ADMINISTRATION OF MEDICATION IN SCHOOL

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Hollinswood Primary School & Nursery Medication in Schools Policy in line with Telford and Wrekin Councils Medication in Schools Policy.

CONTENTS:

1. THE LAW

Under the Health & Safety at Work Act 1974 the employer is responsible for making sure that a school has a health and safety policy. This should include procedures for supporting pupils with medical needs including managing prescribed medication.

The Children & Families Act 2014, Section 100, places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRU's to make arrangements for supporting pupils at their school with medical conditions.

The teacher's general duty to act "in loco parentis" is also relevant in deciding whether what is being requested is what would be expected of a reasonable parent in the same circumstances.

- **KEY ACTIONS**

a. Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

b. Governing bodies MUST ensure that arrangements are in place in schools to support pupils at school with medical conditions.

c. Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

d. Ensure that medicines are kept safely whilst in school in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

3. INTRODUCTION

On 1 September 2014 a new duty will come into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

THIS GUIDANCE SUMMARISES KEY POINTS FROM THE DfE GUIDANCE: 'SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS' AND MUST BE USED IN CONJUNCTION WITH THIS DOCUMENT

4. ROLES & RESPONSIBILITIES

The Governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

5. DEVELOPING AND IMPLEMENTING THE SCHOOL POLICY

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. In developing their policy, schools may wish to seek advice from any relevant healthcare professionals.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. Details should include:

- Who is responsible for ensuring that sufficient staff are suitably trained,
- A commitment that all relevant staff will be made aware of the child's condition,
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- Briefing for supply teachers,
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
- Monitoring of individual healthcare plans.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Governing bodies should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

6. MANAGING MEDICINES ON SCHOOL PREMISES

The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines.

6.1 Short Term Medical Needs

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Some pupils who are well enough to return to school may need to finish taking a course of antibiotics or apply lotion at the end of a prescribed course. This should only happen when absolutely essential and with their parent's written consent.

Where feasible medication should be taken before or after school. Alternatives would be to make arrangements to go home at lunchtime or for the parent to come to school to administer medication.

6.2 Non-prescription medication e.g. pain relievers

Pupils suffering from occasional discomfort such as headache or period pain sometimes ask for painkillers e.g. Paracetamol.

Medicines that are available over the counter (OTC) (i.e. those medicines that do not require a prescription) do not need a GP signature/authorisation/prescription in order for the school/nursery/childminder to give it.
It is appropriate for OTC medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents, as they consider necessary.

Over the counter medicines that may be considered suitable for short term use include paracetamol or ibuprofen suspension for short term (one or two days).

Specific staff should be authorised to issue pain relievers who should adhere to the following:

- Staff should not give any prescription or non-prescription medication to pupils under 16 without the parent's consent.
- A child under 16 should never be given medicine containing Aspirin, unless prescribed by a doctor.
- Regardless of age enquiries must always be made as to whether the pupil is taking any other medication, checks must be made to ensure that there are not likely to be adverse health effects from the interaction of the two.
- Dosage must always be in accordance with the instructions specified on the product container and enquiries made as to when any previous dose of pain reliever was taken so that the stated dose is not exceeded.
- The pupil should be supervised whilst taking medicine to ensure that they are swallowed and not accumulated.
- A written record of the dates and times of each administration is made in the Administration of Medicines Record (Template C). Frequent requests for analgesia should be raised with the pupil's parent so that further medical assessment can be made.
- Also see T&W NHS Clinical Commissioning Group note dated November 2017.

6.3 Long Term Medical Needs

Governing bodies should ensure that the school's policy covers the role of **individual healthcare plans (Template A)**, and who is responsible for their development, in supporting pupils at school with medical conditions.

This duty also applies to Special Schools and should be read in conjunction with the SEN code of practice.

Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage: https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2

7. SELF MANAGEMENT

It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this provided the safety of other pupils is not compromised. If pupils can take medication themselves then staff may only need to supervise this.

Governing bodies should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

8. REFUSING MEDICATION

No pupil should be forced to take medication. The school should inform the child's parents/carers as a matter of urgency of any refusal and call an ambulance if necessary.

9. DEALING WITH MEDICINES SAFELY

The Headteacher is responsible for ensuring that pupils have access to their medicine when it is needed.

Medication that has to be stored at school must be stored securely but in a location known to the pupil who knows who to go to for access. Some medication may need to be refrigerated. **This is particularly important to consider when outside of school premises e.g. school trips.**

Children who have access to their Inhalers/Epipen/insulin at home and are competent at administering their own medication should be allowed to carry their Inhaler/Epipen/insulin around with them at school. Most secondary pupils should be mature enough to carry their own Inhalers/Epipens/insulin as they do their diabetic kit.

In Infant, Primary and Junior Schools, Inhalers/Epipens should be kept in the class teacher's unlocked drawer in a well-disciplined classroom if children are not sufficiently mature to carry their own. Where the child is not carrying their own insulin, the insulin needs to be kept either in a locked cupboard or a locked room in accordance with COSHH regulations. The glucose test kit and hypo treatments do not need to be locked away.
Access to the medication must be achievable within one minute of the child needing it. If there is any question of contamination, keep the Inhaler/Epipen/insulin in a clean, plastic lidded container

If any pupils with diabetes have to test glucose levels during the day by using a lancet and blood stick – a Sharps box should be provided by the parents (it is free to them from the NHS and should

be changed every **3 months** by parents even if not full and safely disposed of as instructed to them by their child's Diabetic Nurse).

Parents are responsible for supplying medication in the smallest practicable amount. Schools should only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Parents must inform the school of any changes in medication such as change of dosage or if that medication has been stopped.

Parents should collect medication that is no longer needed or date-expired medication, as it is their responsibility to dispose of it.

10. PROCEDURE FOR MISADMINISTRATION OF MEDICATION

Upon the discovery of medicines being given to the wrong child, or when the incorrect dosage has been given (under or over dosing), immediately contact a first aider, then Head/Deputy Teacher must be notified. **Never leave the child unattended**.

In the event of the child receiving the incorrect medication, going into unconsciousness, or displaying severe signs or systems of a reaction to that medication, an ambulance must be summoned immediately (dial 999). Details of the medication, dose given and time given must be given to the ambulance crew or doctor. A member of staff must escort the child transferred to hospital.

Advice must be sought from a Doctor or pharmacist on the best course of action to take. The advice given must be followed and records made on the child's file.

Contact the parents/carers of the children affected as soon as possible.

While waiting for medical help the child concerned **must be supported by a fully qualified First Aider, at all times.**

- Upon seeking advice then a full record must be kept, details must include:
- Date and time doctor consulted
- Name of the doctor
- Details of what happened
- Advice given
- Details of any signs, symptoms or reactions

Unless otherwise informed, regular checks must be made on the child concerned and other support staff made aware of what happened. Records must be kept of each time the child concerned is checked.

If the incident falls under RIDDOR then the HSE must be informed, in accordance with RIDDOR guidelines. Notify Health and Safety unit as soon as possible to discuss incident and in turn who will notify HSE.
No medication which was administered incorrectly should be disposed of. This is in case the child who received the medication dies and an inquest is held. This is for a period of 7 days after death.

If the medication wrongly administered to a child, belongs to another pupil, then medical advice must be sought by the head/deputy teacher via a registered practice doctor or out of hours, on the best course of action following the missed medication.

An investigation must take place after the incident to include a full review of all risk assessments, current practices and the policies & procedures governing the management of medication, in order to stop further incidents from occurring.

The head/deputy teacher must debrief and support the person, who administered the medication incorrectly, and take the appropriate course of action, as required, which may include retraining.

If repeat incidents are made by the same member of staff then seek further guidance from whoever provides your HR advice.

The Misadministration of Medication Incident Form: Med3 (Template E) must be completed with a copy sent to your Health &Safety Advisor.

11. RECORD KEEPING

11.1 Written records should be kept of all medicines administered to children (Template D).

No pupil under the age of 16 should be given medication without the parent/guardian's written consent. Parents should complete Template B (Med 1) if medication is needed to be administered whilst at school.

It is best to keep an Administration of Medicines Record with all medication information in it as evidence that staff have followed the procedures (Template C). Once medication is no longer required the form Med 1 can be placed in the pupil's personal file for the same purpose.

12. EMERGENCIES

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies (Template G).

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

All staff should know how to call the emergency services, who the qualified first aiders are and where to get hold of them in an emergency within the school, and the same for the appointed persons who could also take charge of any emergency situation.

13. EDUCATIONAL VISITS AND SPORTING ACTIVITIES

Schools and settings should consider what reasonable adjustments they might make to their procedures to enable children with medical needs to participate fully and safely in visits and sporting activities.
It may be necessary to include an additional member of staff, parent or volunteer to accompany a particular child. Arrangements for taking any necessary medicines will also need to be considered.

