EQUITAS ACADEMIES TRUST

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND MEDICAL POLICY

Review Date: July 2024
To be Reviewed: July 2026
Agreed: F&GP
Policy Lead: Safeguarding Leads

Contents

1. AIMS

1.1 The purpose of this document is to provide guidance and procedures to following within the Trust on managing medication in school, which must be considered when establishing effective systems to support pupils at school with medical conditions.

1.2 This policy aims to ensure that:

- Pupils, staff and parents understand how our schools will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

1.3 The Trust board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

1.4 Aston Manor: The named person with responsibility for implementing this policy is Pippa Jones.

1.5 Chilwell Croft Academy: The named person with responsibility for implementing this policy is Ruksana Fazil.

2. LEGISLATION AND STATUTORY RESPONSIBILITIES

2.1 Schools' have a duty under section 100 of the Children and Families Act 2014 to make arrangements to support pupils at school who have medical conditions. In addition, the Equality Act 2010 (the Act) prohibits discrimination on the grounds of a protected characteristic such as disability, defined under section 6 of the Act, which may include some children with medical needs.

2.2 There are a number of ways that the Trust **must not** discriminate against pupils or prospective pupils which are set out in section 85 of the Act. This will include **all aspects** of school life, i.e. it will also apply to activities outside delivery of the curriculum, such as school trips, school clubs, and activities. Schools must make reasonable adjustments for children with disabilities where they are likely to be at a substantial disadvantage compared with pupils who are not disabled; which may include making adjustments to their practices, procedures and school policies.

2.3 Some pupils with medical needs may also have special educational needs (SEN) and may have an Education, Health and Care plan (EHCP) which sets out the pupil's health, social care and special educational requirements. For pupils with SEN, this guidance should also be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice. Generally, if a pupil's EHCP is followed, schools will be able to demonstrate that they have complied with the SEND Code of Practice and the duty under section 100 of the Children and Families Act 2014.

2.4 This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on Trust boards to make arrangements for supporting pupils at their school with medical conditions.

2.5 It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

2.6 This policy also complies with our funding agreement and articles of association.

3. ROLES AND RESPONSIBILITIES

3.1 The Trust Board

3.1.1 The Trust board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Trust board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.1.2 The Trust must take out Employer's Liability Insurance which provides an appropriate amount of cover and includes cover for staff who provide support to pupils with medical conditions.

3.1.3 The Safeguarding Trustee will be involved in the reviewing of policy and provision.

3.2 The Headteacher

3.2.1 The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure the delegated person contacts the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

3.3.1 In practice, agreeing to medication being administered in school, head teachers/setting leads should be satisfied that it is necessary for medication to be administered during school hours, for example because the pupil will otherwise miss school and lose teaching time.

3.3.2 If a staff member is required to administer medication to pupils, they must undertake the appropriate training beforehand and will achieve the necessary level of competency.

3.3.3 Staff who agree to administer medication to pupils is done voluntarily.

3.3.4 All staff, whether or not it is part of their contractual duties, should take into account the needs of pupils that they teach and be aware of whom to contact in an emergency.

3.3.5 Teachers will take into account the needs of pupils with medical conditions that they teach.

3.3.6 All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.3.7 Schools should have a named person responsible for dealing with pupils who are unable to attend school because of medical needs, and someone named who can step into this role if the named person is unavailable.

3.3.8 Chilwell Croft - 1st named person Ruksana Fazil. 2nd named person Carmelle Clyne.

3.3.9 Aston Manor - 1st named person Pippa Jones. 2nd named person Kulvinder Kalia.

3.4.1 Parents

3.4.1 Schools should ask parents to complete a Consent Form to Administer Medicines (appendix 2a & 2b) if they want the school to agree to administer medication for their child. Verbal instructions should not be accepted. Only one parent with parental responsibility needs to consent to medicines being administered. This policy is clear that:

- Where possible, medication should be administered at home;
- Each request from a parent to administer medication to their child in school will be considered individually based on the circumstances;
- They will not unreasonably refuse the parent's request to administer medicine in school;
- The parent's written consent is required. Consent does not have to be obtained every time medication is administered, but the form should be updated regularly; and
- In exceptional circumstances i.e. if the medicine has been prescribed to the pupil without the knowledge of the parent, it may be administered without parental consent, but the school will make every effort to encourage the child to involve their parents, whilst respecting the pupil's confidentiality.

3.4.2 If a pupil needs a Care Plan (appendix 3), this should be prepared in consultation with healthcare professionals, the parents, the pupil and the school should consider including the points at paragraph 14 of the Statutory Guidance, including the circumstances in which the school should administer emergency medication.

3.4.3 Schools may wish to consider whether to agree that minor changes to the Care Plan can be made by a school nurse who will sign and date the plan, but major changes will normally mean that a new Care Plan is required. We recommend that regularly review of Care Plans, at least annually. We also wish to make clear in this policy that it is the parents' responsibility to notify schools of any changes required to the Plan e.g. treatment, symptoms, contact details.

3.4.4 This guidance makes it clear that Parents are responsible for:

- Ensuring that their child has a sufficient amount of medication which is in date;
- Replacing their child's supply of medication on request;
- Safely disposing of their child's date-expired medicines, for example by returning them to a pharmacy; and
- Ensuring that all medication is provided in its original container with a label, from the pharmacist if the medication is prescribed or the parent if it is over the counter, showing the:
    - Child's name, date of birth
    - Name and strength of medication
    - Dose
    - Any additional requirements, e.g. to take the medication with food etc.
    - Expiry date
    - Dispensing date or date of purchase

3.5 Pupils

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

3.6 Ofsted

3.6.1 Ofsted Inspectors will consider the needs of pupils with chronic or long-term medical conditions so that they can report on how well the needs of these pupils are met. Schools will normally need to produce a copy of this policy and demonstrate how effectively it is implemented.

4. SCHOOL TRIPS, VISITS AND SPORTING EVENTS

4.1 Our Schools will consider what adjustments can reasonably be made to enable children with medical needs to participate safely and as fully as possible on school trips which, for best practice, should include a risk assessment. Schools may decide to include this information in a child's Care Plan, but on an event by event basis may need to consult parents, pupils and a healthcare professional to ensure that pupils can participate safely.

4.2 If pupils do not normally administer their own medication, then a trained member of staff or parent should accompany the child on the off-site activity. The Consent Form to Administer Medicine should include off-site visits.

4.3 It is essential that schools inform staff members who run sporting activities and the school's own after school clubs, or extra-curricular activities, if specific pupils require medication and how they should deal when a medical emergency occur. Staff may require additional training and should be aware of how to access the pupil's medication.

4.4 Schools should make it clear that parents need to separately inform private wrap-around services about their children's health needs.

5. STAFF TRAINING

5.1 All staff volunteering to administer medication **must** first receive appropriate training and complete the administration training record sheet (appendix 4).

5.2 Staff have the right to refuse to undertake training to administer medication, but it is important that those staff who volunteer to administer medication receive training which explains:

- The basic legal principles and potential legal liabilities involved;
- How to deal with emergency situations that may arise;
- How to appropriately and safely administer the medication in question;

5.3 Regular, i.e. at least annual, training relating to emergencies, medication and relevant medical conditions should be provided; advice about training can be obtained from the school nurse.

5.4 Schools should keep records of all training and whether or not it has been satisfactorily completed. Even after training has been received, staff may decide that they no longer wish to volunteer to administer medication or request further training if the member of staff feels that it is necessary, which schools should provide. Training should be regularly updated, at least annually and when there are changes to the medication that a pupil requires.

5.5 A first-aid certificate does not constitute appropriate training in supporting children with medical needs and staff who have not undertaken training must not dispense medication or undertake healthcare procedures.

