Leicester City Council

Health & Safety Management Standard - Schools

Administration of Medicines & Healthcare Needs Health & Safety Management Standard Issue 6 (August 2023)

Introduction

This document contains corporate standards and guidance on the administration of medicines and healthcare needs in schools, early years and youth settings. It is the responsibility of Key Managers to ensure that the administration of medicines is managed in line with this document (and any other guidance referred to herein) in any area/premises under their control.

This document must be read in conjunction with any additional guidance specific to divisional/local issues or activities.

New action plans have been updated by the British Society for Allergy and Clinical Immunology (BSACI) to reflect the recent changes in legislation permitting schools to purchase and administer a 'spare' back-up adrenaline autoinjector.

The four Action Plan pro-formas can be found Appendix F of this document.

Key Managers' Checklist – Administration of Medicines, etc.

The checklist given below identifies key actions involved in the administration of medicines, etc. Further information on each of these points is contained in the guidance below.

1. Are all arrangements and procedures for the administration of medicines and healthcare needs in compliance with the guidance set out below?

2. Are all relevant staff aware of those arrangements and procedures and of their role and responsibility for the safe administration of medicines, etc.?

3. Are all relevant staff suitably trained to fulfil their role in accordance with those arrangements and procedures?

N.B. Employees carrying out or assisting with any form of medical procedure who are acting within the scope of their employment, acting responsibly and to the best of their ability within the confines of this guidance and any specified training provided are indemnified by Leicester City Council against any legal action that may arise which alleges negligence.

MANAGING MEDICINES AND HEALTHCARE NEEDS IN SCHOOLS, EARLY YEARS AND YOUTH SETTINGS

CONTENTS

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

MANAGING MEDICINES AND HEALTHCARE NEEDS IN SCHOOLS, EARLY YEARS AND YOUTH SETTINGS

INTRODUCTION

Children with Medical Needs

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

An individual health care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. If a plan is necessary, the school/setting should prepare this plan and may seek help and advice from health professionals.

Access to Education and Associated Services

Some children with medical needs are protected from discrimination under the Equality Act 2010 The Equality Act replicates the disability provisions in the former Disability Discrimination Act (DDA) in defining a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day-to-day activities. **It is recommended that this document is accessed and read.**
https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools

Under the Equality Act, responsible bodies for schools (including nursery schools) **must not** discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips and school clubs and activities. Schools should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies.

Schools are also under a duty to plan strategically to increase access, over time to schools. This should include planning in anticipation of the admission of a disabled

pupil with medical needs so that they can access the school premises, the curriculum and the provision of written materials in alternative formats to ensure accessibility.

Early years settings not constituted as schools, including childminders and other private, voluntary and statutory provision are covered by Part 3 of the DDA. Part 3 duties cover the refusal to provide a service, offering a lower standard of service or offering a service on worse terms to a disabled child. This includes disabled children with medical needs. Like schools, early years settings should be making reasonable adjustments for disabled children including those with medical needs. However, unlike schools, the reasonable adjustments by early years settings will not include alterations to the physical environment, as they are not covered by the Part 4 planning duties.

Support for Children with Medical Needs

The Department of Education has issued a guidance document supporting pupils at school with medical conditions June 2014 https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3 **it is recommended that this document is read and incorporated into school policies. Also available here is a Department of Education (D of E) templates document to support this new guidance.**

Parents have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's health adviser if needed. This could be the aligned Community Paediatrician (school doctor) or School Health Adviser (school nurse) or a health visitor or possibly a GP. Specialist voluntary bodies may also be able to provide additional background information for staff.

The school nursing service (for primary schools) and various health care professionals (specifically individual professionals allocated to particular school children, can provide advice on health issues to children, parents, maintained early years staff and education officers. NHS Primary Care services and NHS secondary care Trusts, Local Authorities, Early Years Development and Childcare Partnerships and governing bodies should work together to make sure that children with medical needs and school and setting staff have effective support.

Local Authorities and other employers, schools (including community nursery schools) should consider the issue of managing administration of medicines and supporting children with more complex health needs as part of their accessibility planning duties. It will greatly assist the smooth integration of children into the life of the school or setting.

There is no legal duty that requires school or setting staff to administer medicines. NB it is not any part of a teacher's contract of employment.

Staff managing the administration of medicines to children/pupils/students with specific medical needs as highlighted in the appendices, together with those who administer these medicines **must** receive appropriate training and support from

competent professionals. Where employers' policies are that schools and settings should manage medicines, there should be robust systems in place to ensure that medicines are managed safely. There must be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.

Some children and young people with medical needs have complex health needs that require more support than regular medicine. It is important to seek medical advice about each child or young person's individual needs.

Introducing a Policy

A clear policy understood and accepted by staff, parents and children provides a sound basis for ensuring that children with medical needs receive proper care and support in a school or setting.

The employer has the responsibility for devising the policy. However schools and settings, acting on behalf of the employer, should develop policies and procedures that draw on the employer's overall policy, but which are amended for their particular provision. **All schools and settings where the local authority is the employer are required to comply with this guidance**. Policies should, as far as possible, be developed in consultation with heads and with governing bodies where they are not the employer. All policies should be reviewed and updated on a regular basis.

Policies should aim to enable those children with medical needs to attend schools/settings as regularly as is practicable. Formal systems and procedures in respect of administering medicines, developed in partnership with parents and staff should back up the policy.

A policy needs to be clear to all staff, parents and children. It could be included in the prospectus, or in other information for parents.

Parents should provide full information about their child's medical needs, including details on medicines their child takes.

Foreword

Medicines should only be taken to schools or settings when essential – that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting day.

Only medicines that have been prescribed by a doctor, dentist, or suitably qualified prescriber should be administered. Medicines from any other source, e.g. over the counter medicines, should not be administered by staff. It will be necessary for parents/guardians to administer this prior to the child's attendance at the school/setting or to arrange to be present in order to administer it on site. Medicines must always be provided in the original manufacturer's container or that decanted by the pharmacist. The pharmacy label must be legible such that it displays patient's name, drug details, dose, frequency and any additional information that supports administration (e.g. with food etc.). Date of dispensing also appears on the pharmacy label; this serves as a useful guide for school to question whether anything dispensed over 3 months ago remains current. Government guidance allows for non-prescription medicines to be given where there is a reasonable request, providing the necessary consent forms and safeguards are in place. Schools should set out the circumstances in which non-prescription medicines may be administered. The school's own policy should give clear instructions/guidance to parents. As a minimum, the consent form needs to state name of medicine, dose, frequency, indication (what is being treated) and (for 'when required' medicines) circumstances when it should be given and maximum dose per day/episode. For medicines purchased over-the-counter, school staff must ensure that these details are consistent with the information on the packaging; seek medical advice if unsure.

Schools and settings should never accept medicines that have been taken out of the container as originally dispensed. Changes to treatment can happen after an item is dispensed. In order to reduce waste and prevent delay/interruption in treatment, parents can request a dose or frequency that is different to the pharmacy label so long as they provide supporting written evidence from a clinician substantiating this.