Staff supervising trips, visits and sporting activities should be aware of any medical needs and a copy of any health care plans should be taken on trips and visits in the event of the information being required in an emergency.

Any doubts should be resolved in conjunction with parents and medical advice.

14. TRAINING

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with short term, long term and permanent medical conditions.

Training may be delivered by:
- Health Visitor
- School Nurse
- Children's Nurse Acute Unit
- Children's Community Nurse
- Specialist Nurse

There must be adequate numbers of trained persons to provide cover during lunch or other breaks
School staff will receive a certificate indicating that they have successfully undertaken training
Staff are recommended for re-training annually or sooner if appropriate.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. A first aid certificate does <u>NOT</u> constitute appropriate training in supporting children with medical conditions.

A record of staff training must be kept (Template F).

15. OTHER ISSUES FOR CONSIDERATION

Governing bodies may want the school's policy to also refer to:

- Home to school transport
- Defibrillators
- Asthma inhalers

16. LIABILITY AND INDEMNITY

Staff are often concerned as to whether they are covered by Council insurance to administer medication – the answer is yes, provided that they act in good faith, within the limits of their authority and observe the policy terms and conditions. Any queries should be discussed with the schools insurance officer.

17. UNACCEPTABLE PRACTICE

Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition eg 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

18. COMPLAINTS

Governing bodies should ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

19. FURTHER ADVICE

The Department of Education Guidance **"Supporting Pupils at School with Medical Conditions"**

School and Governor Support	01952 380807
School Nurse	**0333 358 3328**
Occupational Health Team	01952 383630
Internal Health & Safety Advisor	01952 383627
Department for Education (DfE)	Supporting Pupils at School with Medical Conditions April 2014

21. FURTHER SOURCES OF INFORMATION

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions

22. GUIDANCE RELATING TO SPECIFIC MEDICAL CONDITIONS

A. ANAPHYLACTIC SHOCK

- Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention – it can be life threatening. It can be triggered by certain foods (eg nuts, eggs, milk or fish), certain drugs or insect stings. Every effort should be made to prevent known sufferers from coming into contact with substances that are known to bring on the reaction. Symptoms usually occur within minutes of being exposed to the trigger and may include:

- Itching or a strange metallic taste in the mouth
- Swelling of the throat and tongue
- Difficulty in swallowing
- Hives
- Generalised flushing of the skin
- Abdominal cramps and nausea
- Increased heart rate

If the school is aware that a pupil has been diagnosed as having a specific severe allergy and is at risk of anaphylaxis then contact: Sandra Williamson, School Nurse Manager at:

Sandra.williamson@shropcom.nhs.uk . They will provide advice and assistance in drawing up a contract of care and staff training.

Pupils who have been diagnosed are likely to carry prescription medication which may include an adrenaline injection to be given via an "Epipen". The age of the child and the severity of the attack will largely determine whether they are able to self-administer the treatment or will require assistance. This makes it essential for an individual care plan to be worked out and for as many staff to be trained in the necessary emergency action as possible.

B. ASTHMA

Asthma is a disorder of the lungs affecting the airways which narrow in response to certain triggers. This narrowing produces the classical symptoms of wheezing and breathlessness.

With effective treatment symptoms should be minimal allowing children to lead a normal life and to play a full part in school activities. If not effectively controlled asthma can affect the ability to exercise and lead to waking in the night with consequent tiredness during the day. A very severe asthma attack if not treated, can be fatal.

The asthmatic at school
On entry into school the parent should tell the school that the child has asthma and complete form Med 1 if appropriate. Details of the type of treatment and what to do in the case of a severe asthma attack must be recorded. Action in an emergency will need to be determined in conjunction with the parents.

Triggers that can provoke asthma
- Viral infections of the upper respiratory tract eg colds
- Exercise
- Cold air
- Furry animals
- Fumes from science experiments
- Tobacco smoke and atmospheric pollution
- Grass pollen
- Extremes of emotion

Inhalers
Inhalers are the commonest form of medication for asthma and basically are either:

- Relievers (blue) or
- Preventers (commonly brown)

Preventers are usually regularly taken once or twice a day and therefore do not normally need to be taken at school.
Relievers should be available immediately and used before exercise. They should also be used if the child becomes breathless or wheezy or coughs excessively. Relievers are best kept on the

child's person, but if not, must be available within one minute wherever the child is. Relievers cause no harm if taken by a non-asthmatic.

From 1 October 2014 Schools will be allowed to keep a salbutamol inhaler for use in emergencies when a child with asthma cannot access their own inhaler.
The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent **(Template J)** has been given and who have both been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication**.**

A record of the administration of the emergency inhaler must be recorded and a letter sent to the parents **(Template K)**

For further information on using emergency inhalers, please refer to **Guidance for schools** published by the department of health.

Procedure for dealing with an asthma attack

- Child becomes breathless, wheezy or develops a continuous cough
- Sit the child on a chair in the position they feel most comfortable, in a quiet spot.
- Do not allow others to crowd round and do not lie them down.
- Get the child to take their reliever in the usual dosage.
- Wait ten minutes, if symptoms disappear the pupil can continue as normal.
- If symptoms persist then try giving:
  a further dosage of reliever or,
  b if prior permission has been given, 6 puffs of reliever through a spacer ***whilst*** calling parent/GP/ambulance as appropriate given the seriousness of the situation or, as has been agreed in the emergency action plan for that child.

If the child has no reliever at school call parent/GP/ambulance as appropriate given the seriousness of the situation, or if permission has been given by the parent to administer the emergency inhaler.

For further information on the use of guidance on emergency use of inhalers in schools
Guidance_on_use_of_emergency_inhalers_in_schools_September_2014

Severe asthma

Severe asthma is characterised by:

- Normal relieving medication failing to work
- The child becoming too breathless to talk
- Rapid breathing (eg > 30 breaths per minute)

Continue giving inhaler *or* give 6-10 puffs of reliever through a spacer ***whilst*** calling an ambulance or take to hospital/parent/GP as appropriate given the seriousness of the situation or as has been the agreed emergency action for that child.

C. DIABETES IN SCHOOL

Shropshire Community Health NHS
NHS Trust

DIABETES MANAGEMENT IN SCHOOL

Diabetes is a condition in which the body is unable to regulate the amount of glucose in the blood, due to a either a lack of insulin production or reduced insulin effectiveness. There are several forms of diabetes, two of the most common in childhood being Type1 Diabetes and Type 2 Diabetes. Type 1 Diabetes is always managed by insulin replacement, given via injection or insulin pump therapy. Type 2 diabetes can be managed in a variety of ways, for example with diet control and exercise, oral medications and sometimes insulin injections. The overall aim of any treatment is to maintain blood glucose levels as close to the normal range of 4-8mmol/l as possible.

Diabetes management can affect daily activities such as school attendance, participation in extra-curricular activities, social inclusion and family life, having an impact on the child's mental health, emotional wellbeing and development (DOH 2007).

It has been shown however, that improved management and control of diabetes in children can improve academic performance and school attendance, reduce hospital admissions, and reduce the chances of developing long term complications of diabetes (DCCT 1993).

The Department of Health (2007) therefore recommend that children and young people be offered a range of diabetes management options and support which have the potential to improve control and encourage/enable self-management, and hence lessen the impact diabetes has on their lives.

What does this mean for schools?
Schools have a statutory duty to ensure that arrangements are in place to support pupils with medical conditions and should ensure that children can access and enjoy the same opportunities in school as any other child (Department for Education 2014).
This requires:-

- Completion of an Individual Health Care Plan (see below).
- All staff should be aware that the student has diabetes. They should also be aware of their responsibilities towards the student and any training they should access in accordance with the school's policy for supporting pupils with medical conditions.
- Storage of blood glucose monitoring equipment, insulin pen and insulin, and hypoglycaemia treatments in accordance with school policy on the safe storage medicines in school.

- Maintenance of consumables needed for diabetes management in school via student's parents/guardian.
- Safe storage of used sharps in an approved container and replacement of the container every 3 months via the student's parents/guardian.
- Record of diabetes related activities performed by staff on behalf of the student.
- Relevant training and support for all staff with regard to diabetes management.

Students should be given the option of carrying a blood glucose monitor and fast acting glucose with them to enable the rapid detection and treatment of hypoglycaemia. This will not only encourage and support self-management and reduce time spent out of class in first aid rooms, but also reduce delays in hypoglycaemia treatment which could lead to unconsciousness.

Students may also be given the option of carrying their insulin with them at the discretion of the school. NB. Students using insulin pump therapy will need to be attached to their insulin pump containing insulin throughout the school day.

Additional information:

Absence from school - Children and young people with diabetes are required to attend medical appointments at least every 3 months most of which will be during school hours. They may also require time off school to attend psychology or counselling appointments, dietetic appointments or structured education sessions related to their condition. The student's parent/guardian will inform school whenever such absences are necessary.

