



**Policy: Medication and/or Medical Assistance
for Pupils in Schools**

Author: Mary Rankine
Service: Education Development

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| | |
|---|-----------|
| SECTION ONE: POLICY | 3 |
| 1 Introduction | 3 |
| 1.1 Purpose of Guidance | 3 |
| 1.2 Pupils with Medical Needs | 3 |
| 1.3 Medication | 4 |
| 1.4 Individual Health Care Plan (IHCP) Summary | 4 |
| 2 Medication In Schools For Pupils: Who Is Responsible?..... | 5 |
| 2.1 General | 5 |
| 2.2 Parents and Guardians | 5 |
| 2.3 The Council | 5 |
| 2.4 The Head Teacher | 6 |
| 2.5 Other School Staff | 6 |
| 2.6 The School Health Service (SHS) | 7 |
| 2.7 The General Practitioner (GP) | 7 |
| 2.8 Other Health Professionals | 7 |
| 3 Drawing Up An Individual Health Care Plan (IHCP) | 8 |
| 3.1 Purpose of an Individual Health Care Plan | 8 |
| 3.2 Which Children Require Individual Health Care Plans? | 8 |
| 3.3 How will the children who would benefit from an IHCP be identified? | 8 |
| 3.4 Drafting the Plan | 9 |
| 3.5 Reviewing and Updating the IHCP | 9 |
| 3.6 The Management of the IHCP | 9 |
| 3.7 Information Sharing | 9 |
| 3.8 Staff Training | 9 |
| 3.9 Confidentiality | 9 |
| 3.10 Rectal Valium | 10 |
| Procedures For Setting Up And Maintaining An Individual Health Care Plan | 11 |
| SECTION TWO: PROFORMAE..... | 12 |
| SECTION THREE: GENERAL DESCRIPTION OF MEDICAL CONDITIONS..... | 26 |
| 4 Asthma, Epilepsy, Diabetes And Anaphylaxis | 26 |
| 4.1 General | 26 |
| 4.2 Asthma | 26 |
| 4.3 Medication and Control of Asthma | 26 |
| 4.4 Epilepsy | 27 |
| 4.5 Medication and Control of Epilepsy | 28 |
| 4.6 Diabetes | 28 |
| 4.7 Medication and Control of Diabetes | 29 |
| 4.8 Hypoglycaemic Reaction | 29 |
| 4.9 Anaphylaxis | 29 |
| 4.10 Medication and Control of Anaphylaxis | 30 |
| 4.11 Allergic Reactions | 30 |
| 5 Dealing With Medicines Safely..... | 31 |

| | | |
|-----------|----------------------------|-----------|
| 5.1 | Safety Management | 31 |
| 5.2 | Storing Medication | 31 |
| 5.3 | Access to Medication | 32 |
| 5.4 | Hygiene | 32 |
| 5.5 | Emergency Procedures..... | 32 |
| 6. | Record Keeping..... | 32 |
| 6.1 | General | 32 |
| 6.3 | Record Retention | 32 |

SECTION ONE: POLICY

1 INTRODUCTION

1.1 Purpose of Guidance

1.1.1 This guidance has been written by West Lothian Council and West Lothian NHS Trust with the support of the Joint Consultative Working Group (Teaching Staff).

1.1.2 It is a framework for school policies on managing medication and/or medical assistance in schools, and a way to support individual pupils with medical needs.

1.2 Pupils with Medical Needs

1.2.1 Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing prescribed medication even though the child's doctor regards the child as fit to attend school. Others have medical conditions which, without help, could limit their access to education. Most are able to attend school regularly and, with some support from the school, take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

1.2.2 An **Individual Health Care Plan (IHCP)** can help schools to identify the safety measures to support pupils with medical needs and ensure that they and others are not put at risk. *An Individual Health Care Plan will generally only be drawn up for a child with medical needs who cannot attend school normally without help with medication or medical assistance.*

1.2.3 Parents have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents and pupils may give details in conjunction with their GP or paediatrician. Specialist voluntary bodies, e.g., the National Asthma Campaign, can also provide background information for school staff.

1.2.4 The School Health Service (SHS) provides advice on health issues to pupils, parents, teachers, education officers and local authorities. Education Services will work together with the SHS to ensure pupils with medical needs and school staff have effective support in schools .i.e., the Education Support Services Manager, Lindsay House will assist those involved in taking this policy forward by addressing any problems as they arise.

1.2.5 **There is no legal duty which requires school staff to administer medication; this is a voluntary role.** Staff who provide support for pupils with medical needs, or who volunteer to administer medication, need support from the Head Teacher and parents, access to information and training, and reassurance about their legal liability. The assurance is hereby given that the Council provides indemnity for staff acting in accordance with the terms of this document.

1.2.6 Individual health care plans are designed as appropriate taking account of all needs, including any arising from gender, disability, race, religion and belief, age and sexual orientation.

1.3 Medication

1.3.1 Used correctly, medication helps to fight infection, speed recovery, relieve pain and symptoms, control diseases and disorders.

1.3.2 The hazards inherent in the administration of medication arise from the potential to:

- take the wrong medicine or dose
- mix medicines, foods and alcohol with unexpected interactions
- miss a dose.