The medicines standard of the National Service Framework (NSF) for children, recommends that a range of options in respect of medicines are explored including:

a) Prescribers should consider the use of medicines, which need to be administered once or twice a day (where appropriate) for children and young people so that they can be taken outside of school/setting hours.

b) Prescribers should consider providing two prescriptions, where appropriate, and practicable, for a child's medicine – one for home, and one for use in the school or setting, avoiding the need for repackaging or re-labelling of medicines by parents/guardians.

1 GENERAL

1.1 Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that the child is fit enough to return to school, the dosage can be adjusted so that none is required at lunchtime. If however this is not possible a general care plan for in school administration of medicines should be instigated in

accordance with this guidance (see appendix 1 for forms).

1.2 No medicine should be administered unless clear written instructions to do so have been obtained from the parents or legal guardians and the school has indicated that it is able to do so (see sample proforma – Appendix A). Schools and other settings may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language.

1.3 All medicines must be clearly labelled with the child's name, delivery route dosage, frequency and name of medication being given. The parents or legal guardians must take responsibility to update the school of **any** changes in the administration for routine or emergency medication and maintain an in-date supply of the medication. If this is not the case the previous instructions must be followed.

A child under 16 should never be given aspirin unless prescribed by a doctor.

1.4 As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility. Older children with a long-term illness should, whenever possible, seek complete responsibility under the supervision of their parents. Which children have the ability to take responsibility for their own medicines varies. There may be circumstances where it is not appropriate for a child of any age to self manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

Where it is agreed by the parents and teachers some medications or related products e.g. inhalers or Creon will be carried by the child for self-administration. These may be carried in "bum bags" or swimming pouches.

All other medicines, except emergency medication, should be kept securely.

If it has been agreed by school and parents that a child/young person can take their medicines themselves in school, staff must supervise the planned activity. If the medicine use is unplanned (e.g. asthma reliever inhaler used on a 'when needed' basis), the child/young person must notify school staff of details as soon as possible after the event.

Agreed administration guidance as specified on the consent form and medicines containers must be followed.

1.5 The Headteacher/Head of Setting is responsible for making sure that medicines are stored safely. **All emergency medicines such as asthma reliever inhalers/adrenaline autoinjectors (AAI's) should be readily available to children and should not be locked away. NB the acquisition of spare AAI's and inhalers can be used to supplement these safety measures but not replace them.**

All other medicines except emergency medications and inhalers should be kept securely. Large volumes of medicines should not be stored. Oral medication should be in a childproof container. Medicines should be stored strictly in accordance with product instructions. Some medication needs to be stored in a

refrigerator in order to preserve its effectiveness – this will be indicated on the label. In order to meet the requirement for security, it is suggested that medication is stored in a locked cash box within a refrigerator. If a refrigerator is not available, medication may be kept for a short period in a cool box or bag with ice packs, provided by the parent/guardian. If stored in a cool box with ice packs, do not store medicine in direct contact with ice packs as efficacy may be hindered. All medication should be kept out of direct sunlight and away from all other heat sources. Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal. Where children have been prescribed **controlled drugs**, staff need to be aware that these should be kept in safe custody. Children could access them for self-medication if it is agreed that it is appropriate. Every transaction of a controlled drug, such as receipt, administration event, etc. must be entered into a register.

At the end of a school term or year, ideally all medicines should be returned to the parents.

1.6 Medicines should be administered by a named individual member of school or setting staff with specific responsibility for the task in order to prevent any errors occurring. Where practicable a witness should be present who should also sign the appropriate box on appendix A-1. All children who require medication to be given during school/setting hours should have clear instructions where and to whom they report. Staff should only store, supervise and administer medicine that has been prescribed for an individual child.

1.7 **Emergency medication and reliever inhalers must follow the child at all times.** Inhalers and emergency treatment medication must follow the child to the sports field, swimming pool, etc. Children may carry their own emergency treatment, but if this is not appropriate, the medication should be kept under the watchful eye of the teacher in charge in a box on the touchline or at the side of the pool. The school may hold spare emergency medication if it is provided by the parents or guardians in the event that the child loses their medication. In these circumstances the spare medication should be kept securely in accordance with the instructions above. It is the parents' responsibility to ensure that medicines are in date and replaced as appropriate.

1.8 Advice for school/setting staff on the management of conditions in individual children (including emergency care) may be provided through the School Nurse or School Doctor or Health Visitor on the request at the outset of the school/setting consideration of the need for medication. Similarly, any difficulties in understanding about medication usage should be referred to the School Nurse, School Doctor or Health Visitor for further advice.

1.9 If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures in respect of the individual child. Parents should be informed of the refusal on the same day, and if the refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed, which is likely to be calling an ambulance to get the child to hospital.

2 RECORD KEEPING

2.1 All schools and other settings **must** keep written records of all medicines administered to children. A copy of the record slip or similar written record should be sent to parents recording medicines administered that day.

2.2 Incorrect Administration of Dosage or other medication error – Schools should have arrangement in place for dealing with emergencies, but the incident must be reported on the SO2 system. In the event of an excess dose being accidentally administered or the incorrect procedure being carried out, emergency action must be taken as appropriate. It is advantageous for an emergency procedures to be detailed in individual care plans, but this is not always available. Non-healthcare professionals would not be expected to make a judgement on a case by case basis, but in the absence of a specific emergency plan being available the following generic guidance should be followed. The person discovering the error should immediately notify a senior member of staff, the senior member of staff should ring 111 immediately for prompt advice (it is ideally preferable to contact the child's GP but this may not result in a timely enough response). Informing the parent would also be part of the process once child's safety has been assured. Of course the option of calling an ambulance must always be taken where necessary and if at any time there is deterioration or concerns about the child's condition.

3 HYGIENE AND INFECTION CONTROL

3.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids, and disposing of dressings or equipment.

OFSTED guidance provides an extensive list of issues that Early Years Providers should consider in making sure that all settings are hygienic.

4 LONG TERM MEDICATION

4.1 The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instructions, see paragraph 1.3 – page 6, otherwise the management of the medical condition is hindered. (NB specific requirements: e.g. it is important that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties or when specifically required prior to exercise and outings).

4.2 It is important to have sufficient information about the medical condition of any child with long term medical needs.

Schools and settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is also helpful to have a written healthcare policy for such children, involving the parents and relevant health professionals. A healthcare plan should be in place for children with more severe and complex conditions.

Early Years Settings **must** keep written records each time medicines are given. Schools should also arrange for staff to complete and sign a record each time they give medicine to a child. Good records demonstrate that staff have exercised a duty of care. In some circumstances, such as the administration of Rectal Diazepam, it is good practice to have the dosage and the administration witnessed by a second adult. APPENDIX A –1, Record of Medicine Administered to an Individual Child – should be used for this purpose.

4.3 In addition, the parents/guardians must be informed that they must use the attached proforma **(Appendix A)** to report any changes in medication to the school. Schools and settings may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language.

4.4 With parental/guardian permission, it is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer group support can be given.