6. SCHOOL NURSES AND OTHER HEALTHCARE PROFESSIONALS

6.1 Where possible our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

6.2 Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurse and notify them of any pupils identified as having a medical condition.

7. EQUAL OPORTUNITIES

7.1 Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

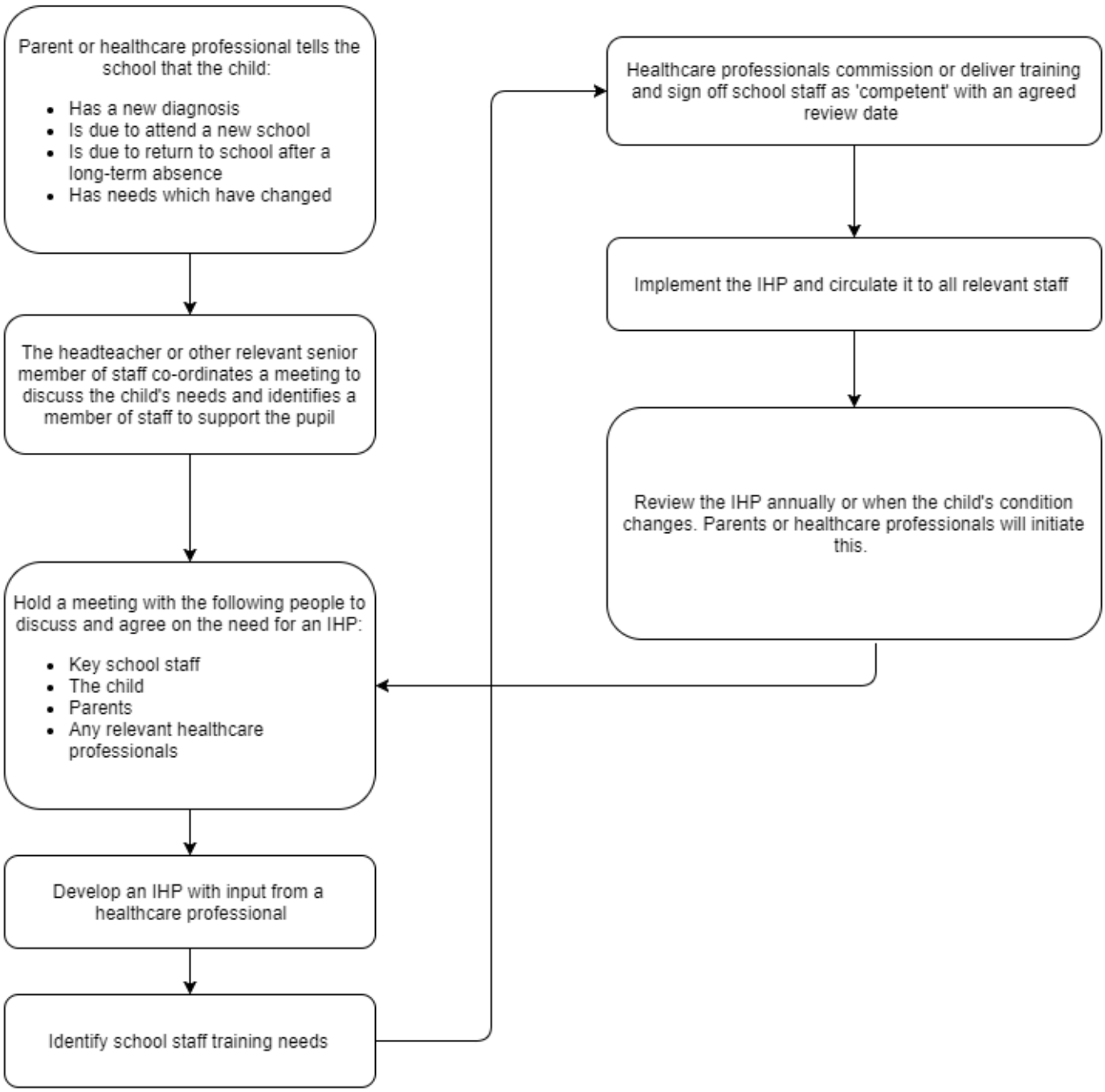
7.2 The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

7.3 Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

8. BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION

8.1 When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

8.2 The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



9. INDIVIDUAL HEALTHCARE PLANS

9.1 The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions (appendix 5). This has been delegated to:

9.2 Chilwell Croft: Ruksana Fazil

9.3 Aston Manor: Pippa Jones

9.4 Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

9.5 Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

9.6 Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

9.7 Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

9.8 IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

9.9 The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Trust board and nominated staff, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

10. PUPILS MANAGING THEIR OWN NEEDS

10.1 Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

10.2 Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

11. UNACCEPTABLE PRACTICE

11.1 School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)

- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

12. MANAGING MEDICINES

12.1 PRESCRIPTION MEDICINES WILL ONLY BE ADMINISTERED AT SCHOOL:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent

12.1.1 The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

12.1.2 Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

12.1.3 Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

12.1.4 The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

12.1.5 Schools will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

12.2 OVER THE COUNTER MEDICINES (OTC) (NON-PRESCRIPTION)

12.2.1 The Medicines and Healthcare Products Regulatory Agency license all medicines and classifies them as OTC when it considers it safe and appropriate that they may be used without a prescription. Birmingham Local Medical Committee considers it a misuse of GP time to provide an appointment for a child with the sole purpose of acquiring a prescription for an OTC medicine. Sometimes a pupil's medical condition may mean that they need to take OTC medication.

12.2.2 Examples of medicines that do not require a prescription and which parents can give permission to administer include:

• Paracetamol, ibuprofen or antihistamines - provided they are supplied in packaging with clear dosage instructions that are age appropriate for the child
• Moisturising / soothing preparations for minor skin conditions
• Sunscreen for routine protection while playing / learning outside

12.2.3 OTC medicines can be administered to pupils on the same basis as prescription medication, i.e. where medically necessary, with the parent's consent, when approved by the head teacher/senior leads in

accordance with the school's policy and as set out in the pupil's Care Plan, if one is in place or by completing the appropriate medicine administration form.

12.2.4 With OTC medications the dose and frequency must be consistent with the guidance and dosage on the packaging and schools staff should check with parents the date and time that the child took the last recent dose. OTC medicine can be administered for 3-5 days in school.

12.3 ANALGESICS (PAINKILLERS)

12.3.1 For children who regularly need analgesia, such as paracetamol (e.g. for migraine), an individual supply of their analgesic could be kept in school, labelled for that child only. It is recommended that schools do not keep stock supplies of analgesics for potential administration to any child. Children under 16 should never be given medicines containing aspirin or ibuprofen unless prescribed by a doctor.

12.4 METHYLPHENIDATE (E.G. RITALIN, METADATE, METHYLIN)

12.4.1 Methylphenidate is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). Its supply, possession and administration are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Schools must store Methylphenidate in a locked non-portable container and place to which only named staff have access.

12.4.2 Schools must keep a record when new supplies of Methylphenidate are received and a record of when the drug is administered. A pupil's unused Methylphenidate must be sent home with their parent and schools should record that the medication has been returned, and the amount. This will enable schools to make a full reconciliation of supplies received, administered and returned home.

12.5 ANTIBIOTICS

12.5.1 Schools' policies should encourage parents to ask the GP to prescribe antibiotics in dosages which mean that the medicine can be administered outside of school hours, wherever possible.

12.5.2 This will mean that most antibiotic medication will not need to be administered during school hours. For example, if the prescription states that twice daily doses should be given, these can be administered in the morning before school and in the evening after school, and if the prescription requires three doses a day these can often be given in the morning before school, immediately after school and at bedtime. Antibiotics should always be administered in accordance with the prescriber's instructions. It should normally only be necessary to administer antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

12.5.3 Schools should check with parents that the child is not known to be allergic to the antibiotic and note the response on the parental consent form. Schools should ask parents or the pupil, if they are competent and the parent agrees, to bring the antibiotic into school in the morning and take it home again at the end of each day.