1.3.3 The following terms are used in this document:

- **Medication** any drug, medicine, preparation or substance, in any form, i.e. tablets, capsules, liquids, creams, ointment, sprays, gases, etc used for medical or dental treatment.
- **Prescription** written instruction for the composition and use of medication, issued by a doctor or a dentist for the medical or dental treatment of a single individual
- **Prescribed medication** any medication obtained from a pharmacist on prescription.
- **Non-prescribed medication** any medication obtained without a prescription. These may sometimes be referred to as common or household remedies

1.3.4 No pupil under 16 should be given medication without his or her parent's written consent. Any member of staff giving medicine to a pupil should check:

- the pupil's name
- written instructions provided by parents or doctor
- prescribed dose
- expiry date

1.3.5 If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action.

1.3.6 If a pupil refuses medication, school staff should not force them. The school should contact the pupil's parent or carer and, in an emergency, the emergency services.

1.3.7 Staff must complete and sign form: **Med3, "Record of Medication Administered in School"** whenever they give medication to a pupil. *Where practical*, the dosage and administration should be witnessed by a second adult. It will frequently not be practical to obtain a witness in a school setting.

1.4 Individual Health Care Plan (IHCP) Summary

1.4.1 An overview of the IHCP management system is as follows:

- Pupil presents with medical needs

- SHS briefs staff on implications of condition, especially of volunteering to assist with medication
 - if staff volunteer, training is arranged
 - IHCP is drawn up reflecting voluntary involvement or non-involvement of staff
 - IHCP will specify alternative arrangements if staff are not involved
- 1.4.2 In this way, the school, parents and the pupil all know the limits of the assistance available.
- 1.4.3 No IHCP is required where a pupil with medical needs self-administers medication.

2 MEDICATION IN SCHOOLS FOR PUPILS: WHO IS RESPONSIBLE?

2.1 General

- 2.1.1 Responsibility for pupil safety must be clearly defined with each person involved in their care aware of what is expected of them. Close co-operation between schools, parents and other agencies will help provide a suitably supportive environment for pupils with medical needs.

2.2 Parents and Guardians

- 2.2.1 Parents are responsible for making sure that their child is well enough to attend school. This guidance is not intended to facilitate in any way the attendance (which must be discouraged) at school of sick children.
- 2.2.2 Parents should provide the Head Teacher with sufficient information about their child's medical condition and treatment or care needed at school.
- 2.2.3 Head Teachers must not pass on information about a child's health to other school staff without a parent's agreement. Sharing information is important if staff are to ensure the best care for a pupil and *it may be necessary to refuse assistance with medication where permission is unreasonably withheld.*
- 2.2.4 Some parents may have difficulty understanding or supporting their child's medical condition themselves. The SHS can often provide additional assistance in these circumstances.
- 2.2.5 Parents' cultural and religious views should always be respected.

2.3 The Council

- 2.3.1 The Council is responsible, under the Health and Safety at Work Etc. Act 1974, for making sure that a school has a health and safety policy. This must include procedures for supporting pupils with medical needs and managing medication.

- 2.3.2 The Council provides indemnity for staff acting within the scope of their employment including assistance with medication in accordance with the terms of this document.
- 2.3.3 In the event of legal action over an allegation of negligence, the Council is likely to be held responsible rather than the employee acting within the scope of their employment.
- 2.3.4. Keeping accurate records of the administration of medication in the school is therefore essential.
- 2.3.5 The Council through the Education Services Staff Development Unit will arrange appropriate training for willing staff to ensure that they have sufficient understanding, confidence and expertise to support pupils with medical needs.

2.4 The Head Teacher

- 2.4.1 The Head Teacher is responsible for implementing the Council's Health & Safety policy in practice and for developing detailed procedures. When teachers volunteer to give pupils help with their medical needs, the Head Teacher must agree to their doing this, and must ensure that teachers receive proper support and training where necessary. E.g., the Head Teacher can sit down with SHS staff and parents to draw up an **IHCP**, where appropriate, approach the SHS for training, make a bid for Staff Development cover and obtain parental agreement to the sharing of information with all staff.
- 2.4.2 The Head Teacher must ensure that parents are aware of the Council's policy and procedures for dealing with medical needs. It is fundamental that parents keep children at home when they are acutely unwell.
- 2.4.3 The Head Teacher will agree with the parents exactly what support the school can provide. Where there is concern about whether the school can meet a pupil's needs, or where the parents' expectations appear unreasonable, the Head Teacher can seek advice from the SHS. *The Council will support a decision to refuse assistance which it is impractical to give.*

2.5 Other School Staff

- 2.5.1 Some staff are naturally concerned about their ability to support a pupil with a medical condition, particularly if it is potentially life threatening. Teachers who have pupils with medical needs in their class should understand the nature of the condition and when and where the pupil may need extra attention. The pupil's parents/guardians and the School Health Service should provide this information. Staff must be aware of the likelihood of an emergency arising and the action to take if one occurs.
- 2.5.2 Staffs' conditions of employment do not include giving medication or supervising a pupil taking it, although staff may volunteer to do this and many are happy to do so. Staff who agree to accept responsibility for administering prescribed medication to a pupil must have proper guidance and training which will include possible side effects of medication.