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

5 INJECTIONS

5.1 There are certain conditions e.g. diabetes mellitus, bleeding disorders or hormonal disorders which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, and where this is not possible, they should be given by their parents or a qualified nurse (**currently employed in a nursing capacity**). It is not envisaged that it will be necessary to give injections in school unless the child is on a school visit (see section 9 - page 12). **Appendix E gives detailed guidance on the management of diabetes mellitus.**

6 EMERGENCY TREATMENT/PROCEDURES

6.1 As part of general risk management processes, all schools and settings should have arrangements in place in dealing with emergency situations. This could be part of the first aid policy and provisions. Other children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. **A member of staff should always accompany a child to hospital by ambulance and should stay for as long as is reasonably practicable.** In the event of an emergency/accident, which requires a child to be treated by health professionals (doctor/paramedics) or admitted to hospital, the latter are responsible for any decision on medical grounds when and if the parents are not available.

When emergency treatment is required, medical professionals or ambulance should always be called immediately. The National Standards require Early Years settings to ensure that contingency arrangements are in place to cover such emergencies. On those occasions where an injury is not life threatening but staff consider that medical treatment is required, parents/carers should always be informed.

i) No emergency medication should be kept in the school except those specified for use in an emergency for an individual child. (See 1.7 and 6.2 for exceptions).

ii) Advice for school and setting staff about individual children may be provided by the nurse, health visitor, school doctor or General Practitioner on request at the outset of planning to meet the child's needs.

iii) In the event of the absence of trained staff, it is essential that emergency back-up procedures are agreed **in advance** with the parents and school/ setting.

iv) Storage must be in accordance with 1.5 on page 5. These medications must be clearly labelled with the child's name, the action to be taken with the route, dosage and frequency (as in Section 1.3 – on page 6) and the expiry date.

v) If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents or guardians of the child, and a copy retained in the school/setting.

6.2 In accordance with 6.1 above:

i) If it is known that an individual child is allergic to a specific allergen e.g. wasp stings, peanuts, etc. a supply of antihistamines and pre-prepared adrenaline autoinjectors, (when specifically prescribed) should always be made available. **Immediate treatment needs to be given** before going to the nearest emergency hospital/or calling an ambulance. Notes regarding the protocol for establishing the administration of adrenaline autoinjectors and relevant forms are included in **Appendix B**.

ii) A supply of 'Factor Replacement' for injection should be kept in school and setting where it is required for children suffering from bleeding disorders. If injection is necessary, it is usual for the child to be able to give their own injections. If this is not the case, the parents should be contacted immediately. If contact cannot be made, emergency advice can be obtained between 0900 and 1700 by telephoning the Bleeding Disorders Clinic, Leicester Royal Infirmary on 0116 258 6500.

iii) A small supply of rectal diazepam may be kept in schools/settings for administration to specifically identified children suffering from repeated or prolonged fits and may, occasionally, be administered in other settings. Rectal diazepam where prescribed, should be readily available for use by a qualified nurse (currently employed in a nursing capacity) or medical staff in an emergency. Where specific training has been undertaken, members of school staff may administer rectal diazepam in accordance with this Bulletin and with the prior knowledge and the prior agreement of the child's medical advisers and parents. The expectation is that two members of staff will be present when rectal diazepam is administered. Where this emergency treatment has been administered by staff, arrangements must be made for the child to go to the nearest hospital receiving emergencies immediately after treatment has been given.

Appendix C gives detailed guidance about the administration of rectal diazepam including Agreement Form procedures, flow chart, an Agreement Form for completion by the doctor, parent and school and a Report Form.

iv) A small supply of buccal midazolam may be kept in school for administration to specifically identified children suffering from repeated or prolonged fits. Where this emergency treatment has been administered by staff, arrangements must be made for the child to go to the nearest hospital receiving emergencies immediately after treatment has been given.

Appendix D gives detailed guidance about the administration of buccal midazolam including Agreement Form procedures, flow chart, an

Agreement Form for completion by the Consultant, parent and school, and a Report Form.

Under extremely RARE circumstances a child may not be using the aforementioned rescue medication and may have been prescribed rectal paraldehyde by a Consultant Paediatrician Neurologist. In these cases this should be discussed with your Community Paediatrician (school doctor).

v) A supply of glucose (gel, tablets, drink, Hypostop etc) for the treatment of hypoglycaemic attacks should be provided by parents/guardians and kept in schools and settings where any pupil suffers from diabetes mellitus. If a second attack occurs within 3 hours, repeat the treatment and the child must go to the nearest hospital receiving emergencies. **Appendix E gives detailed guidance on the management of diabetes mellitus.**

vi) It is important for children with asthma that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties.

vii) For children who have reduced hormonal responses to stresses, it may be that they require an emergency dose of oral hormone replacement. The arrangements for the prescribed medication will be developed within a general care plan (Appendix A).

viii) Schools may hold stocks of asthma inhalers containing salbutamol for use in an emergency by persons trained to administer them to pupils who are known to require such medication. More detailed information can be obtained from the government website below:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Schools can buy inhalers and spacers from a pharmaceutical supplier in small quantities provided it is done on an occasional basis and is not for profit. A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

7 DRAWING UP A HEALTH CARE PLAN

7.1 The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement from parents may be all that is necessary. Competent school staff must decide what information should be recorded in health care plans, for example, the medical condition, its triggers, signs, symptoms and treatments, the pupils needs, the level of support needed, separate arrangements for out of school activities, what to do in an emergency, etc. More detailed advice is contained in the governments Supporting Pupils at School with Medical Conditions guidance.

Early years settings should be aware that parents might provide them with a copy of their family service plan, a feature of the Early Support Family Pack, promoted through the Governments' Early Support Programme. Whilst the plan will be extremely helpful in terms of understanding the wider picture of the child's needs and services provided, it should not take the place of an individual health care plan devised by the setting.

8 OFF SITE EDUCATION/WORK EXPERIENCE STAFF

8.1 Schools are responsible for ensuring, under employees overall policy, that work experience placements are suitable for students with a particular medical condition. Schools are responsible for pupils with medical needs who are educated off-site through another provider, such as the voluntary sector. Schools must ensure that a risk assessment is in place for a young person who is educated off-site or who has a work experience placement. They must also ensure that any special/medical needs are made known to and discussed with the providers. If the risk assessment is carried out by an approved agency e.g. WEXA, this information must be made known to them.

8.2 Responsibilities for risk assessments remain with the school. Where students have special medical needs, the school need to ensure that such risk assessments take into account those needs. Parents and pupils must give permission before relevant medical information is shared, on a confidential basis, with employers.

9 OFF SITE TRIPS/VISITS

9.1 It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools and settings should consider what **reasonable adjustments** they might make to enable children with medical needs to participate fully and safely in visits.

9.2 Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. Arrangements for taking any relevant medicines will also need to be taken into consideration. A copy of any healthcare plans should be taken on visits in the event of the information being needed in an emergency.

9.3 Detailed advice and guidance regarding school visits is given in Health & Safety Bulletin No 11 (Crisis Line) and the DfES Document 'Health and Safety of Pupils on Educational Visits' (HASPEV).

