Managing Medication in School

September 2021

Date of Next Review: September 2022

Person Responsible: Miss Jodie Colbourne (Headteacher)

Old Park School

Contents

1. Introduction

This guidance is written in line with the following national guidance for schools:

- Supporting pupils at school with medical conditions (publishing.service.gov.uk), December 2015
- Guidance on the use of adrenaline auto-injectors in schools (publishing.service.gov.uk), September 2017
- Statutory framework for the early years foundation stage (publishing.service.gov.uk), September 2021

This guidance also incorporates expectations on schools as stated within the document: Inspecting safeguarding briefing (safeguardinginschools.co.uk), Ofsted 2014

In addition, the 'Guidelines for the administration of medicines and for managing specific medical conditions in educational and early years settings and other Ofsted approved facilities', Dudley 2018 has also been referenced.

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 plan 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.

School staff may be asked to perform the task of giving medication to children and young people, 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 and young people have long term health conditions or otherwise need medication. These measures must not discriminate and must promote and safeguard the good health of children and young people. Policies must be made clear to parents. Further advice can be sought from your Trade Union or Professional Association.

2. Common law duty of care

Anyone caring for children and young people, including teachers and other school 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 and young people 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.

3. Access to education and associated services

Some children and young people with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995/Equality Act 2010. The public sector Equality Duty, as set out in section 149 of the Equality Act, came into force on 5 April 2011, and replaced the Disability Equality Duty. Disability is a protected characteristic under section 6 of the Equality Act. The public sector Equality Duty requires public bodies to have due regard in the exercise of their functions to the need to:

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

Responsible bodies for schools must not discriminate against pupils in relation to their access to education and associated services. This covers all aspects of school life including school trips, school clubs, and activities. School should make reasonable adjustments for disabled children and young people 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 an Education, Healthcare Plan (EHCP) 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.

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. 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.

4. Accommodation

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet.

It must not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

5. Protocol for Safe Handling of Pupil Medication in School

- Where possible parents/carers should administer medication to their child outside of school hours. Where this is not practicable, they should arrange with the school for the administration of medication by school staff, as per policy.

- Prescribed medication from a GP or Consultant must be supplied in its original container/packaging, with the pharmacist's original label, with the following clearly shown:

    - Child's name and date of birth
    - Name and strength of medication
    - Dose
    - Any additional requirements e.g. in relation to taking with food/ empty stomach etc
    - Expiry date
    - Dispensing date

- Over the counter (OTC, non-prescribed) medication e.g. Calpol or Piriton will be administered in line with guidelines on the packaging. Medication must be supplied in its original container. Parents/carers should ensure that their child's name is clearly labeled. 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.

- Parents/carers must inform school in writing (Diary sheet, email) if their child has been given OTC medication before school.

- Enteral feeds and feed additives such as thickener are prescribed items. Their administration will be confirmed with the dietitian or other prescribing professional, for example speech and language therapist.

- Medication forms are sent out to all parents/carers on school entry and then annually unless parents/carers inform us of any changes. (Appendix 1 and 2)

- Medication will only be given in school when a Parental Authorisation form has been completed and a Medication Regime form has been received or updated, to include all current prescribed medication. This includes OTC medication.

- All pupils, including those that have long term complex health needs have a health assessment with care plans if required. This needs to be completed by a member of the School Health Team, in conjunction with the parents/carers and other health professionals and agencies involved in the pupil's care.

- Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or if medication is discontinued. Where long term medication has been commenced or discontinued, confirmation from GP/Consultant may be required.

- Where it is felt to be necessary the school reserves the right to ask parents/carers to supply a doctor's note or allow verbal contact with healthcare professionals, in order to support/confirm the information given on the medication regime form and/or the medication authorisation form. Until clarification has been received, the medication will not be administered. Parents/carers will be informed of this.

- If, for any reason, the Parental Authorisation form and the details on the pharmacy label of medication do not agree then medication will not be given. Parents will be informed of this.

- It is parent/carer responsibility to supply in date medication to school.

- Staff who have complex need responsibility with support from the class team where appropriate will carry out regular stock checks to ensure medication kept in school is in date and will contact parents/carers to request new supply, when necessary.

- School staff participate in the administration of medication on a voluntary basis. Training and support are provided for staff to enable them to safely administer medication. A register of staff trained to administer medication will be kept in school.

- Medication given on an as needed basis (PRN) will only be given once it has been established that it has not been previously given, within the dosage restriction (for example when there is a minimum time between doses).