Exams – If a student is due to sit an exam, please inform their Diabetes Specialist Nurse, who will provide written information for the examination officer, explaining why extra time may be required to complete the exam.

School trips and activities outside of normal school hours – A risk assessment should be carried out and arrangements put in place to ensure the student can participate fully in all activities. If additional diabetes training is required for staff, this should be requested from the Diabetes Specialist Nurse at least 4 weeks before the activity is due to take place.

INDIVIDUAL HEALTH CARE PLAN FOR DIABETES MANAGEMENT IN SCHOOL

This care plan has been agreed by the student's diabetes specialist nurse, parents/guardian, the child/young person and relevant school staff. The plan should be reviewed at least annually by parents/guardian and school staff, with the involvement of the diabetes specialist nurse if there have been major changes in management.

Name of School: _____

Date of Plan: _____

Review Dates: _____

_____

Student's Name:_____ Date of Birth: _____

Address:_____

_____

Who to contact for further information/advice

Mother/Guardian: _____

Telephone: Home: _____ Work:_____ Mobile: _____

Father/Guardian: _____

Telephone: Home _____ Work_____ Mobile_____

Diabetes Nurse Name: _____ Phone number: _____

School Nurse: _____ Phone number: _____

School/Home Link staff member: _____

NB. The school/home link staff member should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes.

Blood Glucose Monitoring

Blood glucose checks should be carried out if the student exhibits symptoms of hyperglycaemia (blood glucose level above 10mmols/l) or hypoglycaemia (blood glucose level below 4 mmols/l) and appropriate action taken (see below).

Blood glucose levels should also be routinely checked at the following times:-

Before Lunch □

Midmorning □ Time _____

Mid-afternoon □ Time _____

At the end of school day □ Before afterschool clubs □

Before, during (every 30-45 minutes) and after exercise □

Target range for blood glucose is _____ mmols/l.

Can student perform own blood glucose checks? Yes/No

If Yes, do they require school staff supervision? Yes/No

Names of staff to perform blood glucose tests/ supervise student carrying out their own blood glucose test. (Delete as applicable)

_____

_____

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Meals and snacks required

Mid-morning snack: _____

Lunch: _____

Mid-afternoon snack: _____

After school snack: _____

Insulin Injections

Possible side effects of insulin:-

- Localised pain, inflammation or irritation - apply cold compress and inform parent/ guardian.
- Hypoglycaemia (blood glucose less than 4mmol/l) – see later for signs, symptoms and management.

Insulin injection required at lunchtime? Yes / No

If yes, the insulin injection should be given immediately before lunch unless the pre-lunch blood glucose result is less than 4 mmols/l, in which case the student should be treated for hypoglycaemia (see below) and should eat lunch before receiving the insulin injection.

NB. Students should not be required to queue for food after receiving their insulin injection as any delay in eating could result in hypoglycaemia.

Can student determine the correct amount of insulin and give their own injections? Yes / No

If Yes, do they require school staff supervision? Yes/No

Names of staff to determine insulin dose and give insulin injection/supervise student calculating insulin dose and self-injecting insulin (delete as applicable).

_____

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Name of lunchtime insulin: _____

Usual Lunchtime Dose: _____units

OR flexible dosing using _____units/ _____ grams of carbohydrate.

Dose Amendments: _____ **Date of amendment:** _____

_____ _____

Additional insulin to be given **at lunchtime only** to correct high blood glucose levels (above 10mmols/l) using the following adjustment:-

Give 1 extra unit of _____ for every _____ mmols/l that blood glucose is above 10 mmols/l. Give this amount in addition to usual lunchtime insulin dose.

Parent/Guardian Agreement for the staff members named above to determine insulin dose and give insulin injection/supervise student calculating insulin dose and self-injecting insulin (delete as applicable).

Signed _____ Date _____

Exercise and Sports

Exercise can lower blood glucose levels and cause hypoglycaemia, therefore always take a blood glucose meter and foods/drinks to treat hypoglycaemia with the student when they exercise. Do not leave this equipment in the changing room or class room.

Check blood glucose levels before, during exercise (every 30–45 minutes), and after exercise and follow the advice below.

Blood glucose:-

- **less than 4 mmol/l** Allow pupil to treat their hypoglycaemia (see below), then eat a Carbohydrate snack.

- **4-7 mmol/l** Allow pupil to eat a carbohydrate snack.

- **7.1-14 mmol/l** No snack needed, but stop and check blood glucose levels after 30-45 minutes of exercise. If levels have fallen to less than 7.1 mmol/l, follow the advice above. If levels have risen to more than 14 mmol/l, follow the advice below. Otherwise carry on.

- **More than 14mmol/l** Encourage pupil to drink extra sugar-free fluids.

  If it is less than 2 hours since the pupil last ate a meal or snack, it should be OK to take part in exercise but stop after 30-45 minutes to check that blood glucose levels have fallen below 14mmol/l (if not fallen, stop exercising and follow advice below).

  <u>However</u>, if it is more than 2 hours since the pupil last ate a meal or snack, check blood for ketones:-

  Ketones less than 0.6mmol/l - it should be OK to take part in exercise, but stop after 30-45 minutes to check blood glucose and ketone levels. If these levels have fallen it should be OK to continue with exercise. However, if these levels have risen, **stop** exercising and contact parents for advice.

  Ketones over 0.6mmol/l – **do not** exercise and advise parents of current blood glucose and blood ketone levels.

Hypoglycaemia (blood glucose level below 4mmols/l)

Hypoglycaemia is the full name for a hypo or low blood glucose level. Hypos occur when blood glucose levels fall too low for the body to work normally. For most people this happens when their blood glucose levels fall below 4 mmols/l.

Common causes	Common signs	Common symptoms
Too much insulin	Looking pale	Weakness/ Shaking
Not enough food	Sweating	Hunger
Delayed/missed meal or snack	Shaking	Blurred vision
Exercise or activity	Tiredness	Pins & needles
Extremes of hot or cold weather	Unusual behaviour	Dizziness
Stress or excitement	Slurred speech	Headache
Confusion		

Pupil's usual signs & symptoms of hypoglycaemia: _____

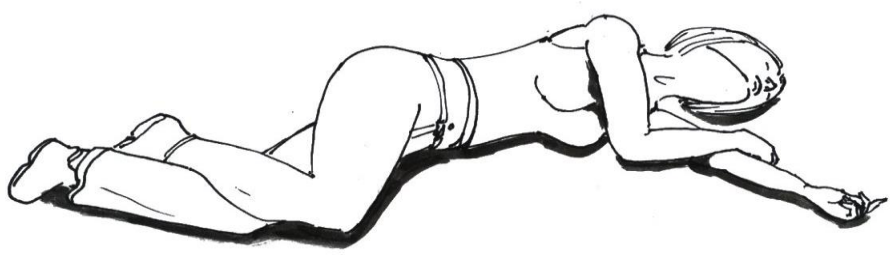
_____

Treatment of hypoglycaemia (requires immediate treatment)

Do not send student out of the room to seek help, call for assistance to come to the student, as walking can further reduce blood glucose levels.

Student should wash their hands and check blood glucose level. If below 4 mmol/l, give 10-20 grams of fast acting carbohydrate to eat or drink such as 3-6 glucose tablets/Fruit Pastilles/Starburst sweets, 1-2 tubes of Glycogen or 100-200 mls fizzy drink or squash (non-diet). Wait 15 minutes then re-check blood glucose levels. If still below 4mmol/l, give more sugary food as above. Repeat this process until blood glucose levels are above 4 mmol/l, then give some starchy food such as 2 plain biscuits, a packet of crisps, cereal bar or next meal if due.

If the student is unconscious, having a seizure (convulsion), or unable to swallow effectively, place in the recovery position and call an ambulance (dial 999), then contact the student's parent or guardian. Do not give anything by mouth!



The recovery position

Hyperglycaemia (blood glucose level above 10mmols/l)

Hyperglycaemia is the medical term for blood glucose levels above 10mmol/l. It is common to detect high blood glucose levels if it is less than 2 hours since carbohydrate was last eaten as the insulin has not had sufficient time to work. However, if it is more than 2 hours since the student

last ate, high blood glucose may be due to a lack of insulin which can lead to the breakdown of fat for energy and the production of ketones as a waste product.

Common causes	**Common signs & symptoms**
Wrong carbohydrate calculation	Thirst
Missed/ delayed insulin injections	frequent passing of urine
Snacking frequently between meals	Tummy pains
Illness	Tiredness
Problem with insulin or insulin device	Moody
Being less active than usual	Nausea/vomiting
Not drinking enough fluids	fast breathing
Stress and anxiety	Headache
Periods of growth e.g. puberty	Blurred vision

Pupil's usual signs & symptoms of hyperglycaemia: _____

_____

Treatment of hyperglycaemia.