2.6 The School Health Service (SHS)

- 2.6.1 The SHS is part of West Lothian NHS Trust. It provides advice on health issues to children, parents, teachers, education welfare officers and the Council. The main contacts for schools are the school doctor or nurse employed by the SHS
- 2.6.2 The SHS provides guidance on medical conditions and, in some cases, specialist support for a child with medical needs.
- 2.6.3 The school doctor or nurse will help Head Teachers draw up individual **IHCPS** for pupils with medical needs and may be able to supplement information already provided by parents and the child's GP. SHS staff can advise on training for school staff willing to administer medication, or take responsibility for other aspects of support if requested. The school doctor or nurse may attend parents' evenings to give advice to parents and staff.
- 2.6.4 Many voluntary organisations specialising in particular medical conditions provided advice or produce school packs advising staff on how to support pupils. Guidance should be sought from the SHS before adopting the advice from these organisations.

2.7 The General Practitioner (GP)

- 2.7.1 GPs are part of primary health care teams. Most parents will register their child with a GP. A GP has a duty of confidentiality to parents. Any exchange of information between GPs and schools about a child's medical condition should be with the consent of the child or of the parent or guardian. In some cases parents may agree for GPs to advise teachers about a child's condition, in others GPs may do so by liaising with the SHS. *Head Teachers should not approach G.P.s directly for information but should make any request through the School Health Service or parent.*

2.8 Other Health Professionals

- 2.8.1 The school doctor may involve colleagues in giving advice to the school on individual pupils or on health problems generally.
- 2.8.2 Some pupils with medical needs will receive dedicated support from a specialist nurse or paediatric nurse. These nurses often work as part of an NHS Trust and work closely with the primary health care team. They can provide advice on the medical needs of an individual pupil, particularly when a medical condition has just been diagnosed and the pupil is adjusting to new routines.
- 2.8.3 Pupils, who can be trusted by their parents to manage their own medication from a relatively early age should be permitted to do so. Staff need only supervise this. Form **Med4, "Parental Request for Pupil to Carry Their Medication"** is to record a pupil who carries and administers their own medication but is likely to need help at some stage. Pupils who carry and need help to administer, or whose medicine is entrusted into the school's care, are recorded on **Med1 "Parental Request for School to Administer Medication"**.

3 DRAWING UP AN INDIVIDUAL HEALTH CARE PLAN (IHCP)

3.1 Purpose of an Individual Health Care Plan

3.1.1 The purpose of an individual IHCP is to identify the level of support that is needed at school for a pupil with medical needs who is unable to attend school normally without assistance with medication or support of a medical nature. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide. See the Flow Chart ["PROCEDURES FOR SETTING UP AND MAINTAINING AN INDIVIDUAL HEALTH CARE PLAN"](#)

3.2 Which Children Require Individual Health Care Plans?

3.2.1 Most children will have a medical need that requires medication to be given in school. This may be to finish a prescribed course of antibiotics or a painkiller for a headache. A detailed plan is not required for short term needs of this nature as long as there are parental consent systems in place for administering the drug and that a system is in place for recording having administered the medicine.

3.2.2 Children who do require an IHCP will have a significant and long term medical condition and meet at least one of the following criteria:

- have a need for school staff to volunteer to provide some prescribed intervention of a nature not normally associated with school staff
- have a need for school staff to be alert to recognise potential emergency situations and know what action to take
- have a need for school staff to be aware of medical implications for certain areas of the curriculum such as PE

3.3 How will the children who would benefit from an IHCP be identified?

3.3.1 The additional support needs of most children will be identified within the nursery setting.

3.3.2 Parents, education and medical staff are accustomed to working closely together at this time, for example to draft an IEP or a Co-ordinated Support Plan, if appropriate. An Individual Health Care Plan should also be considered and will be started at this time for children who meet the criteria set out above

3.3.3 This will ensure that when a pupil with significant medical needs transfers to Primary School they will already have an IHCP and this will be given consideration as part of the transition process.

3.3.4 During Primary 1 children to whom School Health has been alerted by health visitors will receive a selective medical examination. At this time the school doctor conducting the medical examination will consider the need for an IHCP and may identify further children as eligible, agree this with the parents or carers and advise the school.

3.3.5 At Primary 7 the IHCP will be reviewed as part of the transition process from primary to secondary. Eligible children will therefore have an IHCP on moving in to the secondary school. It is recommended that the detail of the plan is reviewed in the course of the first year to ensure that the school arrangements are working.

3.4 Drafting the Plan

- 3.4.1 When children have been identified by a member of the medical team as requiring an IHCP the school will become responsible for co-ordinating the drafting of the plan.
- 3.4.2 A member of the medical team will be responsible for producing the medical details in conjunction with parents and pupils where appropriate.
- 3.4.3 The school will then complete the sections detailing how the pupil's medical needs will be met in school or on excursions.

3.5 Reviewing and Updating the IHCP

- 3.5.1 The Head Teacher is responsible for ensuring that the plan is regularly reviewed, at least annually, and updated by medical staff as necessary.

3.6 The Management of the IHCP

- 3.6.1 The Head Teacher is responsible for managing the IHCP. The master copy will be held in a secure but accessible place in school. If the pupil has a Passport to Inclusion folder the IHCP will comprise the first section of this folder. The school is responsible for copying the original plan and updated plans to parents and to the school doctor for the medical file. Every effort must be made to ensure all 3 copies are current.

