

The Good Shepherd Trust

Academies in partnership with the Guildford Diocese Education Trust
The Education Centre, The Cathedral, Guildford, Surrey GU2 7UP Tel: 01483 450423

Ashley C of E Primary School

First Aid and Administration of Medicines Policy



Diocese of Guildford

Review date: February 2017

Next review: February 2018

This policy should be read in conjunction with the following policies:

- Health and Safety
- Safeguarding and Child Protection Policy
- Equal Opportunities Policy
- Drugs Policy

The Governing Body is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers and visitors to share this commitment.

Policy aims

- To support individual children with medical needs to achieve regular attendance.
- To reduce cross-infection risk between children, to increase whole-school attendance.
- To ensure that medicines given at school are stored and administered safely.
- The treatment of injuries and ill/health

Roles and Responsibilities

Headteacher

- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice
- To ensure that there are sufficient First Aiders and appointed persons for the school to be able to adhere to this policy
- To ensure that staff receive appropriate support and training
- To ensure that parents are aware of this policy
- To ensure that this policy is reviewed annually

Staff

- To follow the procedures outlined in this policy using the appropriate forms
- To complete a health care plan in conjunction with parents and relevant healthcare professionals for children with complex or long term medical needs
- To share medical information as necessary to ensure the safety of a child
- To retain confidentiality where possible
- To take all reasonable precautions to ensure the safe administration of medicines
- To contact parents with any concerns without delay
- To contact emergency services if necessary without delay
- To keep the first aid area and first aid boxes stocked with supplies
- Educational Visits Coordinator (EVC) – see 'Medicines on School Trips' below

Parents/Carers

- To give the school adequate information about their children's medical needs prior to a child starting school
- To follow the school's procedure for bringing medicines into school
- To only request medicines to be administered in school when essential
- To ensure that medicines are in date and that asthma inhalers are not empty
- To notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma
- Should not send children to school if they are unwell

School Attendance During / After Illness

- Children should not be at school when unwell, other than with a mild cough/cold
- Symptoms of vomiting or diarrhoea require a child to be absent from school and not to return until clear of symptoms for 48 hours
- Children should not be sent to school with earache, toothache or other significant discomfort
- Children should not be sent to school with an undiagnosed rash or a rash caused by any contagious illness
- Any other symptoms of illness which might be contagious to others or will cause the child to feel unwell and unable to fully participate in the school day require the child to be absent from school
- Common childhood illnesses and recommended exclusion timescales are listed at the bottom of this policy for guidance.

Non-prescribed medicines

The school stores a small amount of Calpol and Piriton and will only give to children in cases of mild headache, toothache or allergic reaction. Administration **MUST** be authorised by a parent or guardian

either on the phone or by e-mail. All medicine administered **MUST** be logged in the designated folder and signed by 2 staff members.

Prescribed medicines

If medicines are prescribed up to 3 times a day, the expectation is that parents or carers will give these medicines outside of school hours.

If medicines are prescribed 4 times a day, the school strongly encourages parents or carers to make arrangements to come into school to administer these medicines themselves.

Medicines should only be brought to school when essential, i.e. where it would be detrimental to the child's health if the medicine were not administered during the school day. In the case of antibiotics, only those prescribed four times a day may be administered at school. Parents and carers will be required to administer the first 24 hour dose of any new prescription, for example antibiotics.

Please consider whether your child is well enough to be at school if they require medicine 4 times a day. See Appendix 1 for School illnesses exclusion guidelines.