9.4 Advice on school trips and visits is given in the appropriate LA Schools SMS.

9.5 A school consent form from the child's parent or guardian must be received PRIOR to participation in any school trip. Any medical problems must be highlighted by the parent/guardians on the consent form.

9.6 Where insurance cover is obtained, medical conditions must be disclosed; otherwise insurance cover may be refused.

9.7 A named person must be identified to supervise the storage and administration of medication (see 1.6 - page 7).

9.8 Wherever possible children should carry their own reliever inhalers or emergency treatment (see 1.7 – page 7), but it is important that the named person (see 9.7 – page 13) is aware of this.

9.9 **Regardless of the setting, where the local authority is the employer, it requires the standards and good practice contained within the above DfES guidance (9.3) and local authority Bulletin 33 (9.4) to be adhered to.**

10 HOME TO SCHOOL TRANSPORT

10.1 Local authorities arrange home to school transport and where legally required to do so, they must make sure that pupils are safe during the journey. Pupils with special needs and/or medical needs will be assessed by the Risk Assessor of Operational Transport who will allocate appropriate transport and escort where required.

10.2 Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines, but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they **must** receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles and responsibilities and liabilities.

10.3 All drivers and escorts should have basic first aid training. Additional trained escorts may be required to support some pupils with complex medical needs.

NOTE: It is not part of a teacher's contract to accompany a child to/from school.

11 ROLES AND RESPONSIBILITIES

11.1 It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between schools, settings, parents, health professionals and other agencies will help to provide a suitably supportive environment for children with medical needs.

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

12 PARENTS AND CARERS

12.1 Parents, as defined in section 6 of the Education Act 1996, include any person who is not a parent of the child, but who has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full time care of a child on a settled basis, such as a foster parent, but excludes babysitters, child minders, nannies and school staff.

12.2 It only requires one parent to request or agree that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school or setting has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the courts. The school or setting should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a court decides otherwise.

12.3 It is important that professionals understand who has parental responsibility for a child. The Children Act 1989 introduced the concept of 'Parental Responsibility'. The Act uses the phrase 'Parental Responsibility' to sum up the collection of rights, duties, powers, responsibilities and authority that a parent has by law, in respect of a child. In the event of family breakdown, such as separation or divorce, both parents will normally retain parental responsibility for the child and the duty on both parents to continue to play a full part in the child's upbringing will not diminish. In relation to unmarried parents, only the mother will have parental responsibility, unless the father has acquired it in accordance with the Children Act 1989. When the child makes a residence order in favour of a person who is not a parent of the child, for example a Grandparent, that person will have parental responsibility for the child for the duration of the order.

12.4 Parents should be given the opportunity to provide the Head of the school/setting with sufficient information about their children's medical needs if treatment or special care is needed. They should, jointly with the Head, reach agreement on the school's role in supporting their child's medical needs, in accordance with the employers' policy. Ideally the Head should always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents want to ensure the best care for a child.

12.5 Some parents may have difficultly understanding or supporting their child's medical condition themselves. In some circumstances this may be result of language barriers. Local health services can often provide additional assistance in these circumstances.

12.6 Parents need to ensure they provide the appropriate medication at the start of the school term and must ensure they provide medication that is in date for the duration of the term.

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

13 THE EMPLOYER

13.1 Under the Health and Safety at Work Act 1974, employers, including local authorities and school governing bodies, **must** have a health and safety policy. This should incorporate managing the administration of medicines and supporting children with complex health needs, which will support schools and settings in developing their own operational policies and procedures.

13.2 In most instances, the local authority, the school, or an early years setting will directly employ staff. However, some care or health staff may be employed by a local health trust or social care setting, or possibly through the voluntary sector. In such circumstances, appropriate shared governance arrangements should be agreed between the relevant agencies.

13.3 Employers should satisfy themselves that training has given staff, who volunteer to administer medicines, understanding, confidence and expertise and that arrangements are in place to update training on a regular basis.

13.4 NHS Primary Care Trusts (PCT) have the discretion to make resources available for any necessary training. Employers must arrange training for staff in the management of medicines and policies in the administration of medicines. This should be arranged in conjunction with local health services or other health professionals (school nurse or doctor in the first instance). Managing medicines training could also be provided by local authorities, regional consortia, pharmacists and other training providers.

14 THE GOVERNING BODY

14.1 Individual schools should develop policies to cover the needs of their own school. The policies should reflect those of their employer. The governing body has responsibility for all of the school's policies, even when it is not the employer.

15 THE HEADTEACHER OR HEAD OF SETTING

15.1 The Headteacher/Head of Setting is responsible for putting the employer's policy into practice and for developing detailed procedures. Day to day decisions will normally fall to the Head or to whom so ever they delegate this to, as set out in their policy.

15.2 The employer must ensure that staff, who have volunteered to administer medicines, receive proper support and training where necessary. Equally, Headteachers/Head of Settings have a responsibility to ensure that their staff receive the training. As the manager of staff, it is likely to be the Head who will agree when and how such training takes place. This should include a process for annual whole school awareness training and a reminder of the signs and symptoms of asthma. Resources for settings can be obtained from the schools nursing service or www.healthforkids

15.3 The Headteacher/Head of Setting should make sure that all parents and all staff are aware of the policy, and procedures for dealing with medical needs. The Head should also make sure that appropriate systems for information sharing are followed and that all staff, including temporary staff, supply teacher, etc. who are working with children with medical needs, have the necessary information. The policy should make it clear that parents should keep children at home when they are unwell. The policy should also cover the approach to taking medicines at schools or in a setting.

15.4 For a child with medical needs, the Headteacher/Head of Setting will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, Heads should seek advice from the school nurse or doctor and if appropriate, the employer. In the early years settings, advice is more likely to be provided by the health visitor or GP.

15.5 If those staff, who have volunteered to administer medicines, act in accordance with their training and follow guidelines contained in this bulletin they will be covered by the employers' liability insurance. Registered persons are required to carry public liability insurance for day care provision.

16 TEACHERS AND OTHER STAFF

16.1 Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class or group should be informed about the nature of the condition, when and where the children may need extra attention. The child's parents should provide this information.

16.2 All staff should be aware of the likelihood of an emergency arising, and what action to take if one occurs. The name of the member of staff who will be responsible must be made clear, together with the general procedure to follow. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day, other staff may be responsible for children, such as lunchtime supervisors (please don't forget such roles in training programs). It is important that they are also provided with training and advice. NB there are new arrangements for training by "Diana Nurses" that restrict numbers to 2 staff members per child with an AAI up to a maximum of 12 staff i.e. 6 children with an AAI. This can seriously be insufficient to cover sickness, part time working, school visits or off site for other reasons. School's need to plan for this as far in advance as possible.

16.3 Each term a nominated member of the school should check emergency medications are in date and note the expiry date. A clear audit trail of this should exist. If an expired medication will occur in the upcoming term the parents should be informed to rectify this.

16.4 The teachers and staff should encourage parents to make a note of the expiry dates of medications they supply for their children.