Allow easy access to drinks and toilet facilities. Be aware that concentration levels, energy levels and mood will probably be affected by high blood glucose levels. If unwell in any way, for example headache, nausea, vomiting, lethargy, check blood ketone level and contact parents/guardian for advice/assessment. If blood glucose levels are above 14mmol/l, check blood ketone levels and if these are above 0.6mmol/l, contact parents/guardian for advice as a correction dose of insulin may be required.

Arrangements in case of support staff absence, pupil refusal of medical support/intervention and prolonged student absence due to medical needs:-

Staff absence: _____

Pupil refusal of medical support/intervention: _____

Prolonged student absence due to medical needs: _____

_____

_____

Is a statement of Special Educational Needs and Disability in place? Yes/No

If Yes, number of hours of support funded _____

Supplies to be provided by parent/guardian and kept at School

Blood glucose meter, blood glucose and blood ketone test strips
Lancet device and lancets
Insulin pen, pen needles, insulin cartridges
Sharps box (to be replaced by parent/carer every 3 months)
Fast-acting source of glucose
Glycogen (to be used if in a confused state and
Refuses to eat or drink, but can still swallow effectively).
Carbohydrate containing snacks

Area in school where spare supplies to be kept and where pupil will carry out routine

Diabetes management _____

_____

Signatures

I give permission for the release of information in this health care plan to all staff members of _____ School enable them to support my child with the diabetes care tasks outlined above. I also give permission for any school staff member to contact members of the Diabetes Nursing Service, School Nursing Service or other healthcare professionals for advice or

information about managing my child's diabetes and for these healthcare professionals to release the necessary advice or information required to maintain my child's health and safety.

Student's Parent/Guardian: _____ Date: _____

This Diabetes Care Plan has been agreed with:

Student's Diabetes Specialist Nurse:

Name:_____Signed:_____ Date: _____

School staff representative:

Designation _____

Name:_____Signed:_____ Date: _____

Handling and storage of insulin in school

In accordance with the Control of Substances Hazardous to Health Regulations 2002, (COSHH) insulin, a prescribed medication, must be handled and stored safely. The Head teacher is responsible for ensuring that medicines are stored safely. All emergency medicines such as glycogen should be readily available and not locked away. Insulin should generally be kept in a secure place not accessible to children and young people.
At the discretion of the school, if they are satisfied that the young person will be responsible for the safe handling and administration of their own insulin, they may allow them to keep it with them. This is on the understanding that if the insulin is to be left out of control or sight of the young person, they should hand it in to a member of school staff for safe storage.

This arrangement is agreed between the school, the parents/guardian and the pupil.

_____School Representative _____ Date

_____Parent/Guardian_____ Date

_____Pupil _____ Date

References

Diabetes Control and Complications Trial Research Group (1993) the effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. New England Journal of Medicine, 329(14) 977-86.

Making every person with diabetes matter.pdf

National Collaborating Centre for Women's and Children's Health (commissioned by NICE) 2004. Type 1 Diabetes - Diagnosis and Management of Type 1 Diabetes in Children and Young People. RCOG Press, London.

Shropshire Community Health NHS Trust. Guideline for the management of Hypoglycaemia.

ISPAD Clinical Practice Consensus Guidelines 2009 Compendium – Assessment and management of hypoglycaemia in children and adolescents with diabetes. Paediatric Diabetes, 10 (suppl. 12), 134-145

Health and Safety Executive. Control of Substances Hazardous to Health Regulations 2002 (COSHH) www.hse.gov.uk

Department for Education (2014) Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. London, DFE (2014)

Author: Shropshire Paediatric Diabetes team
Implementation Date: February 2006

INDIVIDUAL HEALTH CARE PLAN FOR DIABETES MANAGEMENT IN SCHOOL USING INSULIN PUMP THERAPY

This care plan has been agreed by the student's diabetes specialist nurse, parents/guardian, the child/young person and relevant school staff. The plan should be reviewed at least annually by parents/guardian and school staff, with the involvement of the diabetes specialist nurse if there have been major changes in management.
Name of School: _____

Date of Plan: _____ Review Dates: _____

_____

Student's Name: _____ Date of Birth: _____

Address: _____

_____

Who to contact for further information/advice

Mother/Guardian: _____

Telephone: Home_____Work_____ Mobile_____

Father/Guardian: _____

Telephone: Home _____Work_____Mobile_____

Diabetes Nurse Name: _____ Phone number: _____

School Nurse: _____ Phone number: _____

School/Home Link staff member: _____

NB. The school/home link staff member should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes.

Blood Glucose Monitoring
Blood glucose checks are required before the student eats any food containing carbohydrate. They should also be carried out if the student exhibits symptoms of hyperglycaemia (blood glucose level above 10mmols/l) or hypoglycaemia (blood glucose level below 4 mmol/l) and appropriate action taken (see flow charts below).

Blood glucose levels should be routinely checked at the following times:-
Before Lunch □
Midmorning □ Time _____
mid-afternoon □ Time _____
At the end of school day □ before afterschool clubs □
Before, during (every 30-45 minutes) and after exercise □

Target range for blood glucose is _____ mmol/l.

Some blood glucose meters will automatically transfer the test result to the student's insulin pump. For other blood glucose meters, the test result will need to be programmed into the insulin pump.

Can student perform own blood glucose checks? Yes / No

If Yes, do they require school staff supervision? Yes/No

Names of staff to perform blood glucose tests/ supervise student carrying out their own blood glucose test. (Delete as applicable)

_____

_____

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Meals and snacks required

Mid-morning snack: _____

Lunch: _____

Mid-afternoon snack: _____

After school snack: _____

Insulin administration
Insulin is delivered continuously (basal insulin) via an insulin pump which is worn by the student throughout the day and night. Additional insulin is delivered via the pump when foods containing carbohydrate are eaten or to correct an elevated blood glucose level (bolus insulin). Please refer to the insulin pump instruction manual/sheets for step by step instructions on how to use the pump.

Name of insulin in the insulin pump: _____

Possible side effects of insulin:

- Localised pain, inflammation or irritation - apply cold compress and inform parent/ guardian.
- Hypoglycaemia (blood glucose less than 4mmol/l) – see below for signs, symptoms and management.

Correction bolus (for elevated blood glucose levels) to be considered if blood glucose is above _____mmol/l

Please refer to hyperglycaemia flow chart for action required if the blood glucose level is above 14mmol/l.

If insulin is to be delivered to correct an elevated blood glucose level (determined by a blood glucose test), the blood glucose level should be programmed into the insulin pump. The insulin pump will then calculate the dose of insulin required and this should be delivered via the pump as a *normal* bolus.

Insulin bolus for food

If insulin is to be delivered for carbohydrate foods, a blood glucose test should be carried out and the result programmed into the insulin pump along with the number of grams of carbohydrate to be eaten. The insulin pump will then calculate the dose of insulin required and this should be delivered via the pump immediately before the food is eaten unless blood glucose result is less than 4 mmols/l, in which case the student should be treated for hypoglycaemia (see below) and should eat before receiving the insulin bolus.

NB. Students should not be required to queue for food after receiving their insulin bolus as any delay in eating could result in hypoglycaemia.

Type and duration of insulin bolus required for food at:-
Morning snack _____

_____

Lunch _____

_____

_____

Afternoon snack _____

_____

Can student programme the blood glucose result and carbohydrate amount (if required) into their insulin pump and deliver their insulin via the pump? Yes / No

If Yes, do they require school staff supervision? Yes/No

Names of staff to programme the insulin pump and deliver insulin/supervise student self-programming the insulin pump and self-delivering insulin via the pump (delete as applicable).

_____

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Exercise and Sports
Exercise can lower blood glucose levels and cause hypoglycaemia, therefore always take a blood glucose meter and foods/drinks to treat hypoglycaemia with the student when they exercise. Do not leave this equipment in the changing room or class room.

Does the insulin pump require disconnection for sport? Yes/No
If the pump is disconnected for sport, a blood glucose test should be carried out when the pump is reconnected and a correction dose of insulin given if the blood glucose level is above _____mmol/l.

Can the student disconnect their own insulin pump? Yes/No

Is a temporary basal rate reduction required for sport? Yes/No

If Yes, time temporary basal rate to begin _____

% basal rate reduction required _____

Duration of basal rate reduction _____

Can student programme temporary basal rate reduction into their insulin pump? Yes/No

If Yes, do they require school staff supervision? Yes/No

Names of staff to disconnect insulin pump/programme temporary basal rate reduction into insulin pump/supervise student self-programming temporary basal rate reduction into their insulin pump (delete as applicable).

_____

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Check blood glucose levels before, during (every 30–45 minutes) and after exercise and follow advice below.

Blood glucose:-

- **less than 4 mmol/l** Allow pupil to treat their hypoglycaemia (see below), then eat a Carbohydrate snack (**do not** give insulin for this snack)

- **4-7 mmol/l** Allow pupil to eat a carbohydrate snack (**do not** give insulin for This snack).

