parent/carer that the dose remains the same.
3. The consent form, prescription sheet and health 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 will have received training from the named school nurse. A list of appropriately trained staff will be kept.
5. The consent form, prescription sheet and health 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. **The health care plan should give details of when an ambulance should be called and what care should be given after a convulsion.**
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 safe place.
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 setting staff who are designated to administer Buccal Midazolam should have access to a list of children 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:

Dudley paediatric epilepsy nurse specialist Fiona John

Email: **fiona.john2@nhs.net**

Tel: **01384 456111**

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 9am - 4.30pm, Fri 9am - 4pm

17b guidelines for the administration of Rectal Diazepam

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

The prescription, consent form (Appendix E Part 1 and 2) and health care plan should reflect the specific requirements of each case including the point at which rectal diazepam is administered and advice should be sought from specialist nurses/Consultant/GP.

Rectal Diazepam can only be administered by a member of the 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.

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 child'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 health 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 health care plan must always be checked before the Rectal Diazepam is administered. The health care plan should give details of when an ambulance should be called and what care should be given after a convulsion.
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 child'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 child's name and stored in a locked cupboard. The keys should be readily available to all designated staff.
11. All school staff who are designated to administer rectal diazepam should have access to a list of children who may require emergency rectal diazepam. The list should be updated at least yearly, and amended at other times as necessary.
12. All school staff who are designated to administer Rectal Diazepam should have access to a list of children 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 9am - 4.30pm, Fri 9am - 4pm

18 guidelines for managing nasogastric tubes and gastrostomy tubes

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

It 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 on the care of the tube to include the administration of both medicines and feeding via the tube as required
- Ensure a health care plan is in place that reflects the specific requirements of each named child with a tube

Contacts

The Community Children's Nursing Team:

Office telephone number: **01384 321522**

School Nurses: All schools have details of their nominated school nurse

Appendix A

Consent form to administer medicines

The school/early years setting staff will not give any medication unless this form is completed and signed.

Dear Head teacher/setting lead or manager

I request and authorise that my child *be given/gives himself/herself the following medication: (*delete as appropriate)

Name of child		Date of birth	
Address Daytime Tel no(s)			
School/setting			
Class (where applicable)			
Name of medicine:			
Circle as appropriate:	Prescription / Over the counter		
Special precautions, e.g. take after eating			
Are there any side effects that the school/setting need to know about?			
Time of dose		Dose	
Start date		Finish date	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification (where applicable).

Name of medical professional	
Contact telephone number	

I confirm that:

- It is necessary to give this medication during the school/setting day
- I agree to collect it at the end of the day/week/half term (delete as appropriate)
- This medicine has been given without adverse effect in the past.
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.
- The medication does not contain aspirin.

Signed (parent/carer)		Date	

Dudley
Metropolitan Borough Council

December 2018

Appendix B

Administration record

Name ..... Date of birth .....

Address .....

Allergies .....

Date	Name of person who brought it in	Name of medication	Amount supplied	Form supplied	Expiry date	Dosage regime

Register of medication administered

Date	Medication	Amount given	Amount left	Time	Given by	Comments / Action Side effects	Parent/ carer name	Parent/ carer signature (early years settings only)

Dudley
Metropolitan Borough Council

December 2018

Appendix C

A health care plan is a written agreement that clarifies for staff, parents and the child the help that the school/setting can provide and receive. A health care plan is for a child with individual medical needs, but not all pupils with medical needs will require a full health care plan. For some pupils with medical needs, the school/setting may simply require a written agreement in which parents authorise the school/setting to administer medicine (see Appendix A)

Health Care Plan for child with medical needs - Part 1 of 2

Name of child	Photo
Address	(Do not use photo as ID of child in an emergency)
Date of birth	
Condition	

Name of school/setting		Year /Group		Date	
Review dates					

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

Dudley
Metropolitan Borough Council

December 2018

Daily care requirements where relevant (e.g. before sport/at lunchtime):
Describe what constitutes an emergency for the child and the action and follow up required if this occurs:
Training required:

CONTACT INFORMATION		
Family Contact 1	Name	Tel Work
		Tel Home
		Tel Mobile
Relationship		
Family Contact 2	Name	Tel Work
		Tel Home
		Tel Mobile
Relationship		

CLINIC/HOSPITAL CONTACT	
Name	
Clinic/Hospital	
Tel No	
Name of GP	
Tel No	

Completed by		Date	

Dudley
Metropolitan Borough Council

December 2018

Health Care Plan for child with medical needs - Part 2 of 2

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

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

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

Name of child	

Name of parent/carer			
Signature of parent/carer		Date	

On behalf of school/setting			
Name of Head teacher/setting lead			
Signature of Head teacher/setting lead		Date	

On behalf of			
Name of Doctor/Nurse			
Signature of Doctor/ Nurse		Date	

Example STAFF INDEMNITY statement (to be amended according to who the employer is).