17 SCHOOL STAFF GIVING MEDICINES

17.1 Any member of staff who agrees to accept responsibility for administering the prescribed medicines to a child should have the appropriate training and guidance. The type of training necessary will depend on the individual case.

18 HEALTH SERVICES

18.1 Most schools will have contact with the health service, school nurse or doctor. The school nurse or doctor may help the schools draw up individual health care plans for pupils for with medical needs, and may be able to supplement information already provided by the parents and the child's GP. The nurse or doctor may also be able to advise on training for school staff on administering medicines, or take responsibility for other aspects of support. In the Early Years setting, including nursery schools, the health visitor usually provides the support.

19 OFSTED

19.1 During an inspection, OFSTED will check that day-care providers have adequate policies and procedures in place regarding the administration of medicines.

Regulations require that parents give their consent to medicines being given to their child and that the provider keeps written records. From September 2005, Local Authority services will be inspected in multi inspectorate joint area reviews of children's services. Inspectors propose to assess that steps are taken to provide children and young people with a safe environment, including that the safe storage and use of medicines is promoted.

20 IMPLEMENTATION AND REVIEW

20.1 This document constitutes the approved guidance of Leicester City Council's Education and Children Services. It came into effect from the commencement of October 2009 and supersedes guidance previously given in Health and Safety Bulletin No. 36A (December 2011).

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

21 DOCUMENTATION

21.1 Appendix A - Request for Administration of Medicines
Record of Medicine Administered to an Individual Child

21.2 Appendix B - Guideline for Non-Medical Staff to Administer Pre-Prepared Adrenaline Autoinjectors in Response to Anaphylaxis:
Process, Emergency Action Plans (Antihistamine, EpiPen and Jext) and Report Form
Letter to parents of children with AAI(s)
Headmaster letter for Generic AAI

21.3 Appendix C - Administration of Rectal Diazepam:
Advice Protocol, Individual Care Plan (Agreement) and Administration Report Form

21.4 Appendix D - Administration of Buccal Midazolam:
Advice Protocol, Individual Care Plan (Agreement) and Administration Report Form

21.5 Appendix E - Guidance for the Management of Diabetes Mellitus

22 ADVICE ON MEDICAL CONDITIONS

Parents or guardians of children suffering from the following conditions should be advised from their GP, the school health professionals (parents should ask the school for the name and contact number) or from the bodies detailed below. The following bodies can also supply leaflets regarding the conditions listed. If schools/settings obtain advice/information from the following sources, the local health professionals who normally provide specialist advice in respect of these conditions, will not be responsible if this advice/guidance is followed.

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

Asthma at school – a guide for teachers National Asthma Campaign Summit House 70 Wilson House London EC2A 2DB	Asthma Helpline: 0845 701 0203 Website: www.asthma.org.uk Email: info@asthma.org.uk
Guidance for Teachers concerning children who suffer from fits The British Epilepsy Association New Anstey House, Gate Way Drive Yeadon Leeds LS19 7XY	Tel: 0113 210 8800 Website: www.epilepsy.org.uk Email: epilepsy@epilepsy.org.uk
Guidelines for HIV and AIDS Department for Education and Skills Sancutary Buildings Great Smith Street Westminster London SW1P 3BT	Tel: 0870 000 2288 Website: www.dfes.gov.uk Email: info@dfes.gsi.gov.uk
Haemophilia The Haemophilia Society First Floor, Petersham House 57A Hatton Garden London EC1N 8JG	Tel: 020 7831 1020 Website: www.haemophilia.org.uk Email: info@haemophilia.org.uk
Allergy including food allergy	http://sparepensinschools.uk/
Thalassaemia UK Thalassaemia Society 19 The Broadway Southgate Circus London N14 6PH	Tel: 020 8882 0011 Freephone Helpline: 0800 731 1109 Website: www.ukts.org Email: office@ukts.org
Sickle Cell Disease The Sickle Cell Society 54 Station Road Harlesden London NW10 4UA	Tel: 0208 961 7795 Website: www.sicklecellsociety.org Email: info@sicklecellsociety.org
Cystic Fibrosis and School **(A guide for teachers and Parents)** Cystic Fibrosis Trust 11 London Road Bromley Kent BR1 1BY	Tel: 0208 464 7211 Website: www.cftrust.org.uk Email: enquiries@cftrust.org.uk
Children with Diabetes	Tel: 0207 424 1000

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

(Guidance for teachers and schools staff) Diabetes UK Central Office Macleod House 10 Parkway London NW1 7AA	Diabetes Careline: 0845 120 2960 Website: www.diabetes.org.uk Email: info@diabetes.org.uk

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

Appendix

A

APPENDIX A

REQUEST FOR ADMINISTRATION OF MEDICINES (GENERAL CARE PLAN)

To: Headteacher of ……School / Academy

From: Parent/Guardian of……Full Name of Child

DOB: XX XX XXXX My child has been diagnosed as having:

……(name of condition)

He/She has been considered fit for school but requires the following prescribed medicine to be administered during school hours:

……(name of medication)

I consent/do not consent for my child to carry out self administration (delete as appropriate)

Could you please therefore administer the medication as indicated above

……(dosage) at……..(timed).....(intervals) Strength of medication: …….

With effect from…….. ……Until advised otherwise.

The medicine should be administered by mouth/in the ear/nasally/other…….
……..(delete as applicable)

I consent/do not consent for my child to carry the medication upon themselves (delete as appropriate)

I undertake to update the school with any changes in medication routine use or dosage.

I undertake to maintain an in date supply of the prescribed medication.

I understand that the school cannot undertake to monitor the use of self administered medication carried by the child and that the school is not responsible for any loss of/or damage to any medication.

I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times

I understand that staff will be acting in the best interests of ……..Childs Name whilst administering medicines to children.

Signed:……Date:……....

Name of parent (please print)……

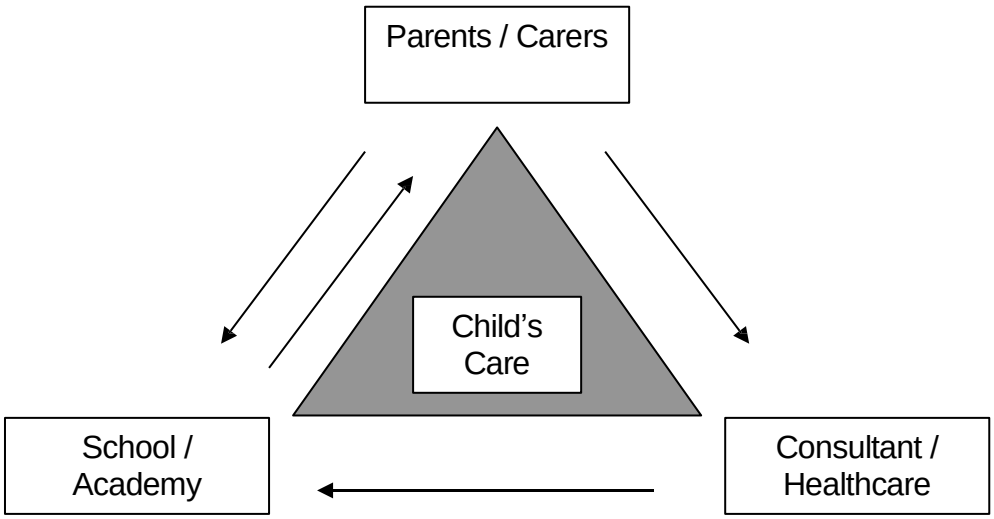
Contact Details:

