

Medical Conditions in School

Knowle CE Primary Academy

Introduction

This Academy provides all pupils with any medical condition the same opportunities as others at school. Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they have left school.

This policy describes the essential criteria for how the Academy can meet the needs of children and young people with long-term conditions and short term medical needs. This policy should be read alongside Solihull's 'The Administration of Medicines in Schools and Settings: A Policy Document (6th Edition)', 2015, 'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England', DfE 2015 and the statutory Framework for the Early Years Foundation Stage.

This Academy's medical conditions policy is drawn up in consultation with a range of key stakeholders from both education and healthcare settings.

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 via the school website, notification in school newsletters, copy to the school nurse etc

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

Any complaints regarding the administration of this policy should be made in line with the Academy's Complaints Policy, a copy of which can be obtained from the office or via the Academy's website www.knowle.solihull.sch.uk

Roles and Responsibilities

- 1 Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.**

This Academy 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.

- **Governing body** - makes arrangements to support pupils with medical conditions in school, including making sure that the policy for supporting pupils with medical conditions in school is developed and implemented. They ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. The Governing body ensure that sufficient staff have

received suitable training and are competent before they take on responsibility to support children with Medical Conditions. They also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

- **The Principal** – ensures that the Academy's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Principal ensures that all staff who need to know are aware of the child's condition. They also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Principal has overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Principal will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- **Academy Staff** - any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. Staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- **School nurses** - every school/Academy has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but will support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.
- **Other healthcare professionals**, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).
- **Pupils** – some pupils with medical conditions will be able to provide information about how their condition affects them. They should be involved in discussions about their medical support needs where possible and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils are often be sensitive to the needs of those with medical conditions.
- **Parents** – will provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

2 This Academy is an inclusive community that supports and welcomes pupils with medical conditions.

This Academy is welcoming and supportive of pupils with medical conditions. It provides pupils 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 Academy will listen to the views of pupils and parents to ensure they feel confident in the care they receive and that the level of that care meets their needs.

Staff understand that the medical conditions of pupils at this Academy may be serious, potentially life threatening and adversely affect a child's quality of life and impact on their ability to learn. It also understands that all children with the same medical condition may not have the same needs.

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

3 Staff understand, and are trained in what to do in an emergency for children with medical conditions at this Academy.

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

All staff, including temporary or supply staff, are made aware of the medical conditions of pupils at this Academy and understand their duty of care to pupils in an emergency. The Academy strives to ensure that staff feel confident in knowing what to do in an emergency. Selected staff receive training in what to do in an emergency and this is refreshed at least once a year.

This Academy will, in partnership with parents and health care professionals, give careful consideration to whether an Individual Healthcare Plan (IHP) (formerly known as a Care Plan) is appropriate or proportionate. The development of a plan will be initially led by the school nursing service in collaboration with the medicines in school administrator, parents and other appropriate staff as required.

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

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.

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

This Academy understands the importance of medication being taken and care received as detailed in the pupil's IHP (Care Plan)

This Academy 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 Academy will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies.

This Academy's governing body has made sure that there is the appropriate level of insurance and liability cover in place.

This Academy will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances.

When administering medication, this Academy will check the maximum dosage and when the previous dose was given. Parents will be consulted/informed.

This Academy will not give a pupil under 16 aspirin unless prescribed by a doctor/pharmacist. Ibuprofen will not be given to children with a history of hypersensitivity.

This Academy will make sure that a trained member of staff is available to accompany a pupil with a specific medical condition and with an IHP (Care Plan) on an off-site visit, including overnight stays if required.

This Academy 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 medical toileting issues.

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

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

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

This Academy 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 this is appropriate.

Emergency medication/equipment is stored in named locations in school, known to all staff.

Staff at this Academy can administer a controlled drug to a pupil once they have had specialist training. Controlled drugs are stored securely.

This Academy will make sure that all medication is stored safely, and that pupils with medical conditions know where it is at all times and have access to it immediately.

This Academy 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 monitor their child's medication to ensure that it remains in-date and to provide the academy with replacements in a timely manner. Once a course of short-term medication is completed, it should be collected by parents to dispose of appropriately.