3.7 Information Sharing

- 3.7.1 Staff who may need to deal with an emergency will need to know about a pupil's medical needs. The Head Teacher must also make sure that temporary staff know about any medical needs.
- 3.7.2 When a school arranges work experience, the Head Teacher must ensure that the placement is suitable for a student with a particular medical condition.
- 3.7.3 Students should be encouraged to share relevant medical information with employers.
- 3.7.4 In the event of pupils having special transport needs, Education Support Services should be advised of any special training requirements that apply to escorts.
- 3.7.5 Where a child has an IHCP, the PPR should be marked with a blue dot.

3.8 Staff Training

- 3.8.1 An IHCP may reveal the need for some school staff to have further information about a medical condition or specific training in administering a particular type of medication or in dealing with emergencies.

3.9 Confidentiality

- 3.9.1 The Head Teacher and school staff should treat medical information

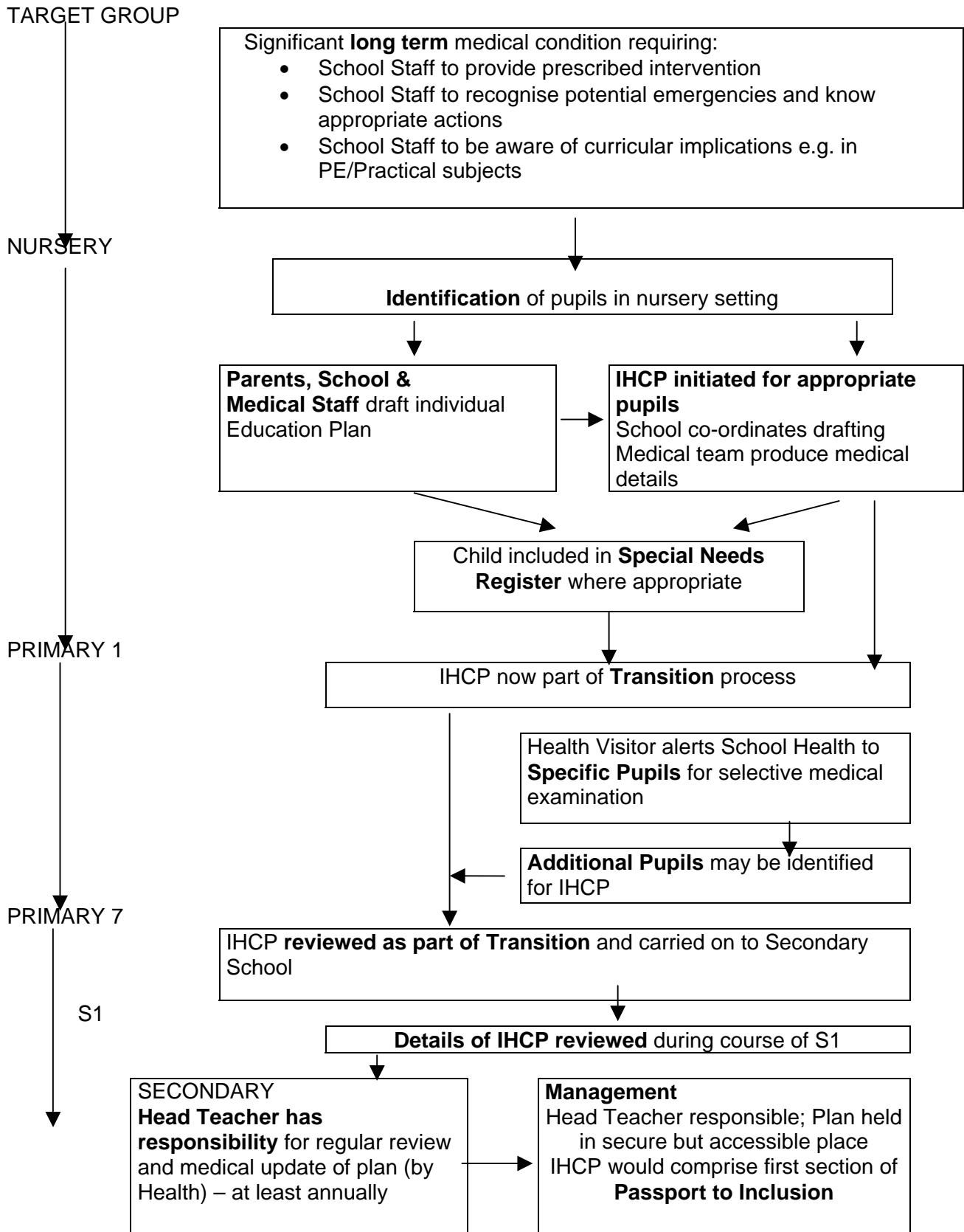
confidentially. The Head Teacher should agree with the pupil (where he/she is over 16 years) or, otherwise, the parent, who else should have access to records and other information about a pupil. It may be necessary to refuse assistance with medication where permission to share information is unreasonably withheld.

- 3.9.2 If medical information about a pupil was withheld from staff, they would not generally be held responsible if they act incorrectly in giving medical assistance in good faith.