- **7.1-14 mmol/l** No snack needed, but stop and check blood glucose levels after 30-45 minutes of exercise. If levels have fallen to less than 7.1 mmol/l, follow the advice above. If levels have risen to more than 14 mmol/l, follow the advice below. Otherwise carry on.

- **More than 14mmol/l** Encourage pupil to drink extra sugar-free fluids.

  If it is less than 2 hours since the pupil last ate a meal or snack, it should be OK to take part in exercise but stop after 30-45 minutes to check that blood glucose levels have fallen below 14mmol/l (if not fallen, stop exercising and follow advice below).

  <u>However</u>, if it is more than 2 hours since the pupil last ate a meal or snack, check blood for ketones:-
  Ketones less than 0.6mmol/l - it should be OK to take part in exercise, but stop after 30-45 minutes to check blood glucose and ketone levels. If these levels have fallen it should be OK to continue with exercise. However, if these levels have risen, **stop** exercising and contact parents for advice.

  Ketones over 0.6mmol/l – **do not** exercise and follow the advice on the hyperglycaemia flow chart.

Parent/Guardian Agreement for the staff members named above to programme the insulin pump and deliver insulin/supervise student self-programming the insulin pump and self-delivering insulin via the pump (delete as applicable).

Signed _____ Date _____

Hypoglycaemia (blood glucose level below 4mmols/l)

Hypoglycaemia is the full name for a hypo or low blood glucose level. Hypos occur when blood glucose levels fall too low for the body to work normally. For most people this happens when their blood glucose levels fall below 4 mmols/l.

Common causes	**Common signs**	**Common symptoms**
Too much insulin	looking pale	Weakness
Not enough food	Sweating	Shaking
Delayed/missed meal or snack	Shaking	Blurred vision
Exercise or activity	Tiredness	Pins & needles
Extremes of hot or cold weather	Unusual behaviour	Dizziness
Stress or excitement	Slurred speech	Headache
		Tiredness
		Hunger
		Confusion

Pupil's usual signs & symptoms of hypoglycaemia:

_____

_____

Treatment of hypoglycaemia (requires immediate treatment)

Do not send student out of the room to seek help, call for assistance to come to the student, as walking can further reduce blood glucose levels. Student should wash their hands and check blood glucose level. If below 4 mmol/l, follow the advice in the hypoglycaemia flow chart below:-

N.B. If the student has a blood glucose level under 4mmol/l and the pump is delivering an extended bolus of insulin from a meal or snack, or there is a temporary increased basal rate active, these should be cancelled and treatment for hypoglycaemia given as below.

HYPOGLYCAEMIA MANAGEMENT FLOW CHART

Can _____ eat or drink safely?

Yes

No

Give _____ grams of dextrose.
._____

If unconscious or unrousable, place in the recovery position

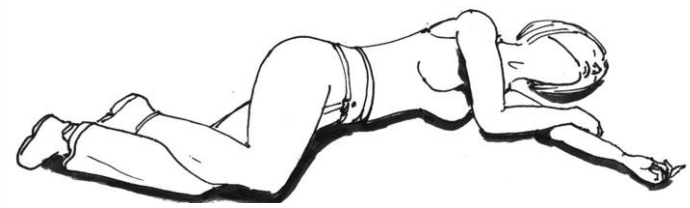
Call 999 immediately.

Repeat glucose blood test after 15 mins

If glucose above 4 mmol/l.

Encourage _____ to return to normal activity.

If blood glucose still below 4mmol/l give further _____ grams of dextrose.



The Recovery Position

Repeat blood test after 15 mins.

If blood glucose remains below 4 mmols after this time, continue 15 minute cycle of dextrose treatment and blood glucose tests and contact parents immediately for advice.

If conscious levels are starting to deteriorate place in the recovery position and call 999.

If blood glucose still below 4 mmol/l, disconnect pump from infusion site and repeat another _____ grams dextrose.

Repeat blood glucose after 15 mins and if above 4mmol/l give a starchy snack such as a biscuit and reconnect the pump.

NOTE.

Glucogel can be used if child unco- operative but can still eat and drink safely

Hyperglycaemia (blood glucose level above 10mmols/l)

Hyperglycaemia is the medical term for blood glucose levels above 10mmol/l. It is common to detect high blood glucose levels if it is less than 2 hours since carbohydrate was last eaten as the insulin has not had sufficient time to work. However, if it is more than 2 hours since the student last ate, high blood glucose may be due to a lack of insulin which can lead to the breakdown of fat for energy and the production of ketones as a waste product.

Common causes	**Common signs & symptoms**
Wrong carbohydrate calculation	Thirst
Missed/ delayed insulin injections	Frequent passing of urine.
Snacking frequently between meals	Tummy pains
Illness	Tiredness
Problem with insulin, insulin pump or cannula	Moody
Being less active than usual	Nausea/vomiting
Not drinking enough fluids	Fast breathing
Stress and anxiety	Headache
Periods of growth e.g. puberty	Blurred vision

Pupil's usual signs & symptoms of hyperglycaemia: _____

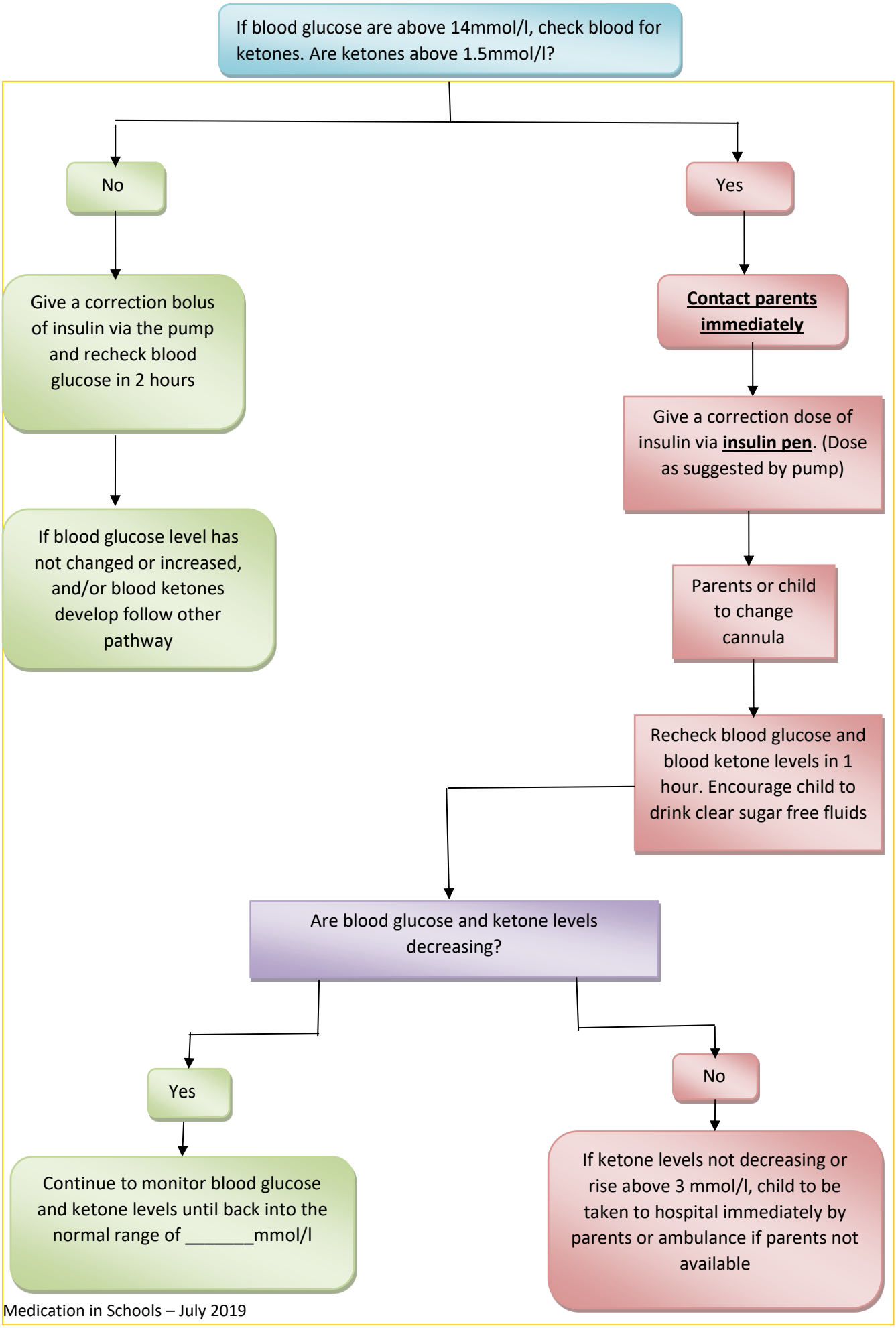
_____

_____

Treatment of hyperglycaemia.