If the school agrees to assist parents and carers to administer prescribed medicine to their child, on a temporary basis, the medicine must be provided in its original container and must have been dispensed by a pharmacist and must have a label showing:

- Name of child.
- Name of medicine.
- Dose.
- Method of administration.
- Time/frequency of administration.
- The instruction leaflet with prescribed medicines should show:
 - Any side effects.
 - Expiry date.
- Medicines will not be accepted in school that require medical expertise or intimate contact
- All medicines must be brought to the school office by an adult. Medicines must NEVER be brought to school in a child's possession
- The adult is required to complete a Medication Request Form (*see Appendix 2*) at the school office for the medicine to be administered by school staff
- The Headteacher must be informed of any controlled drugs required by children, e.g. equasym.
- Tablets should be counted and recorded when brought to the office and when collected again
- Painkillers, such as paracetamol or ibuprofen, may NOT be brought in to school

- Administration of medicines at school must be recorded as Record of Medicine Administered to a Child (Appendix 3) in the Medicines File by the appointed First Aider in the School Office and witnessed by a second member of staff.
- Parents may come to the school office to administer medicines if necessary

Safe Administration of Medicines at School

Some children may self-administer medication, e.g. insulin, if this has been directed by the parents when filling in the Medication Request Form (Appendix 2).

Procedure for Administering Medicines

1. Medicines to be received, stored, administered and recorded by the same member of staff.
2. Parents to complete the necessary Medicine Request Form (Appendix 2) and to personally hand the form and the medicine to the member of staff nominated by the Headteacher / Deputyhead.
3. Medicines to be stored in a secure, locked cupboard.
4. Medicines to be administered at 12:15 pm. There are to be no exceptions to this time. Where this does not meet the requirements of the prescription, parents will need to make alternative arrangements.
5. Children who are to receive medicines will be collected by the staff member nominated by the Headteacher / Deputyhead and accompanied to the dedicated first aid area.
6. A visual check, against the name of the child on the medicine packet/bottle will be carefully checked with the name of the child who is attending the medicine administration.
7. A second member of staff will be present to ensure and verify that the correct dosage is given to the correct child.
8. A record will be made to certify that the name/visual check has been made and that the dosage has been checked. A record will also be made of the date and time of the administration. (Appendix 3)
9. If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed the same day.

10. In the event that the member of staff is absent from work the above duties will be undertaken by another member of staff appointed by the Headteacher.

Storage of Medicines

- Antibiotics (including antibiotic eye drops) must be stored in the first aid fridge
- Tablets must be stored in the locked 'liquid storage' cabinet in the School Office
- Epi pens should be stored in the First Aid cabinet in the School Office
- Asthma inhalers should be stored in the child's classroom within the child's reach and labelled with their name and should be taken with the child during physical activities
- Antihistamine eye drops for severe hay fever must be stored in the First Aid cabinet in the School Office
- No medicines, other than asthma inhalers, may be kept in the classroom
- Parents are responsible for the safe return of expired medicines to a pharmacy

Medicines on School Trips

Children with medical needs are given the same opportunities as others. Staff may need to consider what is necessary for all children to participate fully and safely on school trips. Staff should discuss any concerns about a child's safety with parents.

- The Educational Visits Coordinator (EVC) is responsible for designating a school First Aider for the trip
- The EVC is responsible for ensuring that arrangements are in place for any child with medical needs prior to a trip taking place, including ensuring that asthma inhalers are carried as required. A copy of any relevant health care plan should be taken on the trip
- The designated school First Aider on the trip will administer any medicines required and record the details on the School Trips Medical Form
- The First Aider will return the form and any unused medicines to the School Office on return to school
- If the excursion includes an overnight stay, or a longer period away from home, an additional form must be completed by the parent and handed to staff prior to the trip detailing any specific condition and medication to be given.

Longer Term Needs for Children with Chronic Medical Conditions or Severe Allergies

If a child has a potentially serious allergy or an existing medical condition, we ask that the parent completes a Summary Medical Form and supplies 4 photographs of the child. This form, together with a photograph, is displayed in the Staff Room, in a folder in the Office, in the child's classroom

and a copy is kept in the Pupil Medical file.

Where a child has a long term medical need a written health care plan will be drawn up with the parents and health professionals. In this case, school staff will assist with medicines if this is in the care plan.

Self-Management

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children using their own asthma reliever. Parents/carers must still complete a medicine record form, noting that the child will self-administer and sign the form. The school will store the medicine appropriately.