- Medications that are prescribed on a once daily (O.D.) or twice daily (B.D.) basis, will not be given in school unless there is a medical need, which must be supported by a letter from the prescribing medical practitioner.

- If a pupil requires medication on a short-term basis, such as antibiotics, doses will only be given during school hours, if required three (TDS) or four (QDS) times a day basis. Parents/carers will be expected to give the remaining dosage at home.

6. Safe Administration of Medication

- All medication given must be checked by 2 members of staff. 1 contracted person to administer medication and 1 to act as checker/witness to act. Staff must have undergone safe administration of medication training within the last 12 months.

- Long term agency staff working at Old Park School (green lanyard) who have undergone training may act as a second signatory when the contracted school staff are administering medication. Short term agency staff (red lanyard) do not administer or witness the administration of medication.

- Staff should have access to facilities to wash their hands before and after administration of medication in the area the medication is to be given.

- Where possible, medication should be given in the room where it is stored. All paperwork, including administration sheet and consent should be available at the time of administering medication.

- The person administering the medication must:

    - Check the identity of the child before administration of medication.
    - Ensure dose has not already been given (via administration sheet).
    - Ensure the pharmacy label (Or administration guidance on OTC medication) agrees with parental authorisation form.
    - Ensure medication is in date.
    - Ensure the name of the medication on the label matches the name on the bottle/box

- School staff should refuse to give prescribed medication if the pharmacy label does not include the following information:

    - Name and strength of medication
    - Amount/dose to be administered
    - Name of patient
    - Time to be administered
    - Expiry date

- An accurate written record must be kept of all medication administered to pupils using a Medication Administration Record sheet. All drug administration must be witnessed by a second person and recorded at that time. (Appendix 3 a-c).

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

    - Never write over 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 as asterisk (or 2 if it is not the first error on the page). Then at the bottom of the page write: ENTERED IN ERROR – SHOULD READ_____then insert the correct entry, sign and date it. Where medication has been administered in error. then nurse on site to be informed immediately along with a member of SLT. The incident is reported and parent/carer informed.

- Completed administration forms will be kept on the pupil's CPOMS file.

- Staff administering medication should ensure it is returned to original storage for security and pupil safety.

- Out of date medication will not be administered.

- Where appropriate, pupils' will be encouraged to participate in administration of their own long-term treatments under supervision from staff.

- School staff will not force a pupil to take medication. If for any reason the administration of medication is not possible, parents will be informed by telephone. This will be recorded on the administration sheet.

- Staff should never transcribe onto an administration of medication form, they only record the amount administered following the directions on the medication and authorisation form.

- For schools the recommended retention period for medication administration records is date of birth of the child being given the medication plus 25 years. This allows for records to be kept as evidence for litigation.

- Equipment required for administration of medication will be provided, where possible by parents / carers.

- Medicine spoons, tablet crushers and medicine tots will be washed in warm soapy water after use, dried and stored with the pupil's medication

- Syringes should be used for individual pupils, with one syringe per medication.

- Baxa exacta med reusable syringes can be used for up to a week only before discarding

- Baxa Exactamed Oral/Enteral Dispensers (product codes H15), should always be cleaned using the methods described in the Instructions For Use (IFU).

- Medicina reusable oral syringes should be discarded after 1 week.

- If the marking comes off the barrel of the syringe, or the action of the syringe become stiff it should be discarded.

- For administration via enteral routes, only staff who have a signed competency can give medication in this way. When syringes are used for administration of medication they should be separated, washed in warm soapy water, stored separately and changed weekly, as per Black Country Partnership healthcare Foundation Trust enteral feeding Standard operating procedure, unless otherwise stated.

- **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. Ensure the temporary closure mechanism is in place when the sharps bin is not in use. Parents should dispose of the sharps bin when full, or if this is not possible at the time, the school nurse is able to do this.

- Children should not be carrying used sharps bins to and from school themselves. Sharps bins should be securely locked and signed by the person locking it when they are full and a replacement provided to the school by the parent.

7. Guidance for giving over the counter medications (OTC Medications)

- Over the counter (OTC) medications e.g. hay fever remedies, cough/cold remedies, should only be accepted into / given in school in exceptional circumstances, i.e. the self-care of minor ailments.

- They should be treated in the same way as prescription medication. Parents/carers should clearly label the medication with the child's name and complete a consent form with the dose, timings, and reasons for administration.

- The consent form needs to state that the medication has previously been given with no adverse effect.