Allow easy access to drinks and toilet facilities. Be aware that concentration levels, energy levels and mood will probably be affected by high blood glucose levels. If unwell in any way, for example headache, nausea, vomiting, lethargy, check blood ketone level and contact parents/guardian for advice/assessment. If blood glucose levels are above 14mmol/l, check blood ketone levels and follow the advice on the hyperglycaemia flow chart below:-

HYPERGLYCAEMIA MANAGEMENT FLOW CHART



Arrangements in case of support staff absence, pupil refusal of medical support/intervention and prolonged student absence due to medical needs:-

Staff absence: _____

_____

_____

Pupil refusal of medical support/intervention: _____

_____

_____

Prolonged student absence due to medical needs: _____

_____

_____

Is a statement of Special Educational Needs and Disability in place? Yes/No

If Yes, number of hours of support funded _____

Supplies to be provided by parent/guardian and kept at school

Blood glucose meter, blood glucose and blood ketone test strips	□
Lancet device and lancets	□
Insulin pen, pen needles, insulin cartridges	□
Sharps box (to be replaced by parent/carer every 3 months)	□
Fast-acting source of glucose	□
Glucogel	□
Carbohydrate containing snacks	□
Spare cannula, infusion set and batteries	□

Area in school where spare supplies to be kept and where pupil will carry out routine diabetes

management _____

_____Signatures:

_____

I give permission for the release of information in this health care plan to all staff members of _____ School enable them to support my child with the diabetes care tasks outlined above. I also give permission for any school staff member to contact members of the Diabetes Nursing Service, School Nursing Service or other healthcare professionals for advice or information about managing my child's diabetes and for these healthcare professionals to release the necessary advice or information required to maintain my child's health and safety.

Student's Parent/Guardian: _____ Date: _____

This Diabetes Care Plan has been agreed with:

Student's Diabetes Specialist Nurse:

Name: _____Signed:_____ Date: _____

School staff representative:
Designation _____

Name: _____Signed:_____ Date: _____

Handling and storage of insulin in school (for spare insulin to be used in the event of hyperglycaemia with elevated blood ketones)

In accordance with the Control of Substances Hazardous to Health Regulations 2002, (COSHH) insulin, a prescribed medication, must be handled and stored safely. The Head teacher is responsible for ensuring that medicines are stored safely. All emergency medicines such as glucogel should be readily available and not locked away. Insulin should generally be kept in a secure place not accessible to children and young people.
At the discretion of the school, if they are satisfied that the young person will be responsible for the safe handling and administration of their own insulin, they may allow them to keep it with them. This is on the understanding that if the insulin is to be left out of control or sight of the young person, they should hand it in to a member of school staff for safe storage.
This arrangement is agreed between the school, the parents/guardian and the pupil.

_____School Representative _____ Date

_____Parent/Guardian _____ Date

_____Pupil _____ Date

References

Diabetes Control and Complications Trial Research Group (1993) The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. New England Journal of Medicine, 329(14) 977-86.

Department of Health (2007) Making Every Young Person with Diabetes Matter. London, DOH (2007).

National Collaborating Centre for Women's and Children's Health (commissioned by NICE) 2004. Type 1 Diabetes - Diagnosis and Management of Type 1 Diabetes in Children and Young People. RCOG Press, London.

Shropshire Community Health NHS Trust. Guideline for the management of Hypoglycaemia.

ISPAD Clinical Practice Consensus Guidelines 2009 Compendium – Assessment and management of hypoglycaemia in children and adolescents with diabetes. Paediatric Diabetes, 10 (suppl. 12), 134-145

Health and Safety Executive. Control of Substances Hazardous to Health Regulations 2002 (COSHH) www.hse.gov.uk

- Department for Education (2014) Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. London, DFE (2014)

- Author: Shropshire Paediatric Diabetes team Implementation Date: February 2006

Last review: August 2014 Next Review: August 2015

Section 22: Templates

Medicines and Individual Health Care Plans

Medicines are not to be brought into school by children. If children require medication, then parents are invited to come into school to administer it. Office staff can also support with the administration of medication. This can only be done with permission from the parent by the completion of a **Request for School to Administer Medication Form. (See Template B for a copy of this form).** The Headteacher will decide any arrangements needed for a child needing medication on a permanent basis. In this case all arrangements are documented and agreed to on the **Request for School to Administer Medication Form.**

For children that have been identified as requiring an Individual Health Care Plan.

Pupils at school with long term medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

A central requirement of the Administration of Medication in School policy is for an individual healthcare plan to be prepared, setting out what support the pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on the child's case.

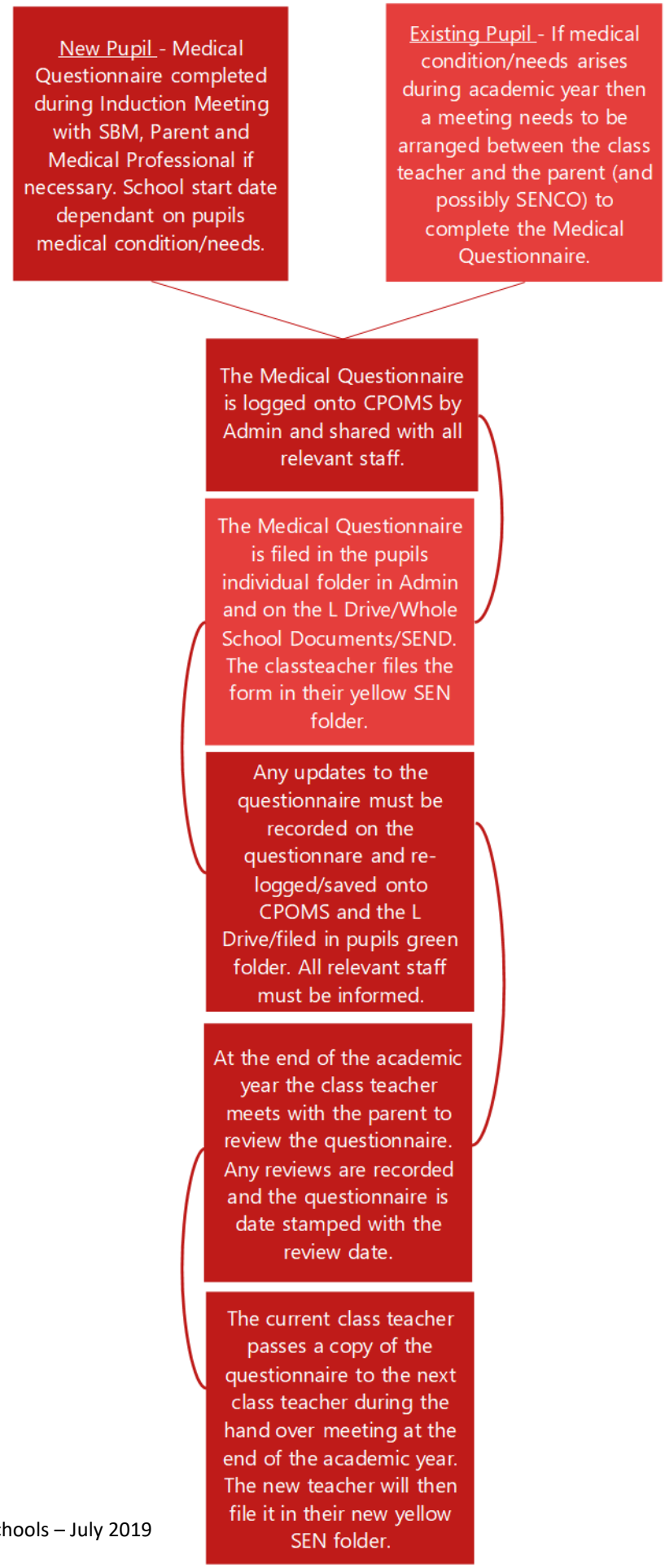
Some children may not be allowed to start school until their Healthcare Plan has been completed.

The aim is to ensure that we know how to support the child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how the child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

Below is a flow chart of the agreed procedure for our school along with a copy of the Individual Health Care Plan template to be completed.

Hollinswood Primary School & Nursery
Medical Questionnaire Flowchart



Template A: INDIVIDUAL HEALTHCARE PLAN

INDIVIDUAL HEALTHCARE PLAN

Name of School:	
Child's Name:	
Class and Yr Group:	
Date of Birth:	
Child's Address:	
Medical Diagnosis or Condition:	
Date Form Completed:	
1st Review Date:	
2nd Review Date:	
3rd Review Date:	

Family Contact Information

• Name:	
Relationship to Child:	
Phone no. (Work):	
(Home):	
(Mobile):	
2. Name:	
Relationship to Child:	
Phone no. (Work):	
(Home):	

(Mobile):	

Clinic/Hospital Contact

Name:	
Phone no:	

G.P.