3.10 Rectal Valium

- 3.10.1 Some school staff are understandably reluctant to volunteer to administer invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents and Head Teachers must respect such concerns.
- 3.10.2 The Head Teacher should, in co-operation with the SHS and Staff Development Unit arrange for appropriate training to be available for schools staff willing to give medical assistance.
- 3.10.3 The school should, where practical, arrange for two adults, at least one the same gender as the pupil, to be present for the administration of intimate or invasive treatment to ease practical administration of the treatment and minimise the potential for accusations of abuse. Two adults often ease practical administration of treatment.
- 3.10.4 Staff must protect the dignity of the pupil as far as possible, even in emergencies. This may mean removing other pupils from the area or screening the pupil concerned.

PROCEDURES FOR SETTING UP AND MAINTAINING AN INDIVIDUAL HEALTH CARE PLAN



SECTION TWO: PROFORMAE



MEDICATION AND/OR MEDICAL ASSISTANCE IN SCHOOLS FOR PUPILS

INDEX TO FORMS

| | |
|-----------------------------|--|
| Form Med 1 | Parental Request For School To Administer Medication |
| Form Med 1A | Confirmation Of School's Agreement To Administer Medication |
| Form Med 2 | <i>Withdrawn 21/8/2000</i> |
| Form Med 3 | Record Of Medication Administered in School (other than Rectal Diazepam) |
| Form Med 4 | Parental Request For Pupil To Carry Their Medication |
| Form Med 5 | Individual Health Care Plan |
| Form Med 5A | <i>Withdrawn 2/8/2004</i> |
| Form Med 5B | Individual Health Care Plan For A Child With Severe Epilepsy |
| Form Med 5C | Record Of Use Of Rectal Diazepam |
| Form Med 5D | Emergency Incident Report Form |
| Form Med 6 | Request For An Ambulance |
| Form Med 7 | Staff Training Record - Administration Of Medication |

MEDICATION AND/OR MEDICAL ASSISTANCE IN SCHOOLS FOR PUPILS

**PARENTAL REQUEST FOR SCHOOL TO ADMINISTER MEDICATION
THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM**

Surname of pupil..... Forename(s)

Address M/F

Date of Birth Class

Condition or Illness

Name/Type of Medication (as described on the container)

For how long will your child take this medication

Date dispensed

FULL DIRECTIONS FOR USE

Dosage

Timing

Precautions

Side Effects

Self Administration

Procedures to take in an Emergency

.....

Emergency contact name

Relationship to pupil Daytime phone no

Address.....

I understand that:

- 1 I must deliver the medicine personally to.....(member of staff)
2. If no member of staff who is trained to give the medication is available, then the medication will not be given and I will be informed

Signature(s) date

Relationship to pupil



MEDICATION AND/OR MEDICAL ASSISTANCE IN SCHOOLS FOR PUPILS

CONFIRMATION OF THE SCHOOL'S AGREEMENT TO ADMINISTER MEDICATION

I agree that (name of child)

will receive (quantity and name of medicine)

every day at (time medicine to be administered eg lunch-time or afternoon break

.....

This child will be given/supervised whilst he/she takes their medication by (name of member of staff)

.....

This arrangement will continue until (either end date of course of medicine or until instructed by parents)

.....

If a member of staff who is trained to give this medication is not available for any reason, the medication will not be given to the child and the parent will be informed

signed (The Head Teacher)Date

**MEDICATION AND/OR MEDICAL
ASSISTANCE IN SCHOOLS FOR PUPILS**

RECORD OF MEDICATION ADMINISTERED IN SCHOOL (OTHER THAN RECTAL DIAZEPAM)

| Date | Pupil's Name | Time | Name of Medication | Dose Given | Any Reactions | Signature of Staff |
|------|--------------|------|--------------------|------------|---------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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MEDICATION AND/OR MEDICAL ASSISTANCE IN SCHOOLS FOR PUPILS

PARENTAL REQUEST FOR PUPIL TO CARRY THEIR MEDICATION

TO BE COMPLETED BY PARENT/GUARDIAN

Pupils Name **Class**

Address.....
.....
.....

Condition or illness
.....
.....

Name of medicine
.....

Procedures to be taken in an emergency
.....

Name of contact **Daytime phone no.**.....

Relationship to pupil

I would like my son/daughter to keep and administer his/her own medication as necessary.

Signed **Date**

Relationship to pupil



MEDICATION AND/OR MEDICAL ASSISTANCE IN SCHOOLS FOR PUPILS

INDIVIDUAL HEALTH CARE PLAN

Date

Name of pupil



Date of Birth

Condition

.....

Class.....

CONTACT INFORMATION

Family contact 1

Family contact 2

Name

Name

Phone no (Home)
(Work)

Phone no (Home)
(Work)

Relationship

Relationship

GP

Clinic/Hospital contact

Name

Name

Phone no

Phone no

Plan prepared by : Name:

Designationdate.....

Distribution:

| | |
|---------------|---------------|
| School Doctor | School Nurse |
| Parent | Other (state) |

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

.....
.....
.....
.....
.....

Medication

.....
.....

Daily care requirements (e.g., before sport, dietary, therapy, nursing needs)

.....
.....

Action to be taken in an emergency

.....
.....