12.5.4 Children are most likely to have an adverse reaction to a new antibiotic after the second dose, therefore we recommend that schools ask parents to administer the first and second doses of the course and monitor their child for an appropriate amount of time afterwards.

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

12.5.6 Schools must check the label on the antibiotic carefully as this will state;

- Whether the antibiotic needs to be stored in a refrigerator, which will be the case with many liquid antibiotic
- Whether it needs to be taken at a certain time and before, after or with food
- The dosage, which should be carefully measured with an appropriate medicine spoon, medicine pot, or oral medicines syringe provided by the parent if the antibiotic is liquid, otherwise the appropriate number capsules should be taken with a glass of water.

12.5.7 Appropriate records must be made which will include if the pupil does not receive a dose, and the parent must be informed that day that a dose has been missed and given the reason why that was the case.

12.6 EMERGENCY MEDICATION

12.6.1 Schools' policies and individual Care Plans will explain their procedures for dispensing medication in an emergency. Anyone caring for children, including teachers and any other school staff in charge of children, have a common law duty to act like any reasonably prudent parent and ensure that children are safe and well cared for in school which will extend to taking action in an emergency, for example by calling emergency services or arranging for medicine to be administered. Schools should consider what information or training they need to provide to new or temporary staff to enable them to comply with this duty, particularly if there are children with specific needs.

12.6.2 Schools should make staff aware that, generally, the consequences of taking no action in an emergency are likely to be more serious than the consequences of trying to assist. Pupil's' emergency medication must be readily accessible in a location which staff and the individual pupil know about, because in an emergency, time is of the essence.

12.6.3 The most common types of emergency medication which schools may be asked to administer include:

- Buccolam (midazolam), used to treat epilepsy
- Adrenaline, under the brand names epipen, jext, emerade, used to treat anaphylaxis caused by an allergic reaction
- Glucose or dextrose tablets which may be branded Hypostop, used to treat hypoglycaemia caused by diabetes
- Inhalers, used to treat asthma (usually the blue 'reliever' inhaler)

12.6.4 Schools can arrange for training for all staff on how to handle emergency situations which will be provided by Birmingham School Health Advisory Service Nurses or appropriate specialist nurses, and can include training for the school staff who have volunteered to administer emergency medication.

12.7 CONTROLLED DRUGS

12.7.1 Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

12.7.2 A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

12.7.3 Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

13. EMERGENCY PROCEDURES

13.1 As part of a general risk management processes all schools will have arrangements in place for dealing with general emergency situations. In addition, the child's Care Plan will explain how schools intend to deal with medical emergencies and pupils' Care Plans will give details of how to deal with specific emergencies relating to a pupil's medical needs, including when and what medication should be administered.

13.2 Our policy is clear that **if in doubt an ambulance should always be called** and staff will never be permitted take a child to hospital in their own car. Our policy is clear that if a parent is unable to accompany their child to hospital, a member of staff will always accompany a child taken to hospital by ambulance and will stay with the child until their parent arrives.

13.3 If a parent is not present then health professionals, and **not** school staff, will be responsible for decisions about the medical treatment that the child requires. Staff accompanying a child to hospital should ensure that they have basic medical information about the child, for example their Care Plan if one is in place and identifying data e.g. full name and date of birth and their parents' contact details.

13.4 Our policy is clear and ask that all staff who support children with medical needs follow the good practice points advised within this to reduce potential medical emergencies occurring.

14. GOOD PRACTICE POINTS TO BE USED TO MANAGE THE FOLLOWING TYPES OF MEDICAL CONDITION:

14.1 ASTHMA CARE

14.1.1 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.

14.1.2 Schools can hold salbutamol inhalers for emergency use but if a child diagnosed with asthma needs to use the school's emergency inhaler, this possibility should be explained in their Care Plan and schools should have asked for parent's consent at the same time. For further information and guidance, please see Guidance on the use of emergency salbutamol inhalers in schools, Department for Health, March 2015.

14.1.3 Schools must consider:

1. Keep a register of children in school diagnosed with asthma together with copies of their parental consent forms enabling them to take medication, i.e. inhalers and to use the schools emergency inhaler.

2. Hospital nurse/ School nurse will prepare care plans for pupils whose asthma is so severe that it may result in a medical emergency.

3. Where to keep inhalers, including during offsite visits, so that they are stored safely but are readily available for children who need them, which may mean encouraging pupils of year 5 and above to carry their own inhalers. Arrangements should be considered on a case by case basis. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place.

4. Asking parents to supply schools with a spare inhaler and spacer device for pupils who carry their own inhalers to store safely at school in case the original inhaler is accidentally left at home or the pupil loses it. This inhaler should have an expiry date beyond the end of the school year and parents should be asked to replace it if it does not. Schools should dispose of out of date inhalers regularly, either by returning them to parents or to the pharmacist.

5. How they will ensure that all inhalers are 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

6. Labelling children's spacer device, which is used with an inhaler often by younger children and making arrangement with parents to ensure that it is sent home to be cleaned regularly, e.g. at the end of each term.

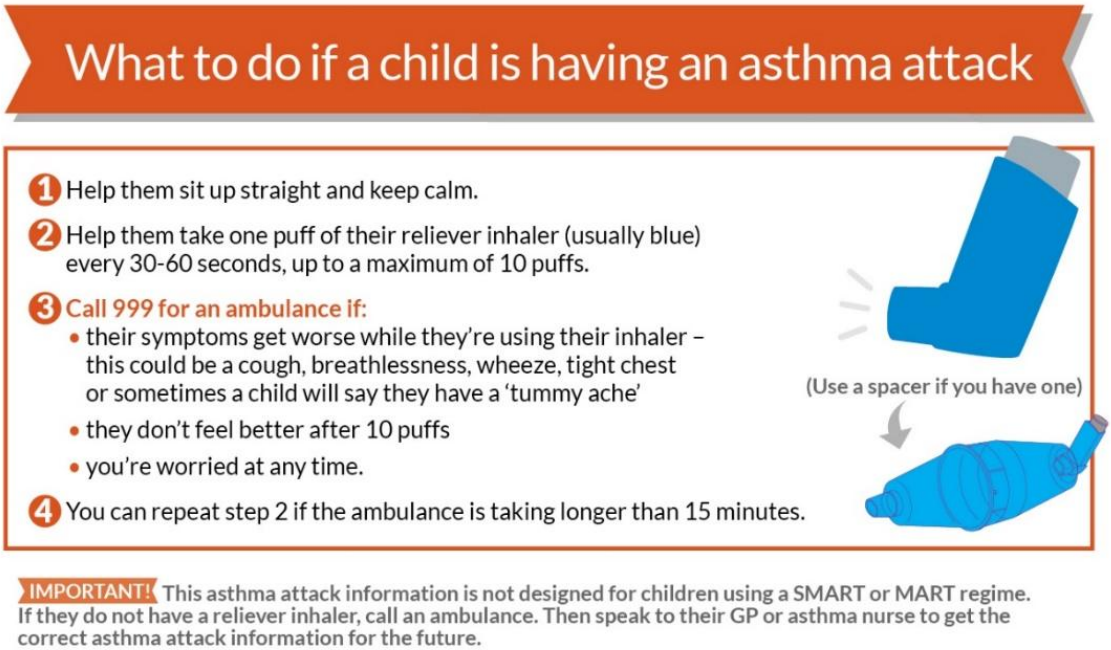
7. Taking appropriate disciplinary action, in line with their school's Behaviour if inhalers are misused by pupils or others. Inhalers are generally safe and, if a pupil took another pupil's inhaler, it is unlikely that that pupil would be adversely affected; however medical advice should be sought.