(insert employer's name where ..... is not the employer) 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 ..... (insert employer's name where ..... is not the employer) and not the employee will meet the cost of damages should a claim for negligence be successful. It is very rare for school/setting 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 .....

Dudley
Metropolitan Borough Council

December 2018

Appendix D

Model letter

The letter below is attached for guidance. It can be adapted and used for issue by school/ setting staff as well as school nurses.

Clinic address/School/Setting address

Telephone contact details

Date

Dear parent/carer

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/ setting staff/School nurse is/are notified in writing.

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

Yours sincerely

School nurse/school/setting lead

Dudley
Metropolitan Borough Council

December 2018

Appendix E

Staff training record - administration of medicines

Name of school/setting	
Name	
Type of training received	
Accreditation (where appropriate)	
Date of training complete	
Training provided by	
Profession and title	

I confirm that …….. (Name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment covered by it.

I recommend that the training is updated ……. (Please state how often).

Trainer's signature: …….. Date: ……

I confirm that I have received the training detailed above.

Staff signature: ……... Date: ……

Suggested review date: …….

Dudley
Metropolitan Borough Council

December 2018

Appendix F

Medical conditions in school - Sample policy framework

Name of School .....

This school is an inclusive community that welcomes and supports pupils with medical conditions. This school provides all pupils with any medical condition the same opportunities as others at school.

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

The named member of school staff responsible for this medical conditions policy and its implementation is:

Name .....

This policy will be reviewed every 3 years and is next due to be reviewed in .....

It is available on/from .....

Complaints by parents or others should be discussed initially, as appropriate, with the class teacher or head teacher. It is desirable that complaints should be dealt with informally, but if that is not possible, then a written, formal complaint should be registered with the head teacher, unless it is a matter concerning the head teacher, when it should be directed to the chair of governors. Parents may request a copy of the full complaints procedure from

.....

1. This school is an inclusive community that supports and welcomes pupils with medical conditions. This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils.

   No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made. This school will

listen to the views of pupils and parents. Pupils and parents feel confident in the care they receive from this school and the level of that care meets their needs.

Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.

All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

The whole school and local health community understand and support the medical conditions policy.

This school understands that all children with the same medical condition will not have the same needs.

The school recognises that duties in the Children and Families Act and the Equality Act relate to children with disability or medical conditions.

2. This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings. Stakeholders include:

•

•

•

3. The medical conditions policy is supported by a clear communication plan for staff, parents/ carers and other key stakeholders to ensure its full implementation.

   Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels for example

4. All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

   All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.

   All staff receive training in what to do in an emergency and this is refreshed at least once a year. This school will, in partnership with parents and health care professionals, give careful consideration to whether an individual healthcare plan (IHP) is appropriate or proportionate.

   The development of a plan will be led by .....

   A pupil's individual healthcare plan will explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

5. All staff understand and are trained in the school's general emergency procedures. All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.

   If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

6. This school has clear guidance on providing care and support and administering medication at school.

   This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.

   This school will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary.

   This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.

   This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.

   When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents will be informed. This school will not give a pupil under 16 aspirin unless prescribed by a doctor.

   This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

   This school will not require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.

   Parents at this school understand that they should let the school know immediately if their child's needs change.

   If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's managing substance related incidents/behaviour/disciplinary procedures are followed.

7. This school has clear guidance on the storage of medication and equipment at school.

   This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available

wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if they wish/this is appropriate.

Emergency medication/equipment is stored .....

Pupils may carry their own medication/equipment, or they should know exactly where to access it. Pupils can carry controlled drugs if they are competent, otherwise this school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.

This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately

Medication will be stored .....

This school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

Parents are asked to collect all long-term medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term. Once a course of short-term medication is completed, it should be collected by parents to dispose of appropriately.

This school disposes of needles and other sharps by .....
Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of appropriately by parents.

8. This school has clear guidance about record keeping.

Parents at this school are asked if their child has any medical conditions when

.....

Where appropriate and proportionate, this school uses an IHCP (Individual health care plan) to record the support an individual pupil's needs around their medical condition. The IHCP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.

This school has a centralised register of IHCPs, and an identified member of staff has the responsibility for this register.

IHCPs are regularly reviewed, at least every year or whenever the pupil's needs change. The pupil (where appropriate), parents, specialist nurse (where appropriate) and relevant Healthcare services hold a copy of the IHCP. Other school staff are made aware of and have access to the IHCP for the pupils in their care.

This school makes sure that the pupil's confidentiality is protected.

This school seeks permission from parents before sharing any medical information with any other party.

This school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHCP which accompanies them on the visit.

This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

This school makes sure that all staff providing support to a pupil have received suitable training and on-going support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHCP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence (where appropriate), and this school keeps an up-to-date record of all training undertaken and by whom.

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

   This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.