Follow-up care

.....
.....

Member(s) of staff trained to administer medication for this child (state if different for off-site activities)

.....
.....
.....
.....
.....



MEDICATION AND/OR MEDICAL ASSISTANCE IN SCHOOLS FOR PUPILS

INDIVIDUAL HEALTH CARE PLAN FOR A CHILD WITH SEVERE EPILEPSY

Date

Name of pupil



Date of Birth

Condition

.....

Class.....

CONTACT INFORMATION

Family contact 1

Family contact 2

Name

Name

Phone no (Home)
(Work)

Phone no (Home)
(Work)

Relationship

Relationship

GP

Clinic/Hospital contact

Name

Name

Phone no

Phone no

Plan prepared by : Name:

Designationdate.....

Distribution:

| | |
|---------------|---------------|
| School Doctor | School Nurse |
| Parent | Other (state) |

SEIZURE CLASSIFICATION AND/OR DESCRIPTION OF SEIZURES WHICH MAY REQUIRE RECTAL DIAZEPAM (Record all details of seizures eg goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc. If status epilepticus, note whatever it is convulsive, partial or absence)

1)
.....
.....

USUAL DURATION OF SEIZURE

2)
.....
.....

OTHER INFORMATION.....
.....
.....
.....

DIAZEPAM TREATMENT PLAN

1. **WHEN SHOULD RECTAL DIAZEPAM BE ADMINISTERED?**
(Note here should include whether it is after a certain length of time or number of seizures)

2. **INITIAL DOSAGE : HOW MUCH RECTAL DIAZEPAM IS GIVEN INITIALLY?**
(Note recommended number of milligrams for this person)

3. **WHAT IS THE USUAL REACTION(S) TO RECTAL DIAZEPAM?**

4. **WHAT ACTION SHOULD BE TAKEN IF THERE ARE DIFFICULTIES IN THE ADMINISTRATION OF RECTAL DIAZEPAM EG CONSTIPATION/DIARRHOEA,?**

5. **CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN? YES/NO**

AFTER HOW LONG CAN A SECOND DOSE OF RECTAL DIAZEPAM BE GIVEN?
(State the time to have elapsed before re-administration takes place)

HOW MUCH RECTAL DIAZEPAM IS GIVEN AS A SECOND DOSE?
(State the number of milligrams to be given and how many times this can be done after how long)

| | |
|-----|---|
| 6. | WHEN SHOULD THE PERSON'S USUAL DOCTOR BE CONSULTED |
| 7. | WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP? |
| eg: | <p>a IF THE FULL PRESCRIBED DOSE OF RECTAL DIAZEPAM FAILS TO CONTROL THE SEIZURE</p> <p>b OTHER (Please give details)</p> |
| 8. | <p>WHO SHOULD WITNESS THE ADMINISTRATION OF RECTAL DIAZEPAM? (eg another member of staff of same sex)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
| 9. | <p>WHO/WHERE NEEDS TO BE INFORMED?</p> <p>PARENT/GUARDIAN</p> <p>a) Tel</p> <p>PRESCRIBING DOCTOR</p> <p>b) Tel</p> <p>OTHER</p> <p>c) Tel</p> |
| 10. | <p>PRECAUTIONS UNDER WHAT CIRCUMSTANCES SHOULD RECTAL DIAZEPAM NOT BE USED eg Oral Diazepam already administered within the lastminutes</p> |
| 11 | <p>ALL OCCASIONS WHEN RECTAL DIAZEPAM IS ADMINISTERED MUST BE RECORDED (See Form 10)</p> |

MEDICATION AND/OR MEDICAL ASSISTANCE IN SCHOOLS FOR PUPILS

RECORD OF USE OF RECTAL DIAZEPAM FOR (PUPIL'S NAME).....

| | | | | | |
|---|--|--|--|--|--|
| DATE | | | | | |
| RECORDED BY | | | | | |
| TYPE OF SEIZURE | | | | | |
| LENGTH AND/OR NUMBER OF SEIZURES | | | | | |
| INITIAL DOSAGE | | | | | |
| OUTCOME | | | | | |
| SECOND DOSAGE (IF ANY) | | | | | |
| OUTCOME | | | | | |
| OBSERVATIONS | | | | | |
| PARENT/GUARDIAN INFORMED | | | | | |
| PRESCRIBING DOCTOR INFORMED | | | | | |
| OTHER INFORMATION | | | | | |
| WITNESS | | | | | |
| NAME OF PARENT RE-SUPPLYING | | | | | |
| DATE DELIVERED TO SCHOOL | | | | | |



MEDICATION AND/OR MEDICAL ASSISTANCE IN SCHOOLS FOR PUPILS

EMERGENCY INCIDENT REPORT FORM

| |
|---|
| NAME OF CHILD |
| Date of incident |
| Describe the episode |
| How long did it last? |
| What action did you take? |
| Was an ambulance called? |
| Parents or carers informed |
| Does the IHCP require to be changed? |
| Who was present? |
| Any other comment/observation |
| Signed _____ date _____ Designation..... |



**MEDICATION AND/OR MEDICAL
ASSISTANCE IN SCHOOLS FOR
PUPILS**

REQUEST FOR AN AMBULANCE TO:

.....

Dial 999, ask for ambulance and be ready with the following information.