8. The arrangements for monitoring inhaler use, and how parents will be notified if their child is using the inhaler excessively

9. How to ensure that staff running PE lessons and sports activities are aware that physical activity will benefit pupils with asthma, but that these pupils may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not participate.

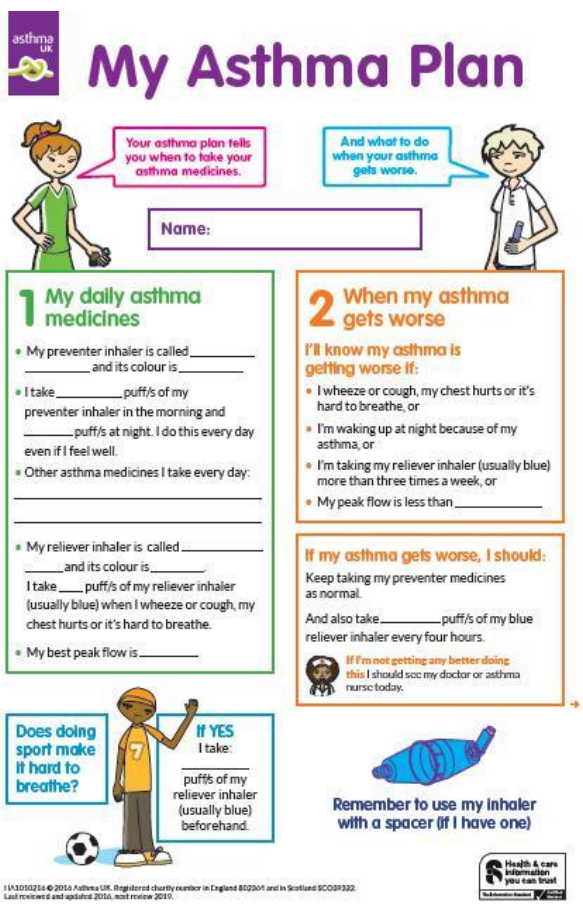
10. How they will ensure that pupils who have a particular trigger for their asthma, such as animal fur, glue, nuts etc. can avoid those substances.

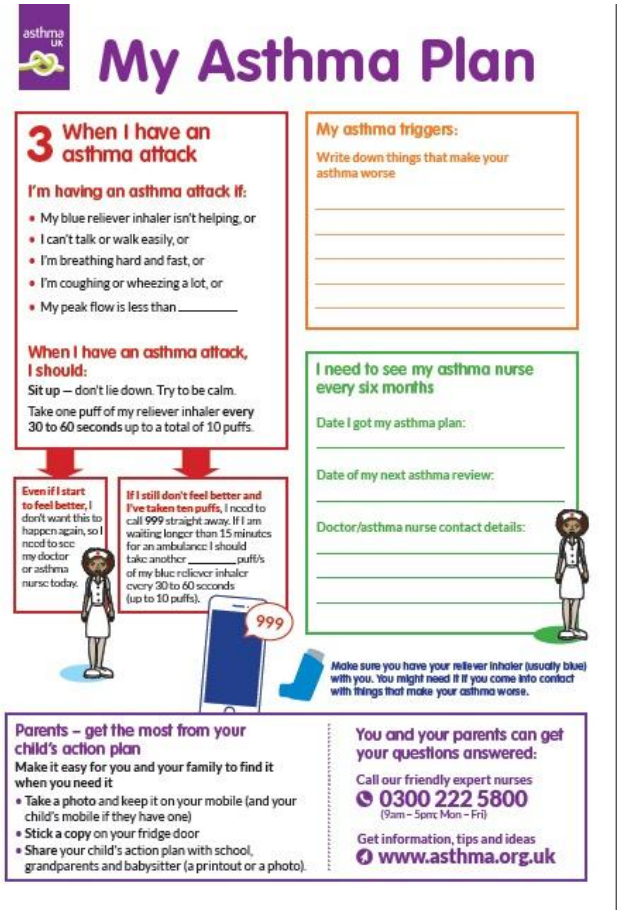
11. Schools are advised to put the following leaflet within every child's medication pack as a prompt to support staff when dealing with a medical emergency.



12. Schools should complete the following asthma plan leaflet with all parents and pupils as this will support staff during a medical emergency. The plan should be stored with the child's medication

Primary version:





Secondary Version:

Further source of information:

Asthma UK

Tel: 0300 222 5800

Email: info@asthma.org.uk

https://www.asthma.org.uk/

14.2 AUTO ADRENALINE INJECTORS

14.2.1 Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to the allergen, which may be a certain food or other substance, but may occur after a few hours. Auto adrenaline injectors should only be administered by staff who have volunteered and been trained by the appropriate health professional. Schools should have obtained parental consent and prepared a Care Plan for the child on becoming aware that the child has been prescribed this medication.

14.2.2 An auto adrenaline injector (AAI) is a preloaded pen device, which contains a single measured dose of adrenaline for administration in cases of anaphylaxis. It is not possible to give too large a dose from one device used correctly in accordance with the child's Care Plan, so even if it is given inadvertently it is unlikely to do any harm. However medical advice should be obtained as soon as possible after the medication is administered. Auto adrenaline injectors should only be used for the person for whom it is prescribed.

14.2.3 National guidance on AAI's within school was released by the DfE in September 2017 and this should be considered as a supplement to this guidance. The DfE Guidance can be found at: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

14.2.4 Schools must consider:

1. Where to safely store the AAI, in the original box, at room temperature and protected from heat and light, so that it is readily available. If the Care Plan records that the pupil is competent then the AAI can be carried on their person

   Chilwell Croft: pens and a copy of the care plan are in a medical box in the pupil's classroom

   Aston manor: pens and a copy of the care plan are in the medical box in reception

2. What systems can be put in place to check, termly, the AAI expiry dates and discolouration of contents so that parents can be asked to dispose of and replace medication.

3. Ensuring that all staff know that **immediately after the AAI is administered, a 999 ambulance call must be made and parents notified**. If two adults are present, the 999 call should be made at the same time as the administration of the AAI. The used AAI must be given to the ambulance personnel.

4. The use of the AAI must be recorded on the School Record of Medication Administered, with time, date, and full signature of the person who administered it.

5. Reminding parents that, if the AAI has been administered, they must renew it before the child returns to school.

6. Ensuring that the pupil is accompanied by an adult, who has been trained to administer the AAI on off-site visits, and that the AAI is available and safely stored at all times during the visit.

7. Guidance leaflets should be visible on the pen for staff to administrate, if not then the following guidance leaflets along with the completed care plan should be stored with each type of pen provided by the parent.

8. Parents are requested to sign the care plan giving permission to use the school's emergency AAI should the child's fail or on the advice of the medical profession to administrate a 2nd dosage.