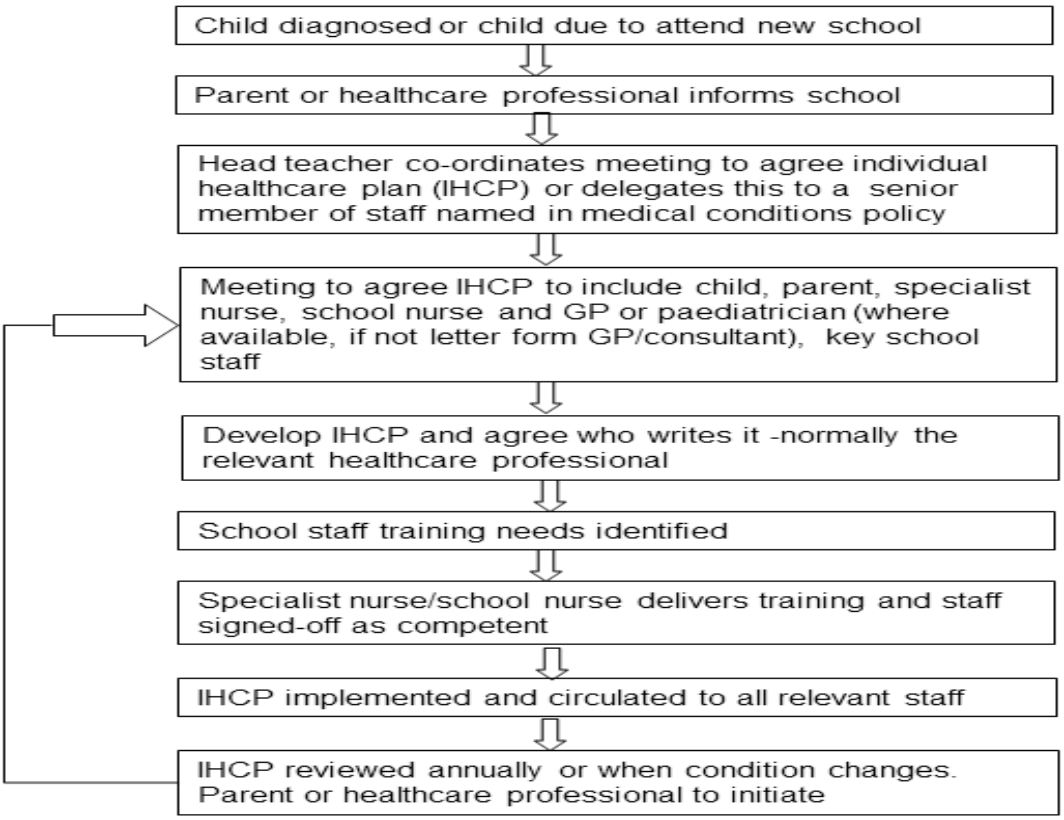
Home……Work:……Mobile:…….....

Headteacher (PRINT NAME): ……..

or Healthcare – Social care Professional:…….

Individual Health Care Plan (IHCP) = Specific information on individual pupil requirements. Written recorded plan will ensure that their needs are met whilst in school and any treatment needed to be administered by members of staff will be fully understood. Plan to be agreed by Headteacher and parents. THIS MUST BE FORMALLY RECORDED AND REVIEWED AT REGULAR INTERVALS.





APPENDIX A - 1

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

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

Staff signature …….

Signature of parent …….

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witness			

Continued overleaf

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witness			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witness			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witness			

Appendix

B

APPENDIX B

GUIDELINE FOR NON- MEDICAL STAFF TO ADMINISTER ADRENALINE AUTOINJECTORS (AAI) IN RESPONSE TO ANAPHYLAXIS

.

1. Schools are strongly recommended to purchase generic/spare Adrenaline autoinjectors (AAI(s)). The spare AAI(s) is to be used when the child's own adrenaline autoinjector cannot be administered without delay. Examples include the AAI being left at home, broken, out of date, has misfired or been wrongly administered. In addition, a child thought to be at lower risk of anaphylaxis, who does not have their own prescribed AAI, may be given the spare AAI(s). In both cases the school requires medical approval and parental consent for the spare AAI(s) to be used in an emergency. The current emergency action plans used have the available sections that can be signed to gain the appropriate consents. Finally, there may be a scenario where a child, not known to have an allergy, has anaphylaxis for the first time in school and the spare AAI(s) may be administered if recommended by emergency services. For further information about generic autoinjectors; please look at the Department of Health "Guidance on the use of Adrenaline Autoinjectors in Schools". This can be accessed via:
    a. http://sparepensinschools.uk/ webpage or
    b. https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

2. Ideally the generic AAI(s) should be accessible within 5 minutes and therefore school geography may determine the number required. In the primary school setting we would recommend having at least one of the 0.15mg Adrenaline and one of the 0.3mg Adrenaline dose AAI. The 0.3mg can be administered in children ≥ 6 years old. In the secondary school setting we would recommend stocking at least one 0.3mg Adrenaline dose AAI.
3. The "Guidance on the use of adrenaline autoinjectors in schools" also has useful information about the following;
    - reducing the risk of allergen exposure in children with food allergy
    - treatment of anaphylaxis
    - arrangement of supply, storage & disposal of AAI(s)
    - whom the spare AAI(s) can be administered to
    - responding to symptoms of an allergic reaction.
4. When a child needs an AAI(s) as emergency treatment for anaphylaxis in a non-health setting (e.g. school, nursery, respite facility), then the prescribing doctor will discuss this with the parents or carers and with their agreement AAI(s) will be prescribed. The decision on the number of AAI(s) is that of the healthcare professional after discussion with the child/family. Information on storage and who carries the AAI is available on the sparepensinschools webpage and needs to be individualised for each school.
5. It is recommended that the generic AAI is kept on the school premises and the childrens' own AAI supply is used for activities off the school site.
6. It is the parent's responsibility to raise the issue with the head of the setting e.g. head teacher, nursery manager.
7. When a child is able to self administer the head of the setting with the parents will decide whether training of volunteers is required. *It is recommended that in all settings where there is a child who may require an AAI, that (a) volunteer(s) are trained to administer the appropriate AAI should a situation arise where a child is too ill/unable to self administer.* If training is not required a general administration of medicines form must be completed. A child who has self administered must report to a member of staff as they will need to be reviewed in hospital.
8. When the child is unable to self administer, the head then identifies (a) volunteer(s) to undertake

training and subsequent administration of the AAI. It is recommended that a practice training device for the devices kept at school to support training.