Emergency treatment and medicine administration

The school will call for medical assistance and the parent or named emergency contact will be notified. The Governing Body will support any member of staff who assists with medicine in a reasonable good faith attempt to prevent or manage an emergency situation, regardless of outcome.

Hospitalisation

If first aiders deem that a child needs hospital treatment, parents/carers will be contacted to take them to hospital. Where paramedics are called and take a child to hospital by ambulance, an adult from school will accompany the child (either in the ambulance or following by car at the advice of the paramedics) if the parents/carers are not available. This adult will act 'in loco parentis' until a parent/carer arrives at the hospital.

First Aid

Injuries can only be treated with water/ice and plasters/bandages. Plasters are only applied if there are no known allergies.

Pupils are made aware that if they sustain a minor injury whilst playing outside they must first go to the first aider on duty who will either treat on site or refer to the office. A Day Book is kept in the playground for minor injuries and will be filled in by the first aider on duty. In the event that the child is sent to the office they will be accompanied by another person.

If there is a more serious accident, the member of staff on duty in the playground sends a child to alert the office staff. Consultation with a first aider will take place before an injured child is moved. The office staff will call an ambulance if this is required and then contact the child's parents. This type of accident will be recorded in the accident book and the record will be countersigned by the Headteacher.

Children reporting to the office with a head injury or other serious injury are recorded on the Accident Report Log. This specifies the time and type of treatment administered. Head injuries are treated with water or an ice pack, and the child is observed closely until he/she is well enough to go back to class. A RED 'bump note' is given to the child to show their class teacher to ensure continued observation. The bump note is then taken home alerting their parents to the injury. Infant children are also asked to wear a sticker to alert staff to the head injury. If a head injury appears more serious the office staff will contact the parents.

Blood injuries are dealt with in the office and sterile gloves are always available.

Children who feel unwell during class time are directed by their teacher to the office. The office staff will assess the child, who will usually be asked to sit quietly with them for ten minutes. After this time if they feel better they will be return to class and if not they will be asked to sit for a longer period. If the child still does not feel better, and after consultation with the class teacher /Headteacher, the parent/carer will be contacted to come and collect them.

Toilet Accidents

Should a child have a toilet accident and soil themselves, the parent is contacted to help them change (or take them home to change), before resuming the school day. In an emergency, if staff need to deal with a child who has soiled themselves, two members of staff should attend to the child for Child Protection purposes and sterile gloves should always be worn.

Head Lice

Regular advice and reminders about the prevention and treatment of head lice are given. If a child is in school with live head lice visible, the parent is invited to take them for treatment before resuming the school day. Advisory notes will be sent to the rest of the class should an incident of head lice be reported.

Training

Regular training is provided for staff on general first aid and anaphylaxis. In addition, a number of staff receive further training depending on medical needs of children in their class. The names of those teachers are displayed in the Office and Staffroom.

Record keeping

The following is a summary of the records, which will be kept in connection with the administration of medicines:

- Names of trained and competent staff responsible for medicines storage, including access, and medicines administration. (Appendix 10)

- Names of trained and competent staff responsible for storage, including access of controlled drugs and their administration. (Appendix 10)
- If available a completed individual care/treatment plan for a child/young person with long term conditions such as diabetes, epilepsy. (For full Care Plans, see Appendix VII and VIII of SCC Administration of Medicines Guidance for Schools).
- An action plan for an individual child/young person for a medical emergency. This may form part of the care/treatment plan, if the child/young person has one.
- For children who are self-administering, as well as written parental consent, there must be a written agreement with the child's parent and the school to allow this. The written agreement must include whether the child will require supervision. A risk assessment must be done to decide whether the child can keep the medicine securely on themselves or in lockable storage. Medicines classed as controlled drugs cannot be kept by the child.
- All medicines administered at school must be accompanied by written instructions (Appendix 2) from a parent and/or prescriber specifying the medicine, strength, formulation, dose, the times (or frequency) and/ or circumstances it is to be given. A new form must be completed if there are any changes e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.