Administering Epipen:

RCPCH Royal College of Paediatrics and Child Health

Allergy Action Plan

bsaci improving allergy care

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1) ☎

2) ☎

Child's Weight: Kg

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):

AIRWAY:	Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing, wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. **Lie child flat.** If breathing is difficult, allow to sit
2. **Give EpiPen® or EpiPen® Junior**
3. **Dial 999 for an ambulance*** and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving Epipen:

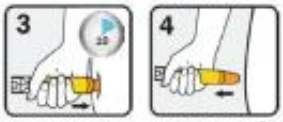
1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement **after 5 minutes, give a further EpiPen®** or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

How to give EpiPen®

Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP

SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds

REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.
For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Produced in conjunction with:

Allergy UK Anaphylaxis Campaign

Additional instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This plan has been prepared by:

Hospital/Clinic:

☎ Date:

RCPCH Royal College of Paediatrics and Child Health

Allergy Action Plan

bsaci improving allergy care

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1) ☎

2) ☎

Child's Weight: Kg

How to use Emerade®

1 Remove the needle shield

2 Press

PLACE and PRESS against the outer thigh

3 Hold 5 secs

HOLD in place for 5 seconds. Lightly massage injection site afterwards

Emerade can be kept at any ambient temperature, but do not freeze. For more information and to register for a free reminder alert service, go to www.emerade-bausch.co.uk

Produced in conjunction with:

Allergy UK — www.allergyuk.org

Anaphylaxis Campaign — www.anaphylaxis.org.uk

Approved Jan 2014

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer

(If vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):

AIRWAY:	Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing, wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. **Lie child flat.** If breathing is difficult, allow to sit
2. **Give Emerade®**
3. **Dial 999 for an ambulance*** and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give Emerade®

After giving Emerade:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement **after 5 minutes, give a further Emerade®** or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by:

Hospital/Clinic:

☎ Date:

Administering Jext:

RCPCH Royal College of Paediatrics and Child Health

Allergy Action Plan

bsaci improving allergy care

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1) ☎

2) ☎

Child's Weight: Kg

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (If vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing, wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness / Pale or floppy Suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. **Lie child flat.** If breathing is difficult, allow to sit
2. **Give Jext®**
3. **Dial 999 for an ambulance*** and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give Jext®

After giving Jext:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement **after 5 minutes, give a further Jext®** or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by:

Hospital/Clinic:

☎ Date:

Jext®: Instructions for use

1. Grasp the Jext® injector in your hand with your thumb closest to the yellow cap. Pull off the yellow cap.
2. Place the black tip against outer thigh, holding the injector at a right angle to the thigh.
3. Push the black tip firmly into your outer thigh until you hear a 'click' then keep it pushed in. Hold in place for 10 seconds (a slow count to 10) then remove.
4. Massage the injection area for 10 seconds. (dial 999, ask for an ambulance and say 'anaphylaxis')

Keep your Jext device(s) at room temperature, do not refrigerate.
For more information and to register for a free reminder alert service, go to www.jext.co.uk

Produced in conjunction with: Allergy UK, Anaphylaxis UK

Further source of information

The Anaphylaxis Campaign
Helpline: 01252 542029
Website: https://www.anaphylaxis.org.uk
Email: info@anaphylaxis.org.uk

14.3 DIABETES

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels because the pancreas does not make any or enough insulin, 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 will have Type 1 diabetes and 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.

14.3.1 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 levels. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

14.3.2 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 Care Plan will provide details regarding their insulin requirements.

14.3.3 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.

14.3.4 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.

14.3.5 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 paediatric diabetic nurses, as treatment is individually tailored. A Care Plan should be prepared.

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

Schools should offer all staff diabetes awareness training which will be provided by the paediatric diabetic nurses, if a child in the school has diabetes. Training should include how to prevent the occurrence of hypoglycaemia which occurs when the blood-sugar level falls. Staff who volunteer can also be trained in administering treatment for hypoglycaemic episodes.

Symptoms of diabetes can vary from person to person, therefore it will always be necessary for schools to prepare a Care Plan for children who have the condition and obtain parental consent to administer treatment. Often, this will be done when the nurse attends the staff training session if the parent is also able to attend to give their views

To **prevent** a hypo

1. 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 extracurricular activities at lunchtimes, or detention sessions;
2. Offsite activities e.g. visits, overnight stays, will require additional planning and liaison with parent; and
3. Schools should ask parents to ensure that they provide the school with sufficient, in-date, quantities of the treatment that their child may require.

To **treat** a hypo

1. Staff should be familiar with pupil's individual symptoms of a "hypo" so that steps to treat the pupil can be taken at the earliest possible stage. Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion, and slurred speech;
2. If a meal or snack is missed, or after strenuous activity, or sometimes even for no apparent reason, the child may experience a "hypo". Treatment might be different for each child, and will be set out in their Care Plan, but will usually be either dextrose tablets, or sugary drink, or Glucogel/Hypostop (dextrose gel) which should be readily available, not locked away and may be carried by the pupil. Expiry dates must be checked each term by the parent/carer.
3. Glucogel/Hypostop is used by squeezing it into the side of the mouth and rubbing it into the gums, where it will be absorbed by the bloodstream.
4. Once the child has started to recover a slower acting starchy food such as biscuits and milk should be given.
5. If the child is or becomes very drowsy, unconscious, or fitting, a 999 call must be made and the child put in the recovery position. Due to the risk of choking the caregiver should not attempt to give the child an oral treatment, i.e. a drink, tablets or food.

6. Parents should be notified that their child has experienced a hypo, informed of the treatment provided and asked to provide new stocks of medication.

Once the child has recovered the School Record of Medication Administered should be completed

14.3.7 Blood Glucose Monitoring for Children

The Care Plan will explain how frequently the pupil needs to check their blood glucose levels and will set out the method that should be used.

It is recommended that all staff use a fully disposable Unistik 3 Comfort Lancets device if they are undertaking patient blood glucose testing on a pupil. This is a single use device and the lancet remains covered once it has been used.

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

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 may be 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.

14.3.8 How to use the Unistik lancet:

- Prior to the test wash hands
- 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 then blood is applied to the strip such as an optium exceed 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 avoiding any 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 Paediatric Diabetes Specialist Nurse

The Care Plan will document what action to take if the blood glucose result is higher or lower than expected.

Further sources of information:

Diabetes UK

Tel: 020 7424 1000

Email: info@diabetes.org.uk

Website: https://www.diabetes.org.uk/

14.4 Eczema

14.4.1 Eczema (also known as dermatitis) is a non-contagious dry skin condition which affects people of all ages, including one in five children in the UK. It is a highly individual condition which varies from person to person and comes in many different forms.

14.4.2 In mild cases of eczema, the skin is dry, scaly, red, and itchy but in more severe cases the child's skin may experience be weeping, crusting, and bleeding which can be exacerbated by constant scratching causing the skin to split and bleed and leaving it open to infection. In severe cases, it may be helpful and reassuring for all concerned if a Care Plan is completed. . If whole body or significant creaming is required, factors that will need to be taken into account might include:

- Who will do the creaming? (Including taking into account how much the child can do for him/herself depending on age, maturity etc., Permission needed from parents)
- How often does this need to happen? (How can this be planned around curriculum time etc.?)
- Where will the creaming take place? (Considering the need to ensure both privacy and safeguarding of the pupil and the safety of staff.)
- What medication and/or equipment will the parents provide and what may school need to provide (e.g. gloves etc.)?

14.4.3 These details would all need to be provided on the pupil's care plan.

14.4.4 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.

14.4.5 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.

14.5 Epilepsy

Epilepsy is a neurological condition that causes recurrent seizures. This is caused by abnormal electrical activity in the brain. Seizures can happen anytime anywhere. 60% of people with epilepsy there is no known reason for them to have developed epilepsy. The other 40% there is an underlying cause or brain trauma. About 1 in 133 people suffer from epilepsy.

Epilepsy is diagnosed through a good medical history and an eye witness account of the seizure. When it is suspected that a child has epilepsy the child is sent for tests such as EEG's and MRI to help support the diagnosis and to look for any structural abnormalities in the brain. There is a big problem with misdiagnosis, as some things that look like epilepsy are not epilepsy such as migraine and fainting.

There are two main types of seizures: focal and generalized.

- Generalized seizure is where the whole of the brain is affected and the electrical activity is coming from all over. These seizures are when the muscles relax and the person falls to the floor, they can become stiff and have generalized jerking of all four limbs. These are also the absence types of epilepsy.

- Focal seizures are when the electrical activity is localized to one part of the brain, these seizures can present with twitching in their face, hands, arms and legs. They can feel strong emotions, make unusual noises and have unusual behavior such as lip smacking, head turning to one side.

When you suspect a child to have a seizure, make sure you try and time the seizure, record what happened before, during and afterwards. If you have permission from parents a video is very helpful to make a diagnosis.