This Academy disposes of needles and other sharps in designated sharps boxes. 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.

6 This Academy has clear guidance about record keeping.

Parents at this Academy are asked if their child has any medical conditions when they join the school. Where appropriate and proportionate, this school uses an IHP (Individual Health Care Plan) also known as a Care Plan to record and support an individual pupil's needs around their medical condition. The IHP (Care Plan) is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.

This Academy has a centralised register of IHPs (Care Plan) and an identified member of staff has the responsibility for this register.

IHPs (Care Plan) are regularly reviewed by the school nursing service 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 IHP (Care Plan). Other school staff are made aware of and have access to the IHP (Care Plan) for the pupils in their care.

This Academy makes sure that the pupil's confidentiality is protected and seeks permission from parents before sharing any medical information with any other party.

This Academy 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 IHP (Care Plan) which accompanies them on the visit.

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

Training which is provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent, will be recorded by the School Business Manager and will be kept in the First Aid File.

7 This Academy 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 Academy 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 Academy 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 anti-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 Academy 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 Academy 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 Academy makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.

This Academy 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 Academy 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 Academy 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.

This Academy 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.

8 This Academy is aware of the common triggers that can make medical conditions worse or can bring on an emergency. Where appropriate the Academy will work towards reducing or eliminating health and safety risks and these will be recorded in an appropriate risk assessment/IHP (Care Plan)

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

Academy staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. Details of this are found on either the IHP (Care Plan) or in an individual risk assessment as appropriate 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 Academy reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

9 The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced as appropriate.

This policy will be reviewed in **September 2020**

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.

Procedures for the Administration of Medicines at Knowle CE Primary Academy

Over the Counter Medicines

In line with our commitment to welcome and support pupils with medical conditions, with the agreement of the Principal we are able to administer *certain* medications without the need for a prescription. Such medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Any over the counter medication brought into school by a parent/carer must be dispensed by a pharmacist, dentist or nurse prescriber and must be in its original container showing the name of the medicine and include instructions for administration, dosage and storage. We strongly advise requesting the pharmacist to produce a label showing the correct dosage for an individual child who will also make the checks for contraindications. **A child under 16 will not be given medication containing aspirin unless prescribed by a doctor.** Ibuprofen will not be given to children with a history of hypersensitivity.

Medication will only be administered with the written consent of the parent/carer. Please complete an Authority to Administer OTC Medication form which will also need approval from the Principal – **Appendix A**. Please ensure when completing the form that the instructions for administration are in line with the manufacturers' or pharmacist's instructions.

Prescribed Medications

Prescription only medicines will not be administered unless they have been prescribed by a doctor or other appropriate prescriber.

Emergency medications that are prescribed will be included on individual Care Plans. Other prescribed medication will need written consent from the parent/carer and approval from the Principal. Please complete an Authority to Administer Prescribed Medication form – **Appendix B**

Emergency medication may include:-

- Adrenaline auto-injectors
- Buccal Midazolam
- Rectal Diazepam
- Glucose (dextrose tablets or Hypostop)

Asthma Inhalers

If your child has been prescribed an asthma inhaler you will need to complete an Asthma Consent Form and a Consent for use of Emergency Salbutamol Inhaler form– see **Appendices C D and E** which also receive approval from the Principal.

Controlled Drugs

Controlled drugs must be stored in a locked place to which only named staff have access and a record of administration must be kept. It is necessary to make a record when new supplies are received into school. Unused medication must be sent home via an adult and a record kept. These records must allow full reconciliation of supplies received, administered and returned home – **see Appendix F**.

Liability and Indemnity

Knowle CE Primary Academy is a member of the Department of Education's RPA. The RPA will provide an indemnity (under Section 4, Third Party Public Liability) if a Member becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury in connection with the provision

of medicines or medical procedures. Indemnity will also be provided to any member of staff (other than any doctor, surgeon or dentist while working in a professional capacity) who is providing support to pupils with medical conditions and has received sufficient and suitable training.

Guidelines for the Administration of Adrenaline Auto-injector by Staff

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

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

An Adrenaline Auto-injector 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 Adrenaline Auto-injector is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one device used correctly in accordance with the Care Plan. The Adrenaline Auto-injector should only be used for the person for whom it is prescribed.