   This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

   All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

   This school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.

   This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

   This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.

This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition.

This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/Additional Learning Needs Co-ordinator/Special Educational Needs Advisor who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.

All pupils at this school learn what to do in an emergency.

This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

10. This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating health and safety risks and has a written schedule of reducing specific triggers to support this.

    This school is committed to identifying and reducing triggers both at school and on out-of-school visits.

    School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks e.g. if a pupil has a severe nut allergy, school may consider asking staff/parents of other children not to bring in peanut butter sandwiches.

    The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

    This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

11. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy. This school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

    The roles and responsibilities for all relevant parties are (outline briefly specific responsibilities):

    - Head teacher
    - Governors
    - Teachers and other staff
    - Trained designated staff
    - SENCO/Additional Needs Co-ordinator, Inclusion Manager
    - School nurse

12. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

    In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

Appendices (suggestions)

Asthma policy and protocol forms, letters and pro-forma.

Flow chart taken from Annexe A: Model process for developing individual healthcare plans of supporting pupils at school with medical conditions, April 2014, DfE.

Appendix G

Reviewing policy and practice in schools - Key questions and requirements

Statutory Statement*	Key questions	School's evidence
1. 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.	What provision is in place? How do you ensure equality of access and potential for enjoyment necessary?	
2. In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.	How do governors ensure that children are treated as individuals and that consideration is given to the impact of their particular needs on their school life?	
3. 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.	How do you ensure that parents and pupils have confidence in your arrangements? How do you know? What do you do to promote pupils' confidence and promote self-care? How do you ensure that staff are properly trained?	
4. Governing bodies 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.	Are arrangements sufficient to meet statutory responsibilities? How do governors ensure that policies, plans, procedures and systems are properly implemented?	

Dudley
Metropolitan Borough Council

5. 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.	Does school have a policy for supporting children with medical conditions in school? When was it last reviewed? Where can parents and staff view the policy?	
6. 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.	Who has overall responsibility for implementation of the policy? What arrangements are in place to ensure that the policy is implemented effectively?	
7. Governing bodies should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.	What does school do when notified that a pupil has a medical condition?	
8. Governing bodies should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.	Does the policy state the role of IHPs? Who does it say is responsible for their development?	
9. The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. 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 well-being and minimises disruption.	Are review arrangements explicitly stated in the policy? Does practice reflect policy?	

Dudley
Metropolitan Borough Council

10. When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following: the medical condition, its triggers, signs, symptoms and treatments; the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons; specific support for the pupil's educational, social and emotional needs, for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions; the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring; who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable; who in the school needs to be aware of the child's condition and the support required; arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours; separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments; Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.	Has consideration been given to the items identified in the Guidance? Do IHPs contain appropriate information?	

11. 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.	Does the policy identify roles and responsibilities? Who are the individuals identified?	
12. Governing bodies - must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.	Has a policy been developed and implemented? Have sufficient staff received suitable training?	
13. 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.	Does the policy identify how staff will be supported and how this will be reviewed? How are training needs assessed? How and by whom is training commissioned and provided?	
14. The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.	Is the requirement for training explicitly stated in the policy?	
15. Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).	What training has taken place? How is a record kept of training undertaken? Is the training required and undertaken documented on IHPs?	

Dudley
Metropolitan Borough Council

16. Governing bodies should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.	What arrangements are identified in the policy as being in place for children to manage their own health needs? What happens in practice?	
17. The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines.	Is the school's policy clear about the procedures in place? Are the procedures followed?	
18. Governing bodies should ensure that written records are kept of all medicines administered to children.	Are appropriate written records kept?	
19. Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation.	Does the policy set out what should happen in an emergency?	
20. Governing bodies should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.	Are appropriate arrangements in place to support participation in trips, visits and sporting activities?	
21. Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.	Does the school's policy identify unacceptable practice?	
22. Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.	Is the appropriate insurance in place?	
23. 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.	Does the policy set out how complaints will be made?	

Dudley
Metropolitan Borough Council

*Schools must have regard to these statements when carrying out their statutory duties i.e. they must take account of the guidance and carefully consider it. Having done so, there would need to be a good reason to justify not complying with it.

Documentation:

- Supporting children with medical conditions policy
- Individual health care plans
- Consent forms
- Records of medication administered
- Emergency medication forms (may be part of IHP) Records of training undertaken
- Stock record for storage of long term medication
- Emails/letters reminding parents to check medication/update health care plans

Arrangements

- Storage of long term medication
- Storage of emergency medication
- Storage of temperature sensitive medication Storage of IHPs/Administration of medicine records Appropriateness of labelling on medication
- Sharps boxes (where applicable) First aid boxes

Dudley
Metropolitan Borough Council

NHS
Dudley
Clinical Commissioning Group

Dudley
Metropolitan Borough Council

Dudley
Safeguarding
protecting children and young people