9. If no volunteers are identified the parent should be informed and it is the parent who should inform the prescribing doctor. The prescribing doctor and parent may wish to reconsider and identify an alternative management plan.

10. If (a) volunteer(s) is/are identified they should read their setting's policy/guidelines on the administration of medicines. The head of the setting should then liaise with the health professional e.g. School Health Nurse/Health Visitor, to arrange a mutually convenient date for training. The standard anaphylaxis training pack available across Leicester, Leicestershire and Rutland should be used.

11. Ensure Allergy Action Plans are current and reviewed when patients are reassessed by their doctor, and ideally each time they obtain a new AAI prescription. If there are no changes in diagnosis or management the medical information on the Action Plan may not need to be updated. However, if the patient is a child, and the child looks significantly different in the photo, it should be updated so they can be easily identified.

12. The parents need to request the emergency action plan for the relevant device type and this should be completed by the doctor who prescribed the AAI.

13. The health professional training the volunteer(s) will discuss with the volunteer(s) the Emergency Action Plan for the administration of the AAI by non-medical and non-nursing staff for a specific child. Following the training the volunteer(s) sign(s) the Training Record and the Emergency Action Plan. The head of the setting then signs the Emergency Action Plan. The original remains within the setting.

14. If any details in the Emergency Action Plan change, it is the parent's responsibility to inform the head of the setting. If a new Emergency Action Plan is required then the process above must be discussed by those parties and the Emergency Action Plan completed as appropriate.

15. It is recommended that update training of volunteers should take place on an annual basis. The head of the setting will request and negotiate this with the appropriate health professional.

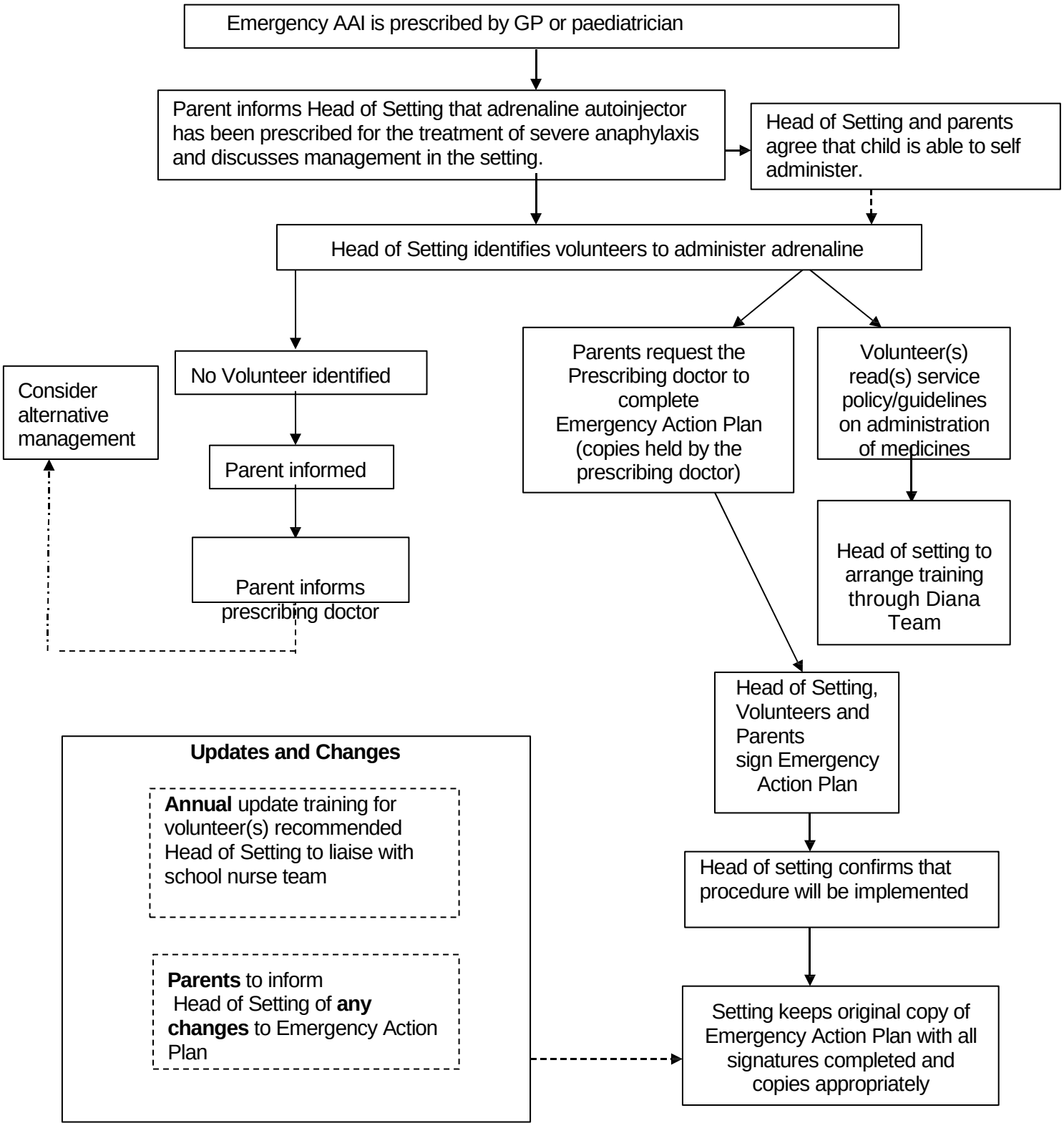
If an AAI is required to manage anaphylaxis is found out of date it can be used. However, as stated in paragraphs 12.6, 16.3 & 16.4, the emphasis is to ensure this does not happen. If the adrenaline in the AAI is discoloured please seek advice from emergency services before administration

New emergency action plans have been updated by the British Society for Allergy and Clinical Immunology (BASCI) to reflect the recent changes in legislation permitting schools to purchase and administer a 'spare' back-up adrenaline autoinjector.

Emergency action plans can be found in appendix F

Appendix B1

FLOW-CHART OF PROCESS TO ENABLE NON- MEDICAL STAFF TO ADMINISTER ADRENALINE AUTOINJECTORS (AAIs) IN RESPONSE TO ANAPHYLAXIS

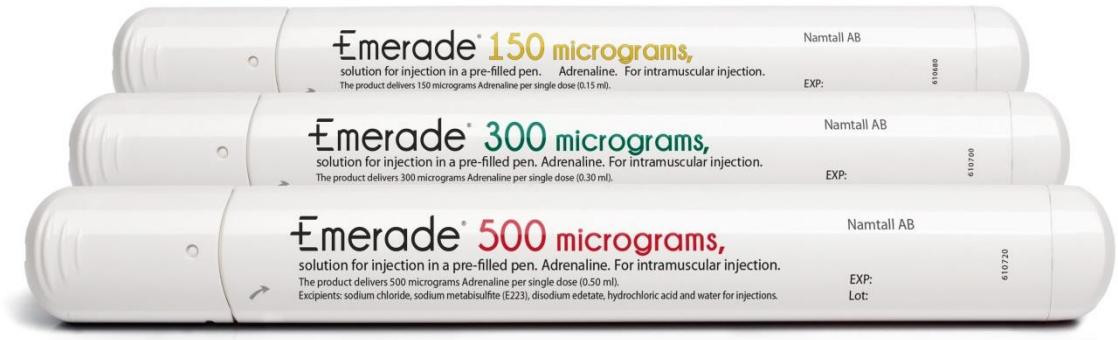


Types of Adrenaline Autoinjector Devices

EpiPen®

Jext®

Emerade



Appendix B2

REPORT FORM

Following administration of adrenaline autoinjectors in response to anaphylaxis / suspected anaphylaxis