Name:	
Phone no:	
Childs NHS No if Known	

A child may not be able to start school until staff have received required training/medical personnel have agreed for a start date. Also need to consider other additional staffing/equipment/adaptations that may be needed before a start date can be agreed.

Who is responsible for providing support in school?

Describe medical needs and give details of child's symptoms, triggers, signs, treatments etc:

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

Daily care requirements:

Specific facilities, equipment/personal items needs (from parent and school), devices, or environmental issues:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits/trips etc:

Other information:

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

Who is responsible in an emergency *(state if different for off-site activities)?*

Plan developed with:

Staff training needed/undertaken – who, what, when:

Any other considerations, i.e. staff required to be vaccinated, (Hepatitis B if dealing with vaccinations/blood), Risk Assessment needed for pupil/staff etc:

Form copied to (and date):

Signed .....(Parent) Date .....

Signed .....(Pupil) Date .....

Signed .....(School) Date .....

Signed .....(Medical) Date .....

Template B: PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICATION

Telford & Wrekin COUNCIL

Form MED 1
Hollinswood Primary School & Nursery
Dale Acre Way, Hollinswood
Telford, Shropshire, TF3 2EP

DETAILS OF PUPIL (*Capitals please*)			
Name	**M/F**	**Date of Birth**	**Class:**
Condition or Illness (*eg Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc):*			

DOCTOR'S DETAILS		
Doctor's Name	**Medical Practice**	**Telephone Number**

MEDICATION AND ADMINISTRATION	
Name of medication (*give full details given on the container label issued by the pharmacist)*	
Type of Medication (e.g. tablets, mixture, inhaler, Epipen, other (*please specify*)	
Date Dispensed	**Dosage and Method**
Times to be Taken in School	**Time of Last Dosage**
Is precise timing critical?	**Yes/ No**
For how long will your child need to take this medication?	
For medication that need not be administered at pre-set times, please indicate when it should be given: (e.g. before exercise, onset of asthma attack, onset of migraine etc.)	

The medication needs to be administered by a member of staff	**Yes**	**No**
My child is capable of administering the medication him/herself under the supervision of a member of staff	**Yes**	**No**
I would like my child to keep his/her medication on him/ her for use as necessary	**Yes**	**No**
The medication needs to be readily accessible in case of emergency	**Yes**	**No**

ADDITIONAL INFORMATION
Precautions or Side Effects:
What to do in an Emergency:

(Please read the notes on the reverse of this form carefully*. If you are in doubt about how the medicine is to be given you must seek the advice of your child's doctor before completing this form.*)

The doctor named above has advised that it is necessary for my child to receive his/her medication during school time. I understand that teachers have no *obligation* to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under supervision of a member staff, who may not have had any first aid or medical training. The school, the Headteacher and staff accept no responsibility for any injury, death or damage suffered by a pupil as a result of the administration of medicine mentioned in this form, other than any injury, death or damage which arises because the school or any members of its staff have been negligent I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

Signed: Parent/Carer_____ **Date:**_____

NOTES

1. The school will consider each request on its merits. Where it is practicable the school may well prefer parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.
2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.
3. The school will not agree to administer any medication in school without a written request using this form, having first been made.
4. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day)
5. All requests will need to be discussed fully with the head teacher or other authorised member of staff before any medicines are sent into school.
6. Any prescribed medicine must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. Any non-prescribed medicine bought by the family should be in the original container bearing the manufacturer's instruction/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.
7. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.
8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.
9. Parents are responsible for notifying the school immediately the doctor has stopped the medication.
10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.
11. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.
12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctor's note to support/confirm the information given on the request form.
13. You may find it necessary to seek your Doctor's help in completing this form.

Template C: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting:	
Name of child:	
Date medicine provided by parent:	
Group/class/form:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	

Staff signature: _____ Print name: _____

Signature of parent: _____Print name: _____

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			

Dose given:			
Name of member of staff:			
Staff initials:			

C: Record of medicine administered to an individual child (Continued)

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Template D: SCHOOL RECORD

Form MED 2

SCHOOL RECORD OF MEDICATION ADMINISTRATION TO ALL CHILDREN

Name of school:

Notes:

- No medication should be administered to any pupil without a parental request form (Med 1) having been received. Med 1 should be held within this administration record file until the completion of the period of medication when the request form should be transferred to the pupil's personal file.

- Any administration of medication including analgesic (pain reliever) to any pupil must be recorded.

Date	Time	Pupil's Name	Name of Medication	Dose Given	Any Reactions/Remarks	Signature of Staff - Please print name

Date	Time	Pupil's Name	Name of Medication	Dose Given	Any Reactions/Remarks	Signature of Staff - Please print name

Template E: MISADMINISTRATION OF MEDICATIONS FOR SCHOOLS FORM

Telford & Wrekin COUNCIL

Form MED 3
School: Hollinswood Primary School & Nursery
Address: Dale Acre Way, Hollinswood, Telford, Shropshire, TF3 2EP. Tel – 01952 386920.

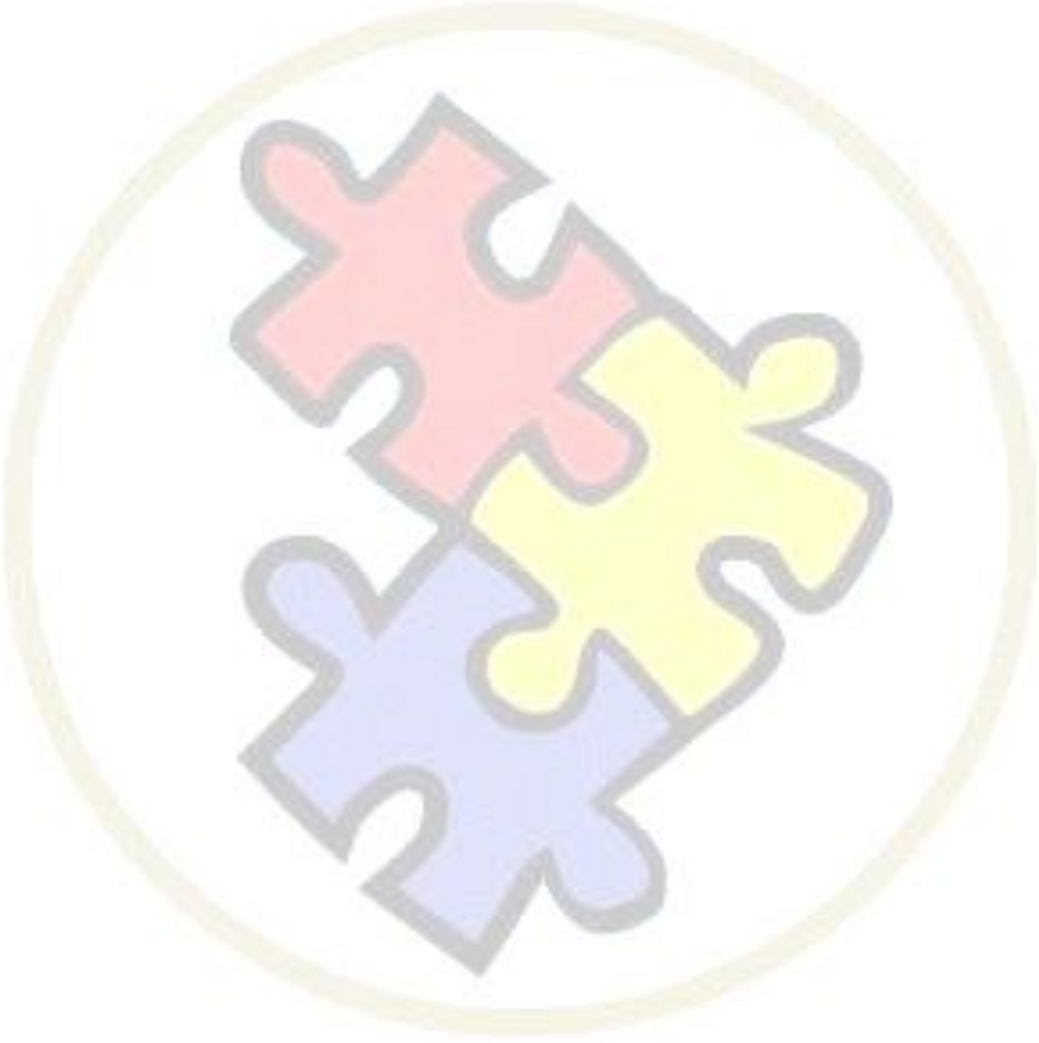
Misadministration of Medications for Schools Form