- If staff are responsible for administering the medicine(s) a record of administration should be kept. The record should include;
 - the name of the child/young person
 - date of birth
 - medicine details (name, formulation, strength)
 - dose administered
 - date & time of administration
 - name of the person administering the medicine.

- If the child/young person is self-administering and requires supervision the above record should be kept. It should be clearly indicated on the record that the member of staff is supervising the medicine administration. (Appendix 3)

- Reasons for non-administration of medicines must be recorded and the parent/carer must be informed as soon as possible on the same day. (Appendix 3)

- The quantity of medicines received by staff and the quantity of medicines returned to the parent. This must be signed and dated by a member of staff. (Appendix 3)

- In exceptional circumstances where members of staff return medicines to a community retail pharmacy (local chemist) for disposal, the quantity must be recorded. This must be signed and dated by the member of staff and if possible by the pharmacist (chemist).

Should a parent/carer fall ill at any time on the school premises it is vital that the following protocol is adhered to:

. Children of the parent/carer should be removed from the scene and taken into school to decrease exposure to the situation.

. The next of kin must be phoned to make arrangements for the safe authorised collection of the children.

. If the incident is of the severity where it is deemed the emergency services (999) should be called. This must be done as soon as possible.

. Check to see if the casualty wears a medical bracelet or necklace and inform the emergency team.

. An adult is to remain with both the casualty and children until they have been collected and have safely left the school premises.

If an adult needs hospitalisation then arrangements for another adult to accompany them must be made (either in the ambulance or follow on in own car) if the next of kin isn't immediately available

See the following appendices for:

Asthma Care (Appendix 4)

Allergy and Anaphylaxis (Appendix 5)

Diabetes (Appendix 6)

Epilepsy (Appendix 7)

First Aid personnel checklist (Appendix 8)

List of Staff who have undertaken training and agree to administer medication (Appendix 9).

Appendix 1 - School illness exclusion guidelines

Please check your child knows how to wash his/her hands thoroughly, to reduce the risk of cross-infection. School attendance could be improved for all if children and families wash and dry their hands well five or more times a day.

Chickenpox	Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash.
Conjunctivitis	Parents/carers expected to administer relevant creams. Stay off school if unwell.
Nausea	Nausea without vomiting. Return to school 24 hours after last felt nauseous.
Diarrhoea and/or vomiting	Exclude for 48 hours after last bout (this is 24 hours after last bout plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for 2 weeks
German measles/rubella	Return to school 5 days after rash appears but advise school immediately as pregnant staff members need to be informed
Hand, foot & mouth disease	Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit.
Headlice	No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice
Cold sores	Only exclude if unwell. Encourage hand-washing to reduce viral spread
Impetigo	Until treated for 2 days and sores have crusted over
Measles	For 5 days after rash appears
Mumps	For 5 days after swelling appears
Ringworm	Until treatment has commenced
Scabies	Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.
Scarletina	For 5 days until rash has disappeared or 5 days of antibiotic course has been completed
Slapped cheek	No exclusion (infectious before rash)
Threadworms	No exclusion. Encourage handwashing including nail scrubbing
Whooping cough	Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.
Antibiotics	First dose must be given at home, and first 24 hour doses must be given by parent or carer.
Viral infections	Exclude until child is well and temperature is normal (37 degrees C).

Appendix 2 - Child medication request form

Child's Name: _____

Parent's surname (if different from child) _____

Condition or illness: _____

Parent's Home Number: _____ Parent's Mobile Number: _____

GP Name and Location _____

Tick the appropriate box:

- My child will be responsible for the self-administration of medication as directed below
- With Supervision Without Supervision
- I agree to a member of school staff administrating medicines to my child as directed below:

Name of Medicine	Dosage	Frequency/ Time	Completion date of course (if known)	Expiry date of medicine
Special instructions				
Allergies				
Other prescribed medicines child/young person takes at home:				

Note: Where possible, the need for medicines to be administered in school should be avoided. Parents/guardians are therefore requested to try to arrange the timing of doses accordingly.