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

2 The Adrenaline Auto-injector should be readily accessible for use in an emergency and where pupils are of an appropriate age the Adrenaline Auto-injector 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 Adrenaline Auto-injector is in date. Parents are ultimately responsible for replacing medication as necessary.

4. The use of the Adrenaline Auto-injector must be recorded on the pupil's Care Plan, with time, date and full signature of the person who administered the Adrenaline Auto-injector.

5 Immediately after the Adrenaline Auto-injector is administered, a 999 ambulance call must be made and then parents notified. If two adults are present, the 999 call should be made at the same time of administering the Adrenaline Auto-injector. The used Adrenaline Auto-injector must be given to the ambulance personnel.

6 It is the parent/carer's responsibility to renew the Adrenaline Auto-injector before the child returns to school.

7 The Adrenaline Auto-injector must be taken if the pupil leaves the school site. The pupil must be accompanied by an adult, who has been trained to administer the Adrenaline Auto-injector.

Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers.

The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

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

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

1 If school/setting staff are assisting pupils with their inhalers, a Consent Form from parent/carer should be in place. The Academy keeps a register of children with asthma. Individual Care Plans are only in place for pupils with severe asthma which may result in a medical emergency.

2 Inhalers are readily available in each classroom for when children need them.

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

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

5. All children should have a spacer device with their inhaler; this also needs to be labelled with their name.

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

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

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

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

Guidelines for Supporting the Management of Diabetes

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

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

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

Treating Diabetes

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

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

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

Insulin Therapy

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

Insulin pens

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

Medication for Type 2 Diabetes

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

Administration of Insulin injections

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

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

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

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

To prevent a hypo

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

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

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

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

To treat a hypo

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

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

Whichever treatment is used, it should be readily available and not locked away.

Many school-age pupils will carry the treatment with them.

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

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

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

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

If Glucogel/Hypostop has been provided:

The Care Plan should be available. Follow the instructions on the care plan

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

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

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

Blood Glucose Monitoring for Children

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

If a child has an insulin pump individual arrangements will be made with a specialist

nurse and parents to ensure school/setting staff are fully trained in the management and use of the pump. This will be documented in the Care Plan.

When to use

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

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

How to use the Unistik lancet:

- Prior to the test wash hands / use alcohol rub.
- Encourage pupil to wash their hands wherever possible.
- Ensure all equipment is together on a tray including a small sharps box
- Where possible explain the procedure to the pupil
- Apply gloves before testing
- Use a meter which has a low risk for contamination when blood is applied to the

strip such as: an optimum, xceed or one touch ultra

- Ensure meter is coded correctly for the strips in use and that the strips are in date.
- Place the strip into the meter
- Prick the side of the finger using a Unistik comfort 3
- Apply blood to the test strip according to the manufacturer's instructions
- Once the test is completed put the used test strip and lancet directly into the sharps box
- Return the tray to a safe area/room
- Wash hands following the removal of gloves/possible contact with blood, use alcohol rub.
- Record the blood glucose reading in the pupil's Care Plan/diary
- Parents are responsible for supplying all necessary equipment and medication.
- Provision and disposal of a sharps box should be discussed individually with the
- School nurse / Paediatric Diabetes Specialist nurse

Further notes:

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

Guidelines for Managing Eczema

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

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

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

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

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

Common problems:

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

Guidelines for the Administration of Rectal Diazepam

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

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

Rectal Diazepam can only be administered by a member of the school/setting staff who has volunteered and has been designated as appropriate by the head teacher/setting lead or manager and who has been assessed as competent by the named school nurse.

The school nurse/appropriate health professional will provide training of designated staff and the head teacher/setting lead or manager will keep a record of the training undertaken. Training will be updated at least once a year.

See school guidance on *Developing Personal Care in Schools*.