14.5.1 Managing a Tonic Clonic Seizure

If a child has a generalized tonic clonic seizure (jerking or all four limbs) it is important to stay as calm as possible. Reassure the other children in the classroom. Ensure that the child having the seizure cannot harm themselves

1. Check safety of the area
2. Move any potential dangerous object which the child could hurt themselves on
3. Cushion head with something soft – such as a small jumper (especially if on concrete to avoid injury)
4. Stay with the child throughout the seizure
5. After the seizure is over put into recovery position until completely recovered
6. Check the child for injury and maintain privacy and dignity throughout

DO NOT

1. Restrain the child
2. Do not move the child unless they are in direct danger
3. Put anything in their mouth
4. Do not give any food or drink

When to call for an AMBULANCE

1. If the seizure is going on for longer than 5 minutes
2. If it is the child's first seizure
3. If the child is injured
4. If you are concerned at any point

REMEMBER

1. Keep a record of the seizure
2. Time the seizure
3. Description of the event if possible - how it started, what happened, how it finished
4. Did anything happen before the seizure? i.e. bump to the head, argument, sleepy, do they have a fever.
5. What happened during? i.e. were they stiff, floppy, jerking, eyes rolled, head turned etc.- were they incontinent
6. What happened after? i.e. how long it took to recover, were they sleepy after, did they go back to normal and do they remember it.

Epilepsy can be controlled with regular medications, emergency medications, Ketogenic diet, surgery and VNS. The medications that is used to control epilepsy are strong and important to take regularly. When a child is prescribed an anti-epileptic medication, they are usually given a plan with how and when to take the medication. Usually they only take the medication twice a day however, there are some children who need a third dose in the day time. If

the child was to vomit after the administration of the medication, unless it was a tablet and you can see it, we would advise not to repeat the dose as you are not sure how much has been absorbed.

If a dose is missed, a catch up dose may be given within 4 hours of the designated time. After the 4 hours, do not give the dose and carry on with the next dose. If a child was to miss a dose of medication, be aware that they may have more seizures as a result.

Epilepsy can have a significant impact on a child's achievement; they can experience problems with the visual/verbal learning process, reading, writing, speech language, numeracy, memory, psychosocial problems, concentration and behavior. We can help improve this through group work, providing written information as a prompt, making sure that the student has not missed anything, encourage note taking, cue cards, highlighting important information, rhymes, repetition and revision.

Every child with a diagnosis of epilepsy should have a health care plan in school with details on how to manage that child's seizure. Children with emergency medication also need an up-to-date care plan with details of when to give the medication. Most of the time the child will be prescribed Buccolam (midazolam), however if the child cannot take this, they will be prescribed a rectal emergency medication.

14.5.2 BUCOLIC (MIDAZOLAM)

Bucolic (midazolam) is an emergency treatment for epilepsy, for prolonged convulsions and clusters of seizure activity. It is administered via the mouth in the Bucolic cavity (between the gum and the cheek)

Bucolic (midazolam) can only be administered by a member of the school staff, ideally someone who spends the most time with the student, who has been assessed and has been signed to say they have received the training and know what to do. Training of the designated staff will be provided by the school nurse and a record of the training undertaken will be kept by the head teacher for the schools records. Training must be updated annually. The training must be child specific, general Bucolic (midazolam) training can be done but each child who requires it must have their care plan reviewed and understood by the staff members who would be administering the Bucolic (midazolam).

Bucolic (midazolam) care plans should reflect the specific requirements of each case and further advice should be sought from the specialist nurse/consultant/GP

1. Buccolam (midazolam) can only be administered in accordance with an up-to-date written care plan with medical and parental input. If the dose changes it is the responsibility of the parent to have the care plan updates. Old care plans should be filed in the pupils records.
2. The Buccolam (midazolam) care plan should be renewed yearly. The school nurse will check with the parent/ carer that the dose remains the same
3. The care plan must be available each time the Buccolam (midazolam) is administered: if practical to be kept with the Buccolam (midazolam)
4. Buccolam (midazolam) can only be administered by designated staff, who has received training from the school nurse. A list of appropriately training staff will be kept.
5. The consent form and care plan must always be checked before the Buccolam (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 recovered
8. The amount of Buccolam (midazolam) that is administered must be recorded on the pupil's Buccolam (midazolam) record card. The record card must be signed with a full signature of the person who has administered the Buccolam (midazolam), timed and dated. Parents should be informed if the dose has been given in an emergency situation
9. Each dose of Buccolam (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 staff must check expiry date of Buccolam (midazolam) each term. It should be replaced by the parent/ carer at the request of the school or health staff. Please inform parents within a month of expiry to give them time to replace it.

11. All school staff designated to administer Buccolam (midazolam) should have access to a list of pupils who may require emergency Buccolam (midazolam). The list should be updated annually, and amended at other times as necessary.
12. All Buccolam (midazolam) training needs to be child specific. General training can be done but each individual care plan needs to be reviewed.
13. A Buccolam authorisation form should be completed by a consultant paediatrician outlining the dosage, and administration guidance from the doctor and signed parental consent confirming the dose. Within special schools best practice would be that parents are contacted before buccolam administration to establish if an earlier dose has been administered.

15. STORAGE OF MEDICATION

15.1 Schools should store non-emergency medication safely and securely, preferably in a cool place which pupils cannot access by accident. Schools should conduct a risk assessment in relation to their storage facilities in order to minimise the potential for harm to occur, which will include seeking advice from local pharmacists or the school nurse on how best to store medication.

15.2 Items requiring refrigeration may be kept in a clearly labelled closed container in a lockable refrigerator, although schools should consider how pupil's confidentiality can be maintained if the fridge is also used for other purposes. Schools should monitor the temperature of the fridge regularly. Children should be able to access their medicines, particularly for self-medication, quickly and easily, but all storage facilities should be secure and in an area which cannot be accessed by children without the supervision of an adult.

15.3 Chilwell Croft: Fridge is located within the first aid room

15.4 Aston Manor: Fridge is located in the main school reception.

15.5 The child's Care Plan will set out whether it is appropriate for the child to administer their own medication but generally pupils in secondary schools should be allowed to be in charge of their own medication, either by keeping it securely on their person, or in lockable facilities at the school which they have access to. Children in primary schools are less likely to be competent to manage their own medication but in all cases it will depend on the child's age, maturity, parent's and medical professional's views and school consent.

15.6 All emergency medication must be stored in a safe location known to the child and relevant staff, which is easily accessible in case of emergency. If the safe location is locked, it is essential that the keys can be quickly and easily accessed.

15.7 Pupils without recognised medical needs should be discouraged from carrying their own supply of medication, such as painkillers for general use, with them.

15.8 Members of staff who require medication must ensure that it is safely stored and cannot be accessed by pupils.

16. DISPOSAL OF ANY SHARP ITEMS (SHARPS)

16.1 Some medical conditions and medications require the use of sharp items (sharps), for example lancets for blood glucose monitoring, which carry the risk of accidents that could lead to infection with blood borne viruses, which are preventable with careful handling and disposal. Staff should consider:

- How the school will safely manage sharps bins, i.e. they will be located in designated areas, in a safe position at waist height with a temporary closure mechanism for when the bin is not in use. **Sharps bins must never be kept on the floor;**

  Chilwell Croft: located in the first aid room

Aston Manor: located in the main school reception

- That it is the personal responsibility of the individual using the sharp to dispose of it safely i.e. the pupil or the member of school staff assisting the pupil;
- That a suitable sized sharps bin must be brought to the point of use so that used sharps can be disposed of immediately;
- How sharp bins can be obtained and emptied, i.e. they are available on prescription where needed, should be emptied when two thirds full. Children should not be carrying used sharps bins to and from school themselves therefore arrangements for disposal should be outlined in the child's Care Plan.
- Chilwell Croft: PHS contract in place to empty the box monthly
- Aston Manor: PHS contract in place to empty the box monthly

17. RETURN OF MEDICATION

17.1 Schools' policies and, where there is one, a child's Care Plan should explain when medication will be returned the child's parent, for example whenever:

- The course of treatment is complete;
- Labels have become detached or unreadable (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent);
- The Care Plan is updated or changed and/or information about how to treat the child's medical condition is updated; or
- The medication's expiry date has been reached.
- Return of the medication should be documented on the administration record held in the child's file and the parent should be advised to return unused medication to their pharmacist.
- In exceptional circumstances, e.g. when a child has left the school, schools can take unused medication to a community pharmacy for disposal.
- Medication should not be disposed of in the normal refuse, flushed down the toilet, or washed down the sink.