- I agree to update information about my child's medical needs held by the school and that this information will be verified by GP/ and or medical consultant.
- I will ensure that the medicine held by the school does not exceed its expiry date.

Signed and agreed by Parent/Guardian: _____

Print name: _____ Date: _____

School Representative Name: _____

Job Title: _____ Date _____

Appendix 3 – Record of medicine administered to child

Name of school	
Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	
Quantity returned to parent	
Date returned to parent	
Staff signature	
Parent Signature	

Date			
Time given			
Dose given			
Staff name			
Staff initials			

Date			
Time given			
Dose given			
Staff name			
Staff initials			

Date			
Time given			
Dose given			
Staff name			
Staff initials			

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Continued:

Date			
Time given			
Dose given			
Staff name			
Staff initials			

Date			
Time given			
Dose given			
Staff name			
Staff initials			

Date			
Time given			
Dose given			
Staff name			
Staff initials			

Date			
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Staff name			
Staff initials			

Date			
Time given			
Dose given			
Staff name			
Staff initials			

Date			
Time given			
Dose given			
Staff name			
Staff initials			

Appendix 4 - Asthma Care (as detailed in Administration of Medicine Guidelines for Schools)

What is Asthma?

Asthma is an allergic response within the lungs causing difficulty in breathing due to narrowing of the tiny airways. There are many triggers. About one in seven children/young people have Asthma diagnosed at some time, and one in twenty children/young people have Asthma requiring regular medication.

Recognition / Symptoms

Asthma varies enormously. There are those that rarely suffer an attack and need very little preventative treatment and then others who require a lot of preventative care and are still prone to severe attacks.

Symptoms vary widely too. Staff will need to rely on child/parent guidance as to each child/young person's condition. Very cold dry weather or prolonged energetic exercise may require preventative measures for some children/young people. Signs and symptoms of worsening asthma or the onset of an attack can include:

- increased coughing
- wheezing
- feeling of tightness in the chest
- breathlessness- indrawing of ribcage
- blueness of lips (CAUTION - a very late sign!).

Preventers - (usually come in brown, white or green containers e.g. Intal, Becotide, Pulmicort & Flixotide). N.B. Preventers are no use in an attack.

Relievers - Help open up the airways quickly (often in blue containers e.g. Atrovent, Ventolin, Bricaryl).

Longer acting - e.g. Serevent relievers,

There are various devices that simply deliver the same drugs in different ways (e.g. 'spacers', dry powder devices, aerosols and nebulizers).

Management of an Acute Attack

Staff should:

1. Stay calm and reassure the child
2. Ensure the reliever medicine is taken promptly and properly
3. Listen to the child: they often know what they need
4. Encourage child to sit and lean forward but without squashing the stomach

5. Loosen tight clothing and offer sips of water (not cold) to keep mouth moist
6. If there are any doubts about the child's condition, for example, if child is unable to talk, is distressed, the reliever has not worked within 5-10 minutes, or the child is exhausted, an ambulance should be called
7. If the child's attack does respond quickly to treatment, the child may continue at school.

The parents must be informed of what has taken place that day.

Day-to-Day Management Issues

- A child/young person with asthma MUST have easy/ready access to their medication (ideally on their person). NB: The medical kit for the setting could include a spacer to be used in conjunction with inhalers.

- It is helpful if parents provide school with a spare reliever (Blue) inhaler device. All inhalers should be clearly labelled with the child's name and stored safely. Children should not take medication which has been prescribed for another child. However, generally speaking, no damage will be caused through taking Asthma medication by mistake (either by a child who did not need it or by an asthmatic taking too much).

- Remind children to take the reliever inhaler as a preventative measure prior to exercise, if appropriate.

- Remind children to take devices on educational trips or out onto the playing field if necessary.

- If a child is having problems taking medication, report back to parents.

- Be vigilant for signs of attack.

- Encourage children to participate in all activities and not to 'opt out' because of their Asthma.