- 1. Your telephone number**
- 2. Give your location as follows:
(insert school address and postcode)**
- 3. State that a child (name of child) is involved and the nature of the
emergency, eg**

**seizure
diabetic coma
anaphylactic shock
head injury, etc.**
- 4. State that the map reference is**
- 5. Give exact location in the school and the nearest ambulance access , eg,**

**main entrance
east/west car-park, etc**
- 6. Give your name**

**SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT
INFORMATION IF ASKED**



MEDICATION AND/OR MEDICAL ASSISTANCE IN SCHOOLS FOR PUPILS

STAFF TRAINING RECORD - ADMINISTRATION OF MEDICATION

Name.....

Type of training received.....

.....

Name(s) of medication involved.....

.....

Date training completed

Training provided by

Suggested review date

I confirm that has received the training detailed above and is competent to administer the medication described.

Trainer's signature Date

I confirm that I have received the training detailed above.

Trainees' signature Date

SECTION THREE: GENERAL DESCRIPTION OF MEDICAL CONDITIONS

4 ASTHMA, EPILEPSY, DIABETES AND ANAPHYLAXIS

4.1 General

4.1.1 The medical conditions in children which most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This guidance provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of pupils are assessed on an individual basis.

4.2 Asthma

4.2.1 People with asthma have airways which narrow as an allergic reaction to various triggers. The triggers vary between individuals but common ones include grass pollen, chalk dust, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

4.2.2 Asthma attacks are characterised by coughing, wheezing and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue.

4.2.3 It is estimated that about 1 in 7 children have asthma.

4.3 Medication and Control of Asthma

4.3.1 There are several medications used to treat asthma. Some are for long term prevention and some relieve symptoms when they occur (although these may prevent symptoms if they are used in anticipation of a trigger, eg exercise).

4.3.2 Most children with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow a child with asthma to take charge of and use their inhaler from an early age, and many do.

4.3.3 A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electricity powered nebulizer to deliver their asthma medication.

4.3.4 Each pupil's needs and the amount of assistance they require will differ.

4.3.5 Children with asthma must have immediate access to their reliever inhalers when they need them. Pupils who are able to use their inhalers themselves can usually carry them with them. If the child is too young to take personal responsibility for their inhaler, staff must make sure that it is stored in a safe but readily accessible place, and clearly marked with the pupil's name. Inhalers must also be available during sports activities.

- 4.3.6 Spare inhalers must be clearly labelled with the pupil's name and stored safely.
- 4.3.7 The medication of any individual pupil with asthma will not necessarily be the same as the medication of another pupil with the same condition. Although major side effects are uncommon for the most frequently used asthma medications, they do exist and may sometimes be made more severe if the pupil is taking other medication. Training will cover side-effects.
- 4.3.8 Pupils must not take medication which has been prescribed for another pupil. If a pupil used another pupil's inhaler there are unlikely to be serious adverse effects. However, schools must take appropriate action if inhalers are misused by the owner or other pupils.
- 4.3.9 Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although consideration may be needed before undertaking some activities. They must be allowed to take their inhaler with them on all off-site activities. Physical activity will benefit asthmatic pupils in the same way as other pupils. They may, however, need to take precautionary measures and use their inhaler before any physical exertion. They must not be forced to take part if they feel unwell.
- 4.3.10 The **IHCP**, if the Head Teacher on advice from the SHS decides that one is appropriate, should identify the severity of a pupil's asthma, individual symptoms and any particular triggers such as exercise and cold air.
- 4.3.11 If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. They should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the pupil appears very distressed, is unable to talk or is becoming exhausted, then appropriate medical advice must be sought and/or an ambulance called immediately.
- 4.3.12 Reliever medication should be repeated every few minutes until help arrives.

4.4 Epilepsy

- 4.4.1 People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. More than 1 in 130 school children have epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school.
- 4.4.2 Not all children with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour, experience strange sensations or become confused instead of, or as well as, suffering convulsions and/or loss of consciousness. Seizures may be partial, affecting one of the senses or only part of the body, or generalised. The two main types of generalised seizures are:
- absence seizures characterised by a sudden break in activity and a blank facial expression lasting only a few seconds. These can be misinterpreted as a lack of attentiveness in a pupil;

- tonic-clonic attacks, usually characterised by muscular rigidity followed by rhythmic alternating muscular contraction and relaxation. The person loses consciousness, may be incontinent and is subsequently drowsy.

4.4.3 Seizures may be preceded by an “aura” or warning sensation

4.5 Medication and Control of Epilepsy

4.5.1 The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil’s susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch televisions. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them.

4.5.2 Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Training will cover these. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, seeking additional advice from the GP, paediatrician or school nurse.

4.5.3 Some children with seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration. Staff may naturally be concerned about agreeing to undertake such an intimate procedure and it is important that proper training and guidance is given. For advice on invasive treatment see **3.5 Rectal Valium**. Diazepam causes drowsiness so pupils may need some time to recover after its administration. For guidelines on the administration of rectal Diazepam see form **MED5B**.

4.5.4 When drawing up **IHCPs**, parents should be encouraged to tell schools about the type and normal duration of seizure their child has, so that appropriate safety measures can be identified and put in place.