- Rectal Diazepam can only be administered in accordance with an up-to-date written prescription sheet from a Medical Practitioner and the signed Consent Form. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the pupil's records.
- The prescription sheet should be renewed yearly. The school nurse will check with the parent/carer that the dose remains the same.
- The Consent Form and prescription sheet and Care Plan must be available each time the Rectal Diazepam is administered; if practical it should be kept with the Rectal Diazepam.
- 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.
- The Consent Form, the prescription sheet and Care Plan must always be checked before the Rectal Diazepam is administered.
- It is recommended that the administration be witnessed by a second adult.
- The pupil should not be left alone until fully conscious.
- Consideration should be given to the pupil's privacy and dignity.
- The amount of Rectal Diazepam that is administered must be recorded on the pupil's Rectal Diazepam Record Card. The record card must be signed with a full signature of the person who has administered the Rectal Diazepam, dated and parents/carers informed if the dose has been given in an emergency situation.
- Each dose of Rectal Diazepam must be labelled with the individual pupil's name and stored in a locked cupboard. The keys should be readily available to all designated staff.

- School staff must check expiry dates of Rectal Diazepam each term. In Special Schools the school nurse / doctor may carry out this responsibility. The parent/carer should replace medication when requested by school or health staff.
- All school staff who are designated to administer Rectal Diazepam should have access to a list of pupils who may require emergency Rectal Diazepam. The list should be updated at least yearly, and amended at other times as necessary.

Guidelines for Managing Nasogastric Tubes and Gastrostomy Tubes

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

It is necessary to:

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

School Nurses:

All schools have details of their nominated school nurse

Gastrostomy Tube/Button Device Competency

Competency Statement

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

Required knowledge and skills:

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

Changing a gastrostomy tube/button device safely:

Equipment selection and use including checking the integrity of equipment prior to use

Measurement of the required tube length

Methods of reducing pain and discomfort

Inflating the retention balloon

Checking the position of the newly inserted gastrostomy tube/button device

Nasogastric Tube Competency

Competency Statement

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

Required Knowledge and Skills:

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

- Awareness of potential problems (passing new tube into the lungs, vomiting/retching, nasopharyngeal trauma)
- Secure fixation of the new tube

Guidelines for the Administration of Buccal Midazolam

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

Buccal Midazolam can only be administered by a member of the school staff who has volunteered and has been designated as appropriate by the Head teacher and who has been assessed as competent by the named school nurse. Training of designated staff will be provided by the school nurse and a record of the training undertaken will be kept by the Head teacher. Training will be updated at least once annually. The prescription and consent form should reflect the specific requirements of each case and advice should be sought from specialist nurses/Consultant/GP.

- 1 Buccal Midazolam can only be administered in accordance with an up-to-date written prescription sheet from a medical practitioner and the signed consent form. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the pupil's records.
- 2 The prescription sheet and Care Plan should be renewed yearly. The school nurse will check with the parent/carer that the dose remains the same.
- 3 The consent form, prescription sheet and Care Plan must be available each time the Buccal Midazolam is administered; if practical it should be kept with the Buccal Midazolam.
- 4 Buccal Midazolam can only be administered by designated staff who have received training from the named school nurse. A list of appropriately trained staff will be kept.
- 5 The consent form, prescription sheet and Care Plan must always be checked before the Buccal Midazolam is administered.
- 6 It is recommended that the administration is witnessed by a second adult.
- 7 The child should not be left alone until fully conscious.
- 8 The amount of Buccal Midazolam that is administered must be recorded on the pupil's Buccal Midazolam record card. The record card must be signed with a full signature of the person who has administered the Buccal Midazolam, dated and parents/carers informed if the dose has been given in an emergency situation.
- 9 Each dose of Buccal Midazolam must be labelled with the individual pupil's name and stored in a locked cupboard, yet readily available. The keys should be readily available to all designated staff.
- 10 School/setting staff must check expiry dates of Buccal Midazolam each term. In Special Schools the school nurse / doctor may carry out this responsibility. It should be replaced by the parent/carer at the request of school or health staff.
- 11 All school staff who are designated to administer Buccal Midazolam should have access to a list of pupils who may require emergency Buccal Midazolam. The list should be updated at least yearly, and amended at other times as necessary.