Name of child who received the Incorrect medication.		**Name:** **Address:**			
Date incident occurred					
Time incident occurred					
Who was the original medication prescribed for?					
Please list the incorrect medication administered	**Name of Medication**	**Dose given**	**Comments**		
Was the child admitted to Hospital ?(please tick)		**Yes**		**No**	
If yes, which hospital and what time were they admitted?					
Advice sought from a doctor or Pharmacist ?(other than hospital)		**Yes**		**No**	
		Date and time advice sought			
Name of Doctor or Pharmacist Contact details:					

(address, telephone, number)			
Persons on duty at the time incident occurred			
Child's parents contacted	*Record summary of conservation:*		
Was the member of staff administering the medication trained and authorised to do so ?(please circle**)**		**Yes**	**No**
How did the incident occur?	*Describe in full details:*		

Outcome:	**Please tick/add comments**
Parents informed and incident report form completed	
Child monitored with no ill effects	
Outcome uncertain	
Child may have short term side effects	
Child survived but may have long term damage	
If admitted to hospital how long did they stay in for (dates from/to)	
What systems were in place at the	

time medication was incorrectly administered?	
Risk assessment reviewed	
Training needs identified	
Misadministration form completed • **copy sent to Internal Health and Safety** • **copy on child's file**	



Template F: Staff Training Record – Administration of Medicines

Name of school/setting:	
Name:	
Type of training received:	
Date of training completed:	
Training provided by:	
Profession and title:	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature: _____
Print name:_____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____
Print name:_____

Date: _____
Suggested review date: _____ _____

Template G: CONTACTING EMERGENCY SERVICES

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- Your telephone number
- Your name
- Your location as follows [insert school/setting address]
- State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
- Provide the exact location of the patient within the school setting
- Provide the name of the child and a brief description of their symptoms
- Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken

To the patient

- Put a completed copy of this form by the phone

Template H: MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.

The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting.

I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Template I: Consent form for USE OF EMERGENCY SALBUTAMOL INHALER

[Insert school name]

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: _____ Date: _____

Name (print) _____

Child's name: _____ Class: _____

Parent's address and contact details:
_____

_____

_____

Telephone: _____
Mobile: _____

E-mail: _____

Information taken from" Guidance on the use of emergency salbutamol inhalers in schools"

Template J: SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

[Insert school name]

Child's name: _____ Class: _____

Date: _____

Dear _____,
[*Delete as appropriate*]

This letter is to formally notify you that……has had problems with his / her breathing today.
This happened when……

- *A member of staff helped them to use their asthma inhaler.*
- *They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs.*
- *Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs.*

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Information taken from" Guidance on the use of emergency salbutamol inhalers in schools"

Appendix 1:

EXAMPLE POLICY FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL

The Board of Governors and staff of (name of school) wish to ensure that pupils with medication needs receive appropriate care and support at school. The Head will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.**

Please note that parents should keep their children at home if acutely unwell or infectious.

1. Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication.
2. Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
3. Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
4. Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).
5. Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.
6. Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

    - Pupil's Name.
    - Name of medication
    - Dosage
    - Frequency of administration
    - Date of dispensing
    - Storage requirements (if important)
    - Expiry date

The school will not accept items of medication in unlabelled containers.

7. Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet.

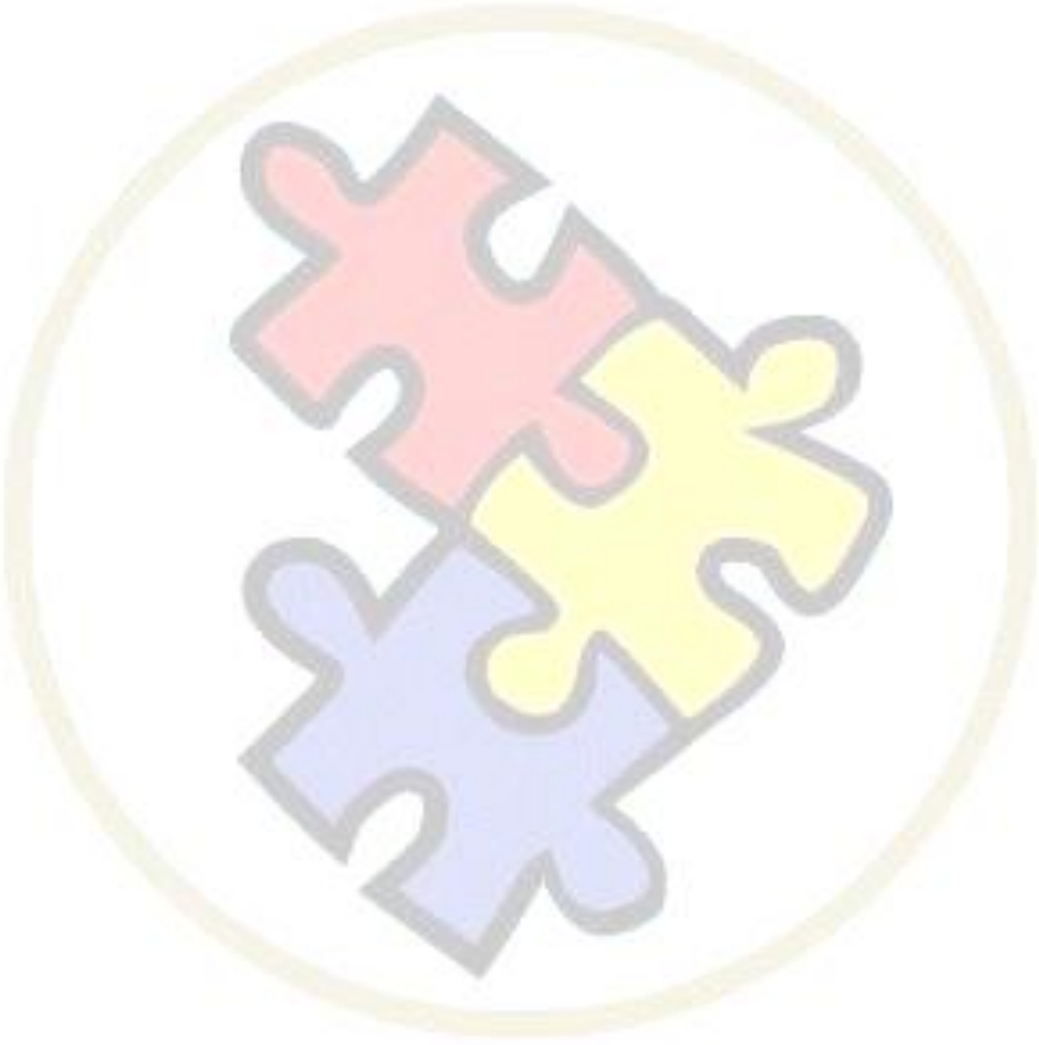
8. The school will keep records, which they will have available for parents.
9. If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
10. It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.
11. It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
12. The school will not make changes to dosages on parental instructions.
13. School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
14. For each pupil with long-term or complex medication needs, the Head, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.
15. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.
16. ***Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.***
17. The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required.
18. All staff will be made aware of the procedures to be followed in the event of an emergency.

Appendix 2:

Department for Education 'Supporting pupils at school with medical conditions'

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/350640/guidance_on_use_of_emergency_inhalers_in_schools_September_2014__3_.pdf



Appendix 3:

NHS
Telford and Wrekin
Clinical Commissioning Group

Prescribing non-prescription (over the counter) medicines for children attending nurseries and schools

Medicines that are available over the counter (OTC) (i.e. those medicines that do not require a prescription) do not need a GP signature/authorisation/prescription in order for the school/nursery/childminder to give it.

The 'The Statutory Framework for the early years foundation stage', which governs the standards of institutions looking after and educating children, **used to** include a paragraph under specific legal requirements - medicines that stated:

'Medicines should only be taken to a setting when this is essential and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist.'

This has now been amended to read 'Prescription medicines should only be taken'...

The previous wording resulted in some parents making unnecessary appointments to seek a prescription for an OTC medicine so that it can be taken in nurseries or schools.

The MHRA licenses medicines and classifies them when appropriate as OTC (P (Pharmacy Only) or GSL (General Sales List)), based on their safety profiles. This is to enable access to those medicines without recourse to a GP, and the classification applies to both inside and outside the educational environment.

It is appropriate for OTC medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents, as they consider necessary. It is a misuse of GP time to take up an appointment just to acquire a prescription for a medicine wholly to satisfy the needs of a nursery/school.

In 2015, the GPC wrote to the Department of Children, Schools and Families seeking an amendment to the original paragraph in the EYFS (Early Years Foundation Stage) Statutory Framework, who confirmed in a letter that an FP10 is not required, and as a result they have now updated their guidance to clarify that this is only applicable for prescription drugs, whereby non-prescription medication can be administered where there is parents' prior written consent.

The Statutory Framework for the EYFS outlines the policy for administering medicines to children in nurseries/preschools 0-5 years:

"The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.

Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable".

Ref: British Medical Association. Prescribing non-prescription (over the counter) medication in nurseries and schools. July 2017 https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/prescribing-non-prescription-medication

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