- The professionals meeting should identify the severity of the child's Asthma, including individual symptoms and any known particular triggers, such as exercise or cold air.

SPECIFIC INFORMATION For further information contact Asthma UK Advice line: Tel 08457 010203

APPENDIX 5 - Allergy and Anaphylaxis Care (as detailed in Administration of Medicine Guidelines for Schools)

General Information

What is Anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction due to an abnormal sensitivity, which requires *Immediate* medical attention.

Causative Factors

It can be triggered by a variety of allergens.

- Food (peanut, nuts, egg, dairy products, shellfish)
- Medicines (Penicillin)
- Venom of stinging insects (bees, wasps, hornets)

Recognition/Symptoms

Symptoms usually occur within minutes of exposure to the allergen. A combination of symptoms can be present at any one time, such as:

- Itching/tingling sensation
- Swelling of throat and tongue
- Difficulty in swallowing/breathing
- Generalised flushing of skin
- Abdominal cramps/nausea/vomiting
- Sudden feeling of weakness/floppiness
- Collapse and unconsciousness

Medication

Treatment is urgent and essential to prevent progression of a severe anaphylactic reaction.

Diagnosis is usually made by the child/young person's GP or consultant. Sometimes skin tests can further confirm the diagnosis.

Two main types of medication are available for treatment of an acute allergic reaction:

- 1) Antihistamines (e.g. Piriton / Zirtec)
- 2) Preloaded Adrenaline injection (e.g. Epipen, JEXT)

There should be no serious side effects even if the above medication is given repeatedly or is misdiagnosed.

Relapse of an acute allergic reaction is possible after apparent recovery. Medical attention must be sought in every case.

Day-to-Day

1) Food Management

Meal Times - An agreement between school and parents is required about school dinners. Packed lunches are an alternative. Awareness of lunchtime supervisors and catering organisations is essential. However, it should be noted that it is not always possible to prevent the child coming into contact with allergens.

School journeys/outings - Careful pre-planning and awareness amongst peers and staff is essential.

Cookery and Science experiments - Suitable alternatives should be agreed.

2) Support for Staff

Staff indemnity is provided by Surrey LA (for those schools/settings buying into Surrey County Council Insurance) for emergency medicine administration.

Regular comprehensive training of staff is usually available from the School Health Team/Community Nursing Team. In some areas, local hospital allergy clinics may undertake this training.

Ongoing advice and support is usually available from the School Health Team.

3) Emergency Management

Preloaded adrenaline injection should be used immediately in a severe reaction (see Child's Care and Treatment Plan for details). If in doubt about the severity of an allergy reaction, use preloaded adrenaline injection anyway.

Call an ambulance immediately.

SPECIFIC INFORMATION

Further information available from:

Anaphylaxis Campaign Helpline: 01252 542029 <http://www.anaphylaxis.org.uk/>

Address:

The Anaphylaxis Campaign

PO Box 275

Farnborough

Hampshire

GU14 6SX

Allergy and Anaphylaxis Care and Treatment Plan

This child/young person is at risk of Anaphylaxis

Name: _____

DOB: _____

Current Year/Class: _____

GP/Local Hospital No: _____

(Name) _____ may suffer from an anaphylaxis reaction
if he/she is exposed to _____

(Name) _____ also has (other medical conditions)

His/her usual allergic symptoms are:

--

Procedures

In the event of an acute allergic reaction, staff will follow this procedure:

- Contact Ambulance Service – dial 112 or 999
- One adult will inform the headteacher immediately of action taken
- Then inform the following contact numbers in order of priority

Contact No 1

Name:

Telephone No:

Relationship

Contact No 2

Name:

Telephone No:

Relationship:

Contact No 3

Name:

Telephone No:

Relationship:

One adult should stay with the child to assess the severity of symptoms and in case of:

- Itchiness
- Tingling of lips and face
- Tummy cramps
- Vomiting
- Blotchiness of skin

Give _____ (Oral Antihistamine) ____ml at once

In cases of:

- Wheeziness
- Swelling of face and throat
- Difficulty in breathing/swallowing
- Feeling faint

Place child/young person on floor in recovery position (Safe Airway Position)

Give preloaded adrenaline injection to outer thigh (this can be administered through light clothing).