4.5.5 Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The pupil should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into the recover position. Someone should stay with the pupil until he or she recovers and re-orientates. Call an ambulance if the seizure is unusual or where there is any doubt.

4.6 Diabetes

4.6.1 Diabetes is a condition where the person’s normal hormonal mechanisms do not control their blood sugar levels. About 1 in 700 school-age children is

diabetic. Diabetics normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

4.7 Medication and Control of Diabetes

4.7.1 The diabetes of the majority of school-age children is controlled by 2 injections of insulin each day. It is unlikely that they will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out.

4.7.2 Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most children will be able to do this themselves and will simply need a suitable place to do so.

4.7.3 Children with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time. Schools may need to make arrangements for diabetic pupils if the school has staggered lunch-times. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemic episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of sports classes or other activity sessions should ensure that glucose tablets or a sugary drink are to hand.

4.8 Hypoglycaemic Reaction

4.8.1 Staff should be aware that the following symptoms are indicators of a hypo in a diabetic child:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

4.8.2 Each pupil may experience different symptoms and this should be discussed when drawing up the health care plan.

4.8.3 If a pupil has a hypo, it is important that a fast acting sugar, such as glucose tablets, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the pupil has recovered, some 5-10 minutes later. If the pupil's recovery takes longer, or in cases of uncertainty, call an ambulance.

4.8.4 Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw any such signs to the parents' attention.

4.9 Anaphylaxis

- 4.9.1 Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. The most common cause is food - in particular nuts, fish, dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine tablets, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.
- 4.9.2 Call an ambulance immediately if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.

4.10 Medication and Control of Anaphylaxis

- 4.10.1 In the most severe cases of anaphylaxis, people are normally prescribed the Epi-pen. This is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer.
- 4.10.2 It is not possible to give too large a dose using the Epi-pen. In cases of doubt it is better to give the injection than to hold back. An ambulance should be called even if staff have administered an Epi-pen
- 4.10.3 For some children, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency. The pupil may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other pupils must also be taken into account. If a pupil is likely to suffer a severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment.
- 4.10.4 Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such pupils at break and lunch times and in cookery and science classes and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips. The School Health Service will be able to give advice on what is advisable.

4.11 Allergic Reactions

- 4.11.1 Symptoms will normally appear after exposure to the allergen. These may include:
- a metallic taste or itching in the mouth
 - swelling of the throat and tongue
 - difficulty in swallowing
 - flushed complexion
 - abdominal cramps and nausea
 - a rise in heart rate
 - a drop in blood pressure
 - collapse or unconsciousness
 - difficulty breathing
 - (any other(s))

4.11.2 Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the **ICHP**.

5 DEALING WITH MEDICINES SAFELY

5.1 Safety Management

5.1.1 The Head Teacher has prime responsibility for the safe management of medicines kept at school. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH). School staff are also responsible for making sure that anyone in school is safe.

5.2 Storing Medication

5.2.1 Schools must not store large volumes of medication. The Head Teacher should ask the parent or pupil to bring in the required dose each day. The parent needs to obtain from a pharmacist, transit containers suitably inscribed with a description of the medication and its dosage.

5.2.2 The School Health Service will advise on suitable storage of medication.

5.2.3 When the school does store medicines staff must ensure that each is in a labelled container showing the name of the pupil, the dose of the drug and the frequency of administration. Where a pupil needs two or more prescribed medicines, each should be in a separate container. School staff must never transfer medicines from their original containers into other containers. Some medicines, such as asthma inhalers, must be readily available to pupils. Many schools allow pupils to carry their own inhalers. Other medicines must be kept in a secure place.

5.2.4 If the school locks away medication that a pupil might need in an emergency, all staff must know where to obtain keys to the medicine cabinet.

5.2.5 Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but must be in an airtight container and clearly labelled.

5.2.6 School staff must not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for disposal of date-expired medicines.

5.3 Access to Medication

5.3.1 Pupils must have access to their medicine when required. The school must make special access arrangements for emergency medication that it keeps. Medicines must only be accessible to pupils for whom they are prescribed.

5.4 Hygiene

5.4.1 All staff must be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff must have access to protective disposable gloves and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment.

5.5 Emergency Procedures

5.5.1 All staff must know the procedure for calling the emergency services. All staff must also know who is responsible for carrying out emergency procedures.

5.5.2 The procedure for calling an ambulance is provided on **MED6**

5.5.3 Generally staff should not take pupils to hospital in their own car. however, in an emergency it may be the best course of action.. The member of staff should be accompanied by another adult. Staff should not use their car unless their insurance allows them to do this.

5.5.4 In the event of having had to carry out an emergency intervention a member of staff who was involved must then complete **Form Med5D "Emergency Incident Report Form"**.

6. RECORD KEEPING

6.1 General

6.1.1 Parents are responsible for supplying information about medicines that their child needs to take at school and for letting the school know of any changes. The parent should provide written details including:

- name of medication
- dose
- method of administration
- time and frequency of administration
- other treatment
- any side effects

6.3 Record Retention

6.3.1 Records must be kept along with all health care plans until the date of the pupil's 25th birthday. In the case of children with severe/profound educational difficulties, records should be kept indefinitely.

6.3.2 The Records Management Unit will be able to assist with storage.