- There is a potential risk of interaction between OTC medication and prescription medications, therefore it is good practice to seek advice from a community pharmacist.

- The use of non-prescribed medication should be limited to a 48hr period and in all cases not exceed 48hrs. If symptoms persist medical advice should be sought by the parents.

- Non-licensed medication such as herbal preparations and or vitamins will not be accepted for administration in school

Analgesics (painkillers)

- Children of all ages who need regular analgesia should have their own individual supply that is kept in the setting. It is recommended that settings do not keep a stock supply of analgesics.

The following guidance should be followed for administration:

- Where permission for paracetamol to be administered has been given, unless written confirmation of previous administration has been received or a parent/carer can be contacted to check times, it will not be given before 12:30pm.

- Record reason for administration (unsettled, in pain, requesting pain relief).

- Give the dose as directed on the bottle.

- Notify parents of administration and reasons why.

- If discomfort persists, contact parents/carers for them to collect their child.

- Children and young people under 16 will not be given any remedies containing aspirin, unless they are prescribed by a doctor.

8. Protocol for Safe Storage of Medication in school

- Lockable medication/drug cabinets are located in the Medical Room for out of date/no longer used medication waiting to be returned, and each classroom. They must always be securely locked.

- A lockable fridge is available for storage of medication in the Medical Room.

- The school nursing team need to check all medication that is brought into school. When returning medication 2 staff from class check them out. Medication is stored in a sealed bag/envelope and clearly labelled. These are handed directly to the passenger assistant or parent/carer on collection. This is recorded on CPOMS.

- Any drugs that have expired or are no longer needed will be sent home in order for parents to destroy.

9. Storage of Controlled Drugs

- All controlled drugs will be stored in a labelled lockable container within a locked drugs cupboard.

- The keys, when not in use, will be in a designated locked place.

- All receipt and movement in the amount of controlled drugs held, must be recorded, witnessed and signed for (2 signatures).

- The controlled drug record will be kept onsite for 2 years after the last date of administration (Misuse of drugs regulations 2001 regulation 23) http://www.legislation.gov.uk/uksi/2001/3998/regulation/23/made. These records are stored on CPOMS.

10. Protocol for taking Medication out of school during school day

- When medication is taken off school premises, on educational visits, all medication must be stored in a locked bag/box.

- For each off-site visit, a member of staff must take responsibility for the collection and return, safe storage, and administration of medication. This named person will be recorded on the off-site visits form.

- All medication taken off site should be signed out and again on return to school.

11. Protocol for Safe Transportation of Medication between home and school

- Wherever possible, medication should be brought into school by a parent/carer and handed directly to a member of staff for checking in by the school nurse.

If medication is sent into school via transport, it must:

- be transported in a separate bag
- the bag should be clearly labelled, with child's name and indicate that it holds medication
- the bag containing the medication must be handed by the parent/carer to the transport passenger assistant
- medication must not be placed in a child's bag
- on arrival to school, the passenger assistant must hand the medication bag to a member of school staff who will then assume responsibility for opening, checking, and storing medication
- once medication has been checked and stored safely, the bag will be returned home
- When a pupil is in respite, the medication should be stored in a locked bag. The combination should only be shared between home and the respite provider. School staff will not open or check the medication.

- If a pupil is prescribed short term medication, where possible the parent/carer should bring this into school. If this is not possible, parents must call school and speak to the school nurse or member of the leadership team to make arrangements for the transportation and administration of this medication.

12. Emergency Medication

Pupils that need emergency medication should have a Care Plan in place. A Care Plan must include details of the emergency protocol and details of any emergency medication prescribed. The Care Plan needs to be completed by a member of the School Nursing Team, in conjunction with the parents/carers and other health professionals and agencies involved in the pupil's care.

13. School Epilepsy Policy Incorporating administration of Buccal midazolam

- On entry to school, parents/carers of those pupils diagnosed with epilepsy should make the school aware, in order to complete a Care Plan with emergency procedure for Epilepsy.

- This emergency procedure should state when to give emergency medication as well as the dose and include any aftercare. These instructions should be reviewed annually or when changes in care or medication occur.

- If a pupil is prescribed emergency medication and it is not available in school the pupil will be unable to attend, until school has an appropriate stock or correspondence is received from a medical professional to state it is no longer required.

- There are a number of school staff trained in the emergency treatment of seizures and administration of emergency medication. The school keeps a record of staff who are competent and authorised to administer emergency medication.

- Parents/carers have a responsibility to inform the school of any anti-epileptic medication their child is taking even if the medication is not given in school time. This is so that the school has a record of each child in case of an emergency and should be included in the Medication Regime Form.