- If no breathing/pulse, initiate basic life support (CPR).
- If there is no improvement to above action within 10 minutes and there are symptoms of weakness or floppiness pallor then:

Repeat preloaded adrenaline injection once more if 2nd preloaded adrenaline injection is available

- Hand over child's care to Ambulance Team/parents on their arrival
- Handover preloaded adrenaline injection to ambulance staff or if this hasn't been done, safely dispose of it.
- Record all medication given with date and time of administration

Awareness

- The Headteacher will arrange for school staff to be briefed about the child's condition and about other arrangements contained in this document.
- Staff will take all reasonable steps to ensure that _____ (Name) does not eat any food items unless they have been prepared/approved by his/her parents.
- _____ (Name) parents will remind their child regularly of the need to refuse any food items, which might be offered to them by other children.
- In particular, _____ (Name) parents will provide for him/her the following food items: _____

Medication/Staff training

The school will hold, under secure conditions, appropriate medication, clearly marked for use by designated staff or qualified personnel and showing an expiry date.

It is the parents' responsibility to ensure the school has appropriate up-to-date medication.

The following volunteers from the school have undertaken to administer the medication. A training session was attended by:

Name _____ Date/s _____

Name _____ Date/s _____

Further advice is available to staff at any point in the future where they feel the need for assistance. The medical training will be repeated on _____.

If there are proposals for the child to leave the school site, prior discussions will be held between school and the child's parents to agree appropriate provision and safe handling of the medication.

STAFF INDEMNITY

The County Council provides a staff indemnity for any staff (of those settings buying into Surrey County Council Insurance) who agree to administer medication to a child given the full agreement of the parents and the setting.

AGREEMENT AND CONCLUSION

A copy of these notes will be held by school and by the parents. A copy will be sent to the GP for information.

Any necessary revisions will be the subject of further discussions between school and parents.

Signed and agreed:

Child

Signature: _____ Date: ____/____/____

Print Name: _____

Parent / Guardian

Signature: _____ Date: ____/____/____

Print Name: _____

School Representative Agreement:

Signature: _____ Date: ____/____/____

Print Name: _____ Job Title _____

Appendix 6 - What is Diabetes? (as detailed in Administration of Medicine Guidelines for Schools)

Children/young people with diabetes mellitus are unable to produce enough insulin, which the body produces normally to make use of sugar for energy production. Without enough insulin every cell in the body lacks energy, blood sugar levels become too high and dangerous life threatening chemicals accumulate. Treatment is with regular insulin injections and attention to diet and exercise whilst checks are made of finger prick blood glucose levels.

Recognition/Symptoms

Low sugar levels (hypoglycaemia) - caused by too little to eat and/or too much insulin and/or too much exercise. Rapid onset of symptoms (minutes); hunger, sweating, drowsiness, pallor, agitation, glazed eyes, shaking, mood changes or lack of concentration, unconsciousness.

High sugar levels (hyperglycaemia) - caused by too much to eat and/or too little insulin and/or being unwell. Gradual onset of symptoms (hours-days); tiredness and general malaise, excessive drinking, excessive urination. Later symptoms include rapid/deep breathing, reduced consciousness and some people are able to smell an odour, like nail-polish remover, on the breath.

Hypoglycaemia

Urgent treatment required. If possible confirm your suspicion by doing a blood glucose test but do not delay treatment. Give fast-acting sugar. All diabetics should carry with them either Dextrosol or jellybeans or glucose gel (hypostop). Alternatives are Lucozade, coke, tango etc. (not diet drinks), chocolate, honey, jam, and fresh fruit juice. After recovery give slower acting sugar e.g. milk and biscuits, sandwich. Exact quantities will depend upon the size of the child and will be in the school pack.