Parental/carer consent to administer an 'over-the-counter' (OTC) medicine **APPENDIX A**

- All over the counter (OTC) medicines must be in the original container.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	

Mobile number of parent/carers	
Daytime landline for parent/carers	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

I confirm that:

- It is necessary to give this medication during the school day
- This medicine has been given without adverse effect in the past
- The medication is in its original container indicating the contents, dosage and child's full name and is within its expiry date
- I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.

- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school/nursery.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carers name:	
Parent/carers signature:	
Date:	

To be completed by the Principal:	
I agree that the above named child will receive the medication as detailed above. The child will be supervised whilst he/she takes the medication by a designated member of staff.	
Signed:	/Principal
Date:	

[illegible]

Parental/carers consent to administer a *Prescribed* medicine

APPENDIX B

- All prescribed medicines must be in the original container.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	
Mobile number of parent/carers	
Daytime landline for parent/carers	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

I confirm that:

- It is necessary to give this medication during the school day
- This medicine has been given without adverse effect in the past
- The medication is in its original container indicating the contents, dosage and child's full name and is within its expiry date
- I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.

- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school/nursery.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carers name:	
Parent/carers signature:	
Date:	

To be completed by the Principal:	
I agree that the above named child will receive the medication as detailed above. The child will be supervised whilst he/she takes the medication by a designated member of staff.	
Signed:	Principal
Date:	

[illegible]

CONSENT FOR THE SELF ADMINISTRATION OF RELIEVER INHALERS FOR CHILDREN WITH ASTHMA OR VIRAL WHEEZE

If your child needs to have an inhaler in school and is able to administer it themselves, please complete and return this form to school.

Surname:			
Forename:			
Address:			
Daytime Telephone:			
M/F:		Date of Birth:	
Condition or illness:			
Name of GP/Specialist:			
GP/Specialist contact			
Describe below the individual symptoms and treatment for your child:			
IF THIS SECTION IS NOT COMPLETED, STAFF WILL FOLLOW THE NICE GUIDELINES OF 2 PUFFS FOLLOWED BY 1 PUFF EVERY MINUTE UNTIL SYMPTOMS IMPROVE. IF SYMPTOMS WORSEN OR PERSIST FOR LONGER THAN 5 MINUTES, AN AMBULANCE WILL BE CALLED			
Parents are responsible for providing inhalers in their original box with the pharmacy label attached Parents should provide a spacer device for their child Parents are responsible for advising school in writing of any changes in their child's condition or treatment			
Signed:		Date:	
Relationship to Pupil:			
Principal Signature:		Date:	

CONSENT FOR THE ASSISTED ADMINISTRATION OF RELIEVER INHALERS FOR CHILDREN WITH ASTHMA OR VIRAL WHEEZE

If your child needs assistance with administering their inhaler ie, with a spacer device you must complete and return this form to school

Surname:			
Forename:			
Address:			
Daytime Telephone:			
M/F:		Date of Birth:	
Condition or illness:			
Name of GP/Specialist:			
GP/Specialist contact			
Describe below the individual symptoms and treatment for your child:			
IF THIS SECTION IS NOT COMPLETED, STAFF WILL FOLLOW THE NICE GUIDELINES OF 2 PUFFS FOLLOWED BY 1 PUFF EVERY MINUTE UNTIL SYMPTOMS IMPROVE. IF SYMPTOMS WORSEN OR PERSIST FOR LONGER THAN 5 MINUTES, AN AMBULANCE WILL BE CALLED			
Parents are responsible for providing inhalers in their original box with the pharmacy label attached Parents should provide a spacer device for their child Parents are responsible for advising school in writing of any changes in their child's condition or treatment			
Signed:		Date:	
Relationship to Pupil:			
Principal Signature:		Date:	

CONSENT FORM FOR USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

- I can confirm that my child has been diagnosed with asthma/viral wheeze and has been prescribed an inhaler
- I can confirm that my child has a working, in date inhaler, in the original box with the pharmacy label attached
- In the event of my child displaying symptoms of asthma/viral wheeze, and if their own inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies

Child's Name	
Parent/Carer signature	
Relationship to pupil	
Date	
Principal's Signature	
Date	

CONTROLLED DRUG RECORD FORM

Name of Medication:

Location of Medication: Locked cabinet (main office) – keys kept by POB/HT

[illegible]