18. RECORD KEEPING

- Schools should ensure that a 'Record of medicine administered to an individual child' form is completed and signed giving details of the date, time and dose of any medication administered in school. Parents should be informed on the same day and a record kept if, for any reason, medication that a child normally receives is not administered. Schools may wish to keep a copy of the parent's Consent Form to Administer Medication.
- Schools will have a record of individual pupil's needs in their Care Plan, which may also form part of their Education, Health and Care Plan if one is in place. Schools should review Care Plans regularly, at least annually and whenever there are changes to the pupil's condition or treatment. A new Care Plan will usually be required if a pupil moves schools.
- Under the Data Protection Act 1998 documents which contain information about an individual's physical or mental health are 'sensitive personal data', or 'special category data' under the General Data Protection Regulation. Our schools' admissions document contains the appropriate privacy notice which explains that medical information about a pupil may be required to share with third party organisations. Parents upon admission of a child to the school will be required to sign the privacy declaration.

- Schools must never display Care Plans in a public place because of the sensitive information they contain, but it would be sensible for schools to make parents, and where appropriate the pupil, aware that this information will be shared and that it will be kept somewhere accessible in case of emergency.
- Schools should retain documents connected to a pupil's medical needs and the administration of medication until the child is 25 years old in accordance with Department for Health requirements regarding the retention of medical and health records. Records should be carefully reviewed by the school before they are destroyed at the end of the retention period.

19. FIRST AID BOXES

19.1 Schools should ensure that First Aid boxes, identified by a white cross on a green background, are available in the workplace and contain adequate supplies for treating injuries that may occur based the nature of the potential hazards identified by a risk assessment. Schools' should make themselves aware of the Health and Safety Executive's minimum expected provision.

19.2 Only the expected First Aid supplies should be kept which should not contain creams, lotions or drugs, however seemingly mild, but may include saline or water sachets to irrigate wounds.

1.3 The location of First Aid boxes and the name of the person responsible for their upkeep should be clearly indicated on notice boards throughout the workplace.

19.4 First aid boxes must display the following information:-

- The name of the person responsible for their upkeep;
- The nearest alternative First Aid box, in case further supplies are required;
- A list of the contents of the first aid box and instructions for replenishing arrangements;
- The location of the school's accident book.

19.5 Authorised school personnel should maintained and restock First Aid Boxes promptly when necessary and the staff who are responsible for maintaining the First Aid Box should be aware of the procedure for re-ordering supplies.

19.6 Minimum Expected First Aid box contents per 50 people:

1 x Guidance Leaflet giving general guidance on first aid (for example HSE leaflet *Basic advice on first aid at work)*

- 60 x Adhesive Plasters
- 6 x No 16 Eyepad
- 8 x Triangular Bandage
- 24 x Safety Pins
- 4 x First Aid Dressings (18 x 18cm)
- 12 x First Aid Dressings (12 x 12cm)
- 3 x Gloves (Pairs)
- 20 x Wipes

19.7 Key staff to monitor First Aid boxes, termly checklists.

19.8 As a guide the minimum contents of a travelling First Aid kit should contain:-

- A leaflet giving general guidance on first aid (for example HSE leaflet *Basic advice on first aid at work)*
- 9 x First Aid Dressings (12 x 12cm)
- 3 x First Aid Dressings (18 x 18cm)

- 6 x Triangular Bandages
- 12 x Safety Pins
- 4 x Eye Dressings
- 40 x Plasters
- 10 x Sterile Wipes
- 2 x Disposable Gloves (1 Pair)
- 1 x First Aid for Children Pocket Guide
- 1 x Pupil Accident Book

20. LIABILITY AND INDEMNITY

20.1 The Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

20.2 We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

21 COMPLAINTS

21.1 Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

22 MONITORING ARRANGEMENTS

22.1 This policy will be reviewed and approved by the Trust every 2 years.

23. LINKS TO OTHER POLICIES

23.1 This policy links to the following policies:

- Disability/Accessibility plan
- Complaints
- Equalities
- First aid
- Health and safety
- Safeguarding
- Special educational needs policy
- Asthma policy

Appendix 1: Reviewing School's Provision Questionnaire

Key questions	School's Evidence		
	Achieved	In progress	Not achieved
• Do you ensure that parents and pupils are consulted about, and made aware of, your arrangements for supporting pupils with medical conditions in school?			
• Do you promote pupils' confidence and self-care in managing their own medical needs?			
• Do you ensure that staff receive satisfactory training on supporting pupil's medical needs in school?			
• Do governors ensure that policies, plans, procedures and systems are properly prepared and implemented?			
• Does the school have a policy for supporting children with medical conditions in school that is fit for purpose?			
• Does the school have a contingency plan to cope if staff refuse to administer medication?			
• Is the policy reviewed regularly?			
• Is the policy easily accessible by parents & staff, in particular the section which explains the schools procedures for dealing with medication in school?			
• Does a named individual have overall responsibility for implementation of the policy?			
• Are arrangements in place to ensure that the policy is implemented effectively?			
• Are Individual Healthcare Plans (IHPs) reviewed at least annually?			
• Is there a named individual who is responsible for the development of IHPs?			
• Is the school able to identify which staff in school need to be made aware of pupil's medical needs and are those staff aware of which children have health needs and what support is required?			
• Is written permission from parents and the head teacher obtained to allow administration of medication by a member of staff, or self-administration by the pupil, during school hours?			
• Are arrangements identified in the policy to allow children to manage their own health needs?			
• Do IHPs contain appropriate prescription and dispensing information?			
• Are emergency contact details and contingency arrangements included within the IHP?			
• Does the IHP explain what arrangements or procedures should be in place during school trips or other school activities outside of the normal school timetable so that the child can participate and are these reviewed prior to each event?			
• Does practice reflect the policy?			
• Does the policy identify roles and responsibilities?			
• Are training needs regularly assessed?			
• Have sufficient staff received suitable training?			
• Is a record kept of training undertaken?			
• Are written records kept of all medicines administered to children?			
• Do **all staff** know what should happen in an emergency?			
• Is the appropriate level of insurance in place and does it reflect the level of risk?			
• Does the policy set out how complaints can be made?			

Date completed:

Person's name and signature of completion

Appendix 2a: Consent form to administrate over the counter medicines

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

- 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	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

Mobile number of parent/carer	
Daytime landline for parent/carer	

Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the Headteacher/senior staff member (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school. I will inform the school 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 confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- 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.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

Appendix 2b: Consent form to administrate prescribed medicines

Childs name:	**Year group:**	**D. O.B:**
Does your child suffer with any medical conditions that we need to be aware of? If yes, please state below Yes ☐ No ☐		
Does your child suffer with any allergies? If yes, please state below Yes ☐ No ☐		

Prescribed items

If your child is required to take mediation during the school day, it **MUST** be handed into reception for safe storage. You must complete the 'permission to administer medicine in school' below to give consent for any medication to be brought into school. If medication is administered before leaving school please include the details on this form.