Hyperglycaemia

Symptoms are gradual and you should have plenty of warning. Check blood glucose and, if child is breathing hard or you notice the odour of nail-polish remover on the breath, contact family immediately. Allow the child to drink as much water as the child wishes.

General principles

If in doubt assume the child is hypoglycaemic and give fast-acting sugar. If the child is unconscious rub hypostop, jam or honey on the inside cheek and gums. Do not try to force an unconscious child to drink. Place child in recovery position (Safe Airway Position). Call ambulance and parents.

Day-to-Day Management Issues

Remember to allow time in the day for insulin injections and blood tests. Meals should be eaten 10 minutes after insulin injection if possible. Many children/young people require a snack half way through the morning and again half way through the afternoon (or sometimes before exercise). Schools should ask their school nurse about obtaining an information pack from the British Diabetic Association. This pack should contain details for an Individual Treatment Plan. It is usual for the specialist nurse for Diabetes to attend schools, especially in a case of a child recently diagnosed as having Diabetes and will be able to provide further support to school staff in management if necessary.

Off-Site Visits and Residential Journeys

Particular care must be given to a child with diabetes during off-site visits and residential journeys. Staff should ensure that the child eats appropriately, bearing in mind that the food offered might be different from that at home and that the level of activity might be considerably higher than usual. This should not be a reason for excluding a child from a visit or journey.

For Diabetes Care plan see page 43 to 58 Administration of Medicine Guidelines for Schools

APPENDIX 7– Epilepsy Care (full details in Administration of Medicine Guidelines for Schools)

What is Epilepsy?

Epilepsy is a common disorder, resulting from a sudden excessive electrical discharge from the brain cells giving rise to physical manifestations. In many cases it can be adequately controlled with medication. About 1 in 130 children/ young people in the UK have Epilepsy and about 80% attend mainstream schools.

Types of Epilepsy

There are different types of epilepsy. Broadly it can be divided in to 2 main types:

- Generalised epilepsy (e.g. Tonic-Clonic, Absences, Myoclonic)
- Partial epilepsy (e.g. Frontal/Occipital/Temporal lobe epilepsy where epileptic activity is initially limited to part of brain, although the epileptic activity may spread to the whole of the brain).

Recognition/Symptoms

These may include:

Tonic-Clonic epilepsy - Body stiffens followed by a fall; this may be preceded by a cry. Jerky body movements then begin, incontinence or dribbling of saliva can occur. At the cessation of the seizure child may be sleepy for some time.

Absences - Episodes of staring or blankness lasting for a few seconds or longer. May be associated with slight twitching or blinking. Consciousness is lost but is brief.

Myoclonic jerks - Sudden jerky movements of limbs, at times violent in nature.

Temporal lobe epilepsy - may start with an “Aura” or warning. Child may appear conscious but may not respond. Abnormal movements like plucking, fidgeting, smacking of lips can occur. Aimless wandering can occur after the episode.

Diagnosis

- Usually made by the child’s Consultant Paediatrician or the General Practitioner.
- Regular attendance at hospital out patients and/or GP surgery may be required initially following the diagnosis.

Medication

Usually given on a daily basis over a period of years.

Most medications are given twice daily avoiding the need for administration during school hours, however medication can be given, once or three times daily.

Emergency Medication:

There are a number of different medications that can be used to treat a seizure, (i.e. to try and terminate a seizure).

The most common medication currently used is Buccal Midazolam; however there will be some children on other forms of medication such as Rectal Diazepam, or even Paraldehyde. All children who require Emergency Medication will require an Emergency Medication Plan. In some cases a personalised Emergency Medication Plan drawn up by the prescriber will need to be in place.

SPECIFIC INFORMATION

Further information is available from:

Epilepsy Society Helpline: Tel: 01494 601 400 (Monday to Friday 10.00am to 4.00pm)

British Epilepsy Helpline – Free phone 0808 800 5050 (Monday to Thursday 9.00am. to 4.30pm).

www.epilepsy.org.uk

For Epilepsy Care plan see page 61 to 72 Administration of Medicine Guidelines for Schools