- If a child has a seizure, first aid measures need to be taken to maintain the child's airway and protect their head. If the seizure is prolonged and Buccal Midazolam is not prescribed, an ambulance needs to be called as an emergency and parents/carers should be informed promptly.

- If a child is not known to have epilepsy and has a prolonged generalised seizure again, an ambulance needs to be called immediately and parents/carers contacted.

- If at any time classroom staff are concerned that a pupil may be having a seizure or an absence or a series of absences, this needs to be recorded with date and time of absence/seizure, length and description, on a seizure chart. This can then be passed to the school nurse who can liaise with parents/ carers and/or the consultant pediatrician.

14. Administration of Buccal Midazolam

- It is the parents/carers responsibility to ensure that an adequate stock level of emergency medication is kept within school. However, School Health class staff or complex needs staff will carry out half termly stock checks to ensure that there is the required medication in school, and will contact parents/carers to request new supply, when necessary.

- It is the parents/carers responsibility to inform the school of any changes regarding their child's dose and of changes in administration of emergency medication. This will need to be confirmed by the G.P. / Consultant and the Care Plan and Emergency Procedure updated before it can be actioned at school.

- Parent/carers should inform school if emergency medication has been given prior to a pupil coming into school that day with the time and dose given. Where a pupil is only allowed 1 dose of medication in 24 hours the pupil will be unable to attend school until the 24-hour period is over. A child should not be put onto transport if they have had a seizure within fifteen minutes of transport arriving or have not had a good recovery if earlier in the morning.

- In the event of a child requiring emergency medication, the staff member administering will adhere to the doctors' instructions and follow advice from the Care Plan. The procedure needs to be witnessed by another staff member.

- Under Dudley Education Policy, an ambulance must be call for all children in Dudley schools who have received midazolam. Any exception to this rule must be authorised by Consultant and documented on the Care Plan.

- When the pupils are off site, normal procedures apply so far as is reasonably practicable.

15. Administration of Adrenaline using an auto injector device (e.g. EPIPEN)

- On school entry parents/carers of those children diagnosed with allergies/ anaphylaxis should make the school aware, in order to complete a Care Plan with emergency procedure for allergies and anaphylaxis.

- There should be a minimum of 2 auto injector pens kept in school. One pen should be accessible within any environment where the child is. It should be kept in a safe place that is not accessible by pupils. The second pen should be kept in the locked medicine cupboard, nearest to the class room of the pupil.

- It is the parents/carers responsibility to ensure that an adequate stock level of emergency medication is kept within school teaching assistants with health care responsibilities will carry out a check half termly and record expiry dates and stock levels.

- It is the parents/carers responsibility to inform the school of any changes regarding their child's dose and of changes in administration of emergency medication.

- In the event of a child requiring emergency medication, the trained staff member administering will follow the emergency procedure plan.

- A 999 call must be made if Anaphylaxis is suspected.

- When a child has had emergency medication administered they are required to attend hospital (via ambulance) for further treatment/monitoring. Parents will be notified as soon as possible.

- Parents will be required to provide replacement medication (auto injector pen) before the pupil can return to school.

Old Park School understands the importance of safely obtaining and storing personal data and is committed to following all aspects of UK General Data Protection Regulations (GDPR). All information gathered and held in respect of this policy will be protected in line with current General Data Protection Regulations and the Data Retention Policy.

This policy was approved by members of the Governing body on Monday 27th September 2021.

Appendix 1

Written Consent for Medication to be Administered in School

Pupil's Name:	**Address:**
Date of Birth:	
Any known allergies to medication	

I request that the following medication is given during the school day.

Name of Medication	**Dosage**	**Time**
Reason for Administration:		
How will this medication be given? e.g. Orally		
Special precautions or instructions?		
Please delete as appropriate This medication has been prescribed by a GP/Consultant. This is an over the counter medication.		

I have read and agree to the notes overleaf.

Signed (Parent/Carer):

Date:

Date Received in School	**Received by**	**Checked in by**

Written Consent for Medication to be Administered in School Notes

1 Any medication must be supplied to the school in the original container clearly labelled with your child's name. Where the medication has been prescribed, it should include a pharmacist label with the name of the medication, full instructions for use and the name of the pupil. The school may refuse to administer any medication supplied in inappropriate containers.

2 The school will not agree to administer any medication in school, without a written request using this form, having first been made.