Consent to Administer Medicines on School site and off-site activities

The school will not administer medicine to your child unless you complete and sign this form. If your child has more than one type of medicine please request another copy of this form

Name of Pupil: _____ Form: _____ Date of Birth: _____

Name of medication (as it is described on container)	**Reason for medication:**
Date Dispensed:	**Expiry Date:**
Dosage required: ***If the dosage is between 1-3 times a day the medication should be given at home and not in school.***	**Frequency :**
How should the medication be taken: **With meals Y/N** **With water Y/N** **Has the appropriate spoon/syringe been provided Y/N**	**Where should this medication be kept?** **In the class Y/N** **In a fridge Y/N** **Young person authorised to carry the medication on themselves Y/N**
The school can only administrate medication on the third dosage to ensure that no reaction to the medication has occurred. Will the school be providing dosage 3 or more? Y/N	
Please note: All prescribed medicines must be in its original containers with the labels intact	

Record of administration of medicine				
	Date	**Time**	**Dosage**	**Signature**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Medication return date to parent:
Signature of parent who accepts the return medication
Staff members name and signature:

Consent

I, Parent/Carer of the above named child give permission for Aston Manor Academy / Chilwell Croft Academy staff to administer the above listed medicine on my behalf. I understand that the school is acting on the information supplied and therefore cannot be held responsible if the medication is administered incorrectly.

I, Parent/Carer of the above named child also give permission for the school to use their stock of emergency inhaler or an auto adrenaline injector should the prescribed medication provided fails or runs out.

I will inform the school immediately if there is any change in the dosage or frequency of the medicine.

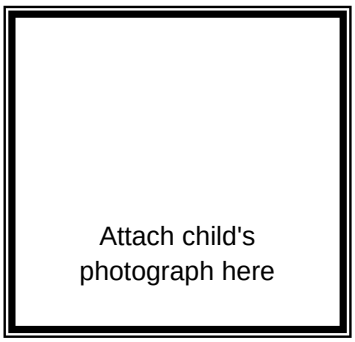
Parent/Carer (please print) ……

Signed Parent/Carer: ……..

Date: ……..

Appendix 3: Care Plan

Care plan



Name:

Date of birth:

Class:

Emergency contact telephone numbers		
Name:	**Home**:	**Mobile**:
Name:	**Home**:	**Mobile**:
Hospital contacts:		
Medical condition: i.e. food allergy, asthma		

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Chilwell Croft: All children's medication will be stored in a box/pouch within the child's classroom.

Aston Manor: All children's medication will be stored in a box which is stored in reception. Students with EpiPen's are expected to have in their possession.

Describe what constitutes an emergency, and the action to take if this occurs

Amend/delate were appropriate:

Asthma:

1-Use the child's medication to try and reduce the symptoms

2-If no improvement, contact the parent and then call 999 for an ambulance

3-Continue with the above medication until paramedics arrive

Inhaler

1. Use the child's medication to try to reduce symptoms.

2. if no improvement, contact the parent and then call 999 for an ambulance.

3. Continue with the above medication until paramedics arrive.

Epi-Pen

1-use the guide attached to the plan to administrate the epi pen

2-record the time that the injection was administrated

3-ensure that an ambulance has been called

4-ensure that the parent has been called

5-list/note all the signs and symptoms that presented themselves before the epi pen was administrated and after

6-time how long the whole episode has taken for the child to recover

7-reasure the child that help is on the way and that they are ok

Special requests from parents

Plan developed by

Staff training needed/undertaken – who, what, when

Forms copied to

□Class Teacher

□Senco

□Parents

□Placed with medication

□Placed in child's school record

□Original kept with all pupils care plans

Consent

I, Parent/Carer of the above named child give permission for Aston Manor Academy / Chilwell Croft Academy staff to administer the attached listed medicine on my behalf. I understand that the school is acting on the information supplied and therefore cannot be held responsible if the medication is administered incorrectly.

I, Parent/Carer of the above named child also give permission for the school to use their stock of emergency inhaler or an auto adrenaline injector should the prescribed medication provided fails or runs out.

I give consent for this information to be shared with a third party such as school nurse and staff within the school
I will inform the school immediately if there is any change in the dosage or frequency of the medicine.

Parent's/carer's signature: **Date**:

Print Name:

Nurse's Signature: **Date**:

If applicable

Print Name:

Date training given: **Review date**:

Please ensure that Appendix 2b: Consent form to administrate prescribed medicines is completed and attached to this form.

Appendix 4: Training Record: staff training record – administration of medicines

Name of school	
Staff Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the above named member of staff has received the training detailed above and is competent to provide the treatment which was the subject of the training session outlined above.

The staff member was also informed:

- The basic legal principles and potential legal liabilities involved;
- How to deal with emergency situations that may arise;
- How to appropriately and safely administer the medication in question;

Trainer's signature _____

Date _____

I confirm that I have volunteered for and received the training detailed above.

Staff signature _____

Date _____

Review date _____

Appendix 5: Individual Healthcare Plan

Child's photo here

Individual Healthcare Plan

1 CHILD/ YOUNG PERSON'S INFORMATION

1.1 CHILD/ YOUNG PERSON DETAILS

Child's name:	
Date of birth:	
Year group:	
Address:	
Town:	
Postcode:	
Medical condition(s): Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.	
Allergies:	
Date:	
Document to be updated:	

1.2 FAMILY CONTACT INFORMATION

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

1.3 ESSENTIAL INFORMATION CONCERNING THIS CHILD / YOUNG PERSON'S HEALTH NEEDS

	Name	Contact details
Specialist nurse (if applicable):		
Key worker:		
Consultant paediatrician (if applicable):		
GP:		
Link person in education:		
Class teacher:		
Health visitor/ school nurse:		
SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Head teacher:		
Person with overall responsibility for implementing plan:		
Any provider of alternate provision:		

This child/ young person has the following medical condition(s) requiring the following treatment.

Medical condition	Drug	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	

Any medication will be stored _____

2. ROUTINE MONITORING (IF APPLICABLE)

Some medical conditions will require monitoring to help manage the child/ young person's condition.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? **If so what is the target?**	

3. EMERGENCY SITUATIONS

An emergency situation occurs whenever a child/ young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	

4. IMPACT ON CHILD'S LEARNING

How does the child's medical condition effect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	

5. IMPACT ON CHILD'S LEARNING and CARE AT MEAL TIMES

	Time	**Note**
Arrive at school		
Morning break		
Lunch		

Afternoon break		
School finish		
After school club (if applicable)		
Other		

6. CARE AT MEAL TIMES

What care is needed?	
When should this care be provided?	
How's it given?	
If it's medication, how much is needed?	
Any other special care required?	

7. PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

8. TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child/young person on the trip?	

9. SCHOOL ENVIRONMENT

Can the school environment affect the child's medical condition?	
How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

10. EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should not count towards a child's attendance record.

Is the child/young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? if so what?	
Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a 'buddy' e.g. help carrying bags to and from lessons?	

11. STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

What training is required?	
Who needs to be trained?	
Has the training been completed? Please sign and date.	

Please use this section for any additional information for this child or young person.

Consent

I, Parent/Carer of the above named child give permission for Aston Manor Academy / Chilwell Croft Academy staff to administer the attached listed medicine on my behalf. I understand that the school is acting on the information supplied and therefore cannot be held responsible if the medication is administered incorrectly.

I, Parent/Carer of the above named child also give permission for the school to use their stock of emergency inhaler or an auto adrenaline injector should the prescribed medication provided fails or runs out.

I give consent for this information to be shared with a third party such as school nurse and staff within the school

I will inform the school immediately if there is any change in the dosage or frequency of the medicine.

Name	Signatures	Date
Young person		
Parents/ carer		

Healthcare professional

School representative

School nurse