3 The school will not agree to administer any medication in school that is not essential to be administered during the course of the day. (If it is acceptable for doses to be given before and after school, the school should not be being asked to administer during the school day).

4 For pupils on long-term medication, the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.

5 Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.

6 A record will be kept by the school of all medication administered and when, in respect of each pupil for whom it has agreed to administer medicines.

7 Parents /carers will have administered this medication to their child before with no adverse reactions

8 It is parents/carers responsibility to inform school immediately of any changes to pupil's medication regime and ensure the appropriate Medication authorisation forms are completed.

9 Where it is felt necessary School or Nursing staff reserve the right to ask parents/ carers to supply a doctor's/consultant's note to support/confirm the information given on the medication authorisation form.

Appendix 2
Pupil Medication Regime Overview

Pupil's Name:	**Address:**
Date of Birth:	
Any known allergies to medication	

I confirm that my child is currently taking the following medication/s.

Medication taken at home

Name of Medication	**Dosage**	**Time**

Medication taken at school

Name of Medication	**Dosage**	**Time**

Emergency Medication

Name of Medication	**Dosage**	**When Needed**

Signed (Parent/Carer):
Date:

Appendix 3
Administration Record for Medication

Pupil's Name:	**Medication and Strength:**
Date of Birth:	**Dose and Route:**
Month:	**Year:**

Please delete as appropriate

This medication has been prescribed by a GP/Consultant.

This is an over-the-counter medication.

Date	Time	Signature	Print Name	Witness Signature	Print Name	Comments
1st						
2nd						
3rd						
4th						
5th						
6th						
7th						
8th						
9th						
10th						
11th						
12th						
13th						
14th						
15th						
16th						
17th						
18th						
19th						
20th						
21st						
22nd						
23rd						
24th						
25th						
26th						
27th						
28th						
29th						
30th						
31st						

Key: R-Refused A-Absent from School

Appendix 4

Administration of Paracetamol Record

Pupil's Name:	**Medication and Strength:**	
Date of Birth:	**Dose and Route:**	
Written consent form checked: YES/NO *Paracetamol cannot be administered if there is no written consent.		
Time of Last Dose (If before 12.30pm):	**Confirmed by:**	
Date and Time of Administration	**Amount Given:**	**Administered by:** **Witnessed by:**
Reason for Administration:		
Response to paracetamol e.g. reduced temperature, settled		
Parents/carers informed by:		

Appendix 5
Enteral Feeding Record

Pupil's Name:	**Name of Milk:**
Date of Birth:	**Route of Feed:**

See Dietician regime and care plan for further details.

Date/Time	Gastric aspirate obtained Yes/No	PH Result	Signature Printed Name	Comments

Appendix 6
Suction Machine Check List

Pupil's Name:	**Date of Birth:**

Suction machine to be checked daily and cleaned weekly and after each use.

Date	Signature	Print Name	Comments	When Used
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				
11th				
12th				
13th				
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26th				
27th				
28th				
29th				
30th				
31st				

Appendix 7
Daily Continuous Oxygen Check List

Pupil's Name:	**Date of Birth:**

Main oxygen - Check expiry date, gauge level and flow check, mask/nasal
Spare - Check expiry date, gauge level and flow check

Date	SATS (If required)	AM Check Signature/Print Name 1	AM Check Signature/Print Name 2	Comments	SATS (If required)	PM Check Signature/Print Name 1	PM Check Signature/Print Name 2	Comments

Appendix 8
Baxter EXACT AMED Oral/Enteral Dispensers

Instructions for Use
Please read carefully

- CE marked; latex-free.
- Suitable for multiple use on the same patient.
- Single patient use only.
- Accurate measurement to +/– 5% of dose markings.
- Non-Sterile after first use.

Cleaning Guidelines

Dispensers may be cleaned and reused

- Clean IMMEDIATELY after each administration using fresh, warm, soapy water. It is ESSENTIAL to draw plunger in and out several times until all traces of medicine are removed from inside tip.
- Separate barrel and plunger and wash both thoroughly in warm, soapy water.
- Rinse under COLD tap and shake off excess water. Wipe dry with clean paper towel.
- Store in a clean, dry container. Reassemble when required.

Additional cleaning processes if required

Dispensers will also withstand (components separated):

- Immersion in boiling water (3 minutes).
- Immersion in cold sterilising solution (see solution manufacturer's instructions. N.B.
- Immersion should NOT be permanent between uses).
- Processing in a steam steriliser (see manufacturer's instructions). Thorough cleaning prior to any of these additional processes is essential. Warning
- DO NOT autoclave any dispenser.
- DO NOT use if dose markings are no longer clear.
- Professional judgement should be used when deciding whether reuse is appropriate.

For further advice, contact your local healthcare provider.

Appendix 9
Enteral ISO-Saf Home syringes

Enteral ISO-Saf Home syringes are intended for use and re-use by one person and may be cleaned and re-used up to six times per day for no more than 14 days.

Traces of feed or medication that are allowed to dry and harden onto the syringe might not be removed by cleaning. For this reason if a syringe is to be re-used then it must be cleaned immediately after use.

Precautions:

- Do not use the syringe if the plunger doesn't move smoothly and easily into the barrel.
- Do not use the syringe if there is any visible damage to either the plunger or barrel.
- Discard the syringe if the dose markings on the side are no longer clear and easy to read.

1. Remove the syringe plunger from the syringe barrel. Wash both components thoroughly in hand-hot soapy water using washing up liquid. Pay particular attention to removing any trace of feed or medication from crevices or corners.

2. Rinse thoroughly under cold running tap water to remove all traces of the soapy water. Inspect each item carefully to confirm that all traces of feed or medication have been removed.

3. Shake any residual rinse water off the syringe components and then allow to air dry. Do not reassemble wet components. Once dry, re-assemble the syringe and store in a clean dry container with a lid.

4. The syringe may be cleaned and re-used up to six times per day for no more than 14 days.

Part B – Guidelines for specific medical conditions

Guidelines for the administration of adrenaline auto injector (AAI)
E.g. Epipen®/Emerade®/Jext®

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

Guidance on the use of adrenaline auto-injectors in schools (publishing.service.gov.uk)

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 absent . 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, 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.

DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES. 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 pupils 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. Parents are ultimately responsible for replacing medication as necessary.

4. It is now recommended that parents provide two AAI's to the setting which can be requested from the GP.

5. The use of the AAI must be recorded on the pupil's health care plan, 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 childcare settings 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).

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

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

The Anaphylaxis Campaign
PO Box 275
Farnborough Hampshire GU14 6SX

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

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 childcare settings are able to hold salbutamol inhalers for emergency use along with a spacer. For further information and guidance, please see Guidance on the use of emergency salbutamol inhalers in schools, Dept. of Education, September 2014. Children should bring two inhalers 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 dry in air 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 may wish 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.

4. Inhalers MUST be readily available when children need them. 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.

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

    a. Pharmacist's original label
    b. Child's name
    c. Name and strength of medication
    d. Dose
    e. Dispensing date
    f. Expiry date

6. 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.

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

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

9. 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.

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

11. 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.

12. Asthma can be triggered by substances found in schools/settings e.g. animal fur, glues and chemicals. Care should be taken to ensure that any 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

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. The pupil's individual health care plan should provide details regarding their insulin requirements.

Insulin pumps

Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage

their pump independently, while others may require supervision or assistance. The child's individual health care plan should provide details regarding their insulin therapy requirements.

Medication for Type 2 Diabetes

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

Administration of Insulin injections

If a child requires insulin injections during the day, individual guidance/training will be provided to appropriate school staff by specialist diabetic nurses as treatment is individually tailored. A health care plan will be written by the Paediatric Diabetic Team.

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

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.

<u>To prevent a hypo</u>

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.

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.

<u>To treat a hypo</u>

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.

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

Whichever treatment is used, it should be readily available and not locked away. Expiry dates must be checked each term by the parent/carer.

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/Hypostop has been provided:

- The Consent Form should be available.
- Glucogel is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream.

- The use of Glucogel must be recorded on the child's health care plan with time, date and full signature of the person who administered it.

- 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.

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 the, 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.
- 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
- 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

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.

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 include:

- 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, 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

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). So 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

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 assessed as competent (observed) and/or confident (not observed) by the named school nurse. Training of designated staff will be provided by the school nurse and a record of the training undertaken will be kept by the Head teacher/manager. Training will be updated at least once annually.

The prescription, consent form 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 care plan signed by the nurse and parent/carer and the signed consent form.

2. The health care plan should be renewed yearly. The school nurse/provider will check with the parent/carer that the dose remains the same.

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

8. Each box of Buccal Midazolam must be labelled with the individual pupil's name and stored in a safe place.

9. School/setting staff must check expiry dates of Buccal Midazolam each half term. It should be replaced by the parent/carer at the request of school or health staff.

10. 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 9.am–4.30 pm Fri 9 am–4 pm