NAME OF CHILD: Date of birth:	Date of allergic reaction: _/___/____ Time reaction started: ____:____hrs Time 1st dose adrenaline given:____:____hrs Time 2nd dose adrenaline given:____:____hrs* *If prescribed
NB ***Please copy this form and send to hospital with child if possible.*** ***Fax a copy to the allergy team 0116 2586694***	Time ambulance called: ____:____hrs Time ambulance arrived: ____:____hrs

Trigger for reaction (i.e. food type / bee-sting)

Description of symptoms of reaction:

Any other notes about incident (e.g. child eating anything, injuries etc.)

Witnesses to incident:
(Position in setting)

Please circle the prescribed devise used: Emerade 150 Epipen Auto-injector 0.3mg Emerade 300 Epipen Jr Auto-injector 0.15mg Emerade 500 Jext 300mcg Jext 150mcg	Adrenaline given by: Site of injection: Problems encountered:

FORM COMPLETED BY:

NAME (print): ……..SIGNATURE: ……..

Job title: **…….**Telephone no: **……..**

DATE:____/____/ 20_____

Please complete this Report Form, giving clear account of events and fax it to 0116 2586694 or email to childrensallergy@uhl-tr.nhs.uk

Please keep original copy in setting records and give copy to parent

Appendix B3

Letter for parents/carers regarding the administration for anti-allergy medicine

Dear Parent(s) or Carer,

Your child has an 'Emergency Action Plans' to enable the administration of an oral anti-allergy medicine (an antihistamine) if your child was to have a mild/moderate allergic reaction. In some cases you may also have an adrenaline autoinjector (EpiPen, Jext or Emerade) to be used to manage a severe allergic reaction (anaphylaxis).

The actions plans also permit the school to administer a 'spare' back-up adrenaline autoinjector if available.

The emergency action plan has already been signed by the head teacher and volunteers that will have been trained and will administer the medication if required.

Please can you:

- Attach a passport sized photograph of your child.
- Sign the form yourself on the second page.
- Arrange for your child's doctor to complete and sign the remaining sections of the Emergency Action Plan:
    - If your child is looked after by the allergy service at the hospital please post your care plan to Children's Allergy Specialist Nurse, Respiratory Office, Ward 28, Leicester Royal Infirmary, LE1 5WW. The signed action plan will be posted back to you within two weeks. Please include details of the type and dose of AAI prescribed for your child and a return address.
    - If your child's allergy is looked after by your GP ask your GP to complete and sign the new action plan. Please give your GP surgery at least two weeks' notice before you collect the new action plan.

Don't forget to:

- Check that your child's adrenaline autoinjectors have not gone out of date as they will not be as effective after this date.
- Make a note of the expiry dates as this is your responsibility even for the medication kept at school. If your child has a Jext® or an EpiPen® you can set up an expiry date alert to be sent to you by email or text – visit their website www.jext.co.uk http://www.epipen.co.uk http://www.emerade-bausch.co.uk/
- Ensure the new action plan is handed into the school on the first day of the new autumn term together with the medication required.
- Keep a copy of the 1st page of the form for yourself so that you also have a written action plan. This should be kept with the emergency medications at all times.

Appendix B4

Headmaster letter for Generic AAI – Letter to Pharmacy – schools wishing to purchase spare AAI

[To be completed on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/ college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at https://www.Gov.uk/government/consultations/allowing-schools-to-hold-spare-adrenaline-auto-injectors).

Please supply the following devices:

Brand Name		Dose (milligrams)	Quantity Required
Jext 150	Adrenaline Autoinjector Device	0.15mg	
Jext 300	Adrenaline Autoinjector Device	0.3mg	

*If you are a primary school we recommend at least 1 x 0.15mg and 1 x 0.3mg dose. If you are a secondary school we recommend at least 1 0.3mg dose.

Signed: _____ Date: _____

Print name:

Head Teacher/Principal

Appendix

C

ADMINISTRATION OF RECTAL DIAZEPAM

School Nurses are able to undertake the training of volunteers identified by schools to administer Rectal Diazepam to identified children in accordance with the emergency treatment section of this bulletin.

The issue of the potential for the administration of Rectal Diazepam to be administered in the school setting will initially be raised with the parents by the supervising doctor. If the parents are agreeable to this, the doctor will complete the appropriate parts of the Agreement Form, sign it and obtain the parents' signature(s). The parents will then be in a position to bring the Agreement Form to the Headteacher, such that s/he may identify a volunteer. The Headteacher would then be in a position to contact the School Nurse to arrange appropriate training for the volunteer if they had previously not received training.

On completion of the training, the Agreement Form would then be signed by both the person authorised and trained to administer Rectal Diazepam and the Head of the school.

Also enclosed is a flow diagram to assist schools in understanding the procedures that should be followed in the completion and development of the Agreement Form.

If emergency treatment is given, a clear written account of the incident should be given to the parents and a copy retained in school. To this end a specific Report Form has been developed. Also attached is a flow diagram for the use of the Report Form.

ADMINISTRATION OF BUCCAL MIDAZOLAM

<u>When a child would benefit from receiving buccal midazolam in a non-health setting e.g. school, nursery, respite facility, then the Consultant Paediatrician will discuss this with the parent.</u>

If the parent is in agreement, the Consultant Paediatrician will complete an agreement form for the administration of buccal midazolam by non-medical and non-nursing staff in conjunction with the parent, indicating that administration in a non-health setting e.g. school respite centre, is dependent on volunteers being available from that agencies' staff. Both the Consultant Paediatrician and parent should sign the agreement form – along with the child if appropriate.

It is the parent's responsibility to then raise the issue with, and take the agreement form to, the head of the administering agency e.g. Headteacher, Senior Social Worker. The Head teacher can then identify (a) volunteer(s) to undertake training in the administration of buccal midazolam.

If no volunteers are identified the parent should be informed and it is the parent who should inform the Consultant Paediatrician. The Consultant Paediatrician and parent may wish to reconsider the need for buccal midazolam to be administered in non-home settings at a later date and restart the process.

If (a) volunteer(s) is/are identified they should read their service policy/guidelines on the administration of medicines. The head of the administering agency should then liase with the health professional e.g. School Health Nurse, to arrange a mutually convenient date for training.

The health professional will carry out a training programme incorporating epilepsy awareness, first aid for seizures, the administration of buccal midazolam and documentation to the volunteers. The health professional will discuss with the volunteers the agreement form for the administration of buccal midazolam for non-medical and non-nursing staff for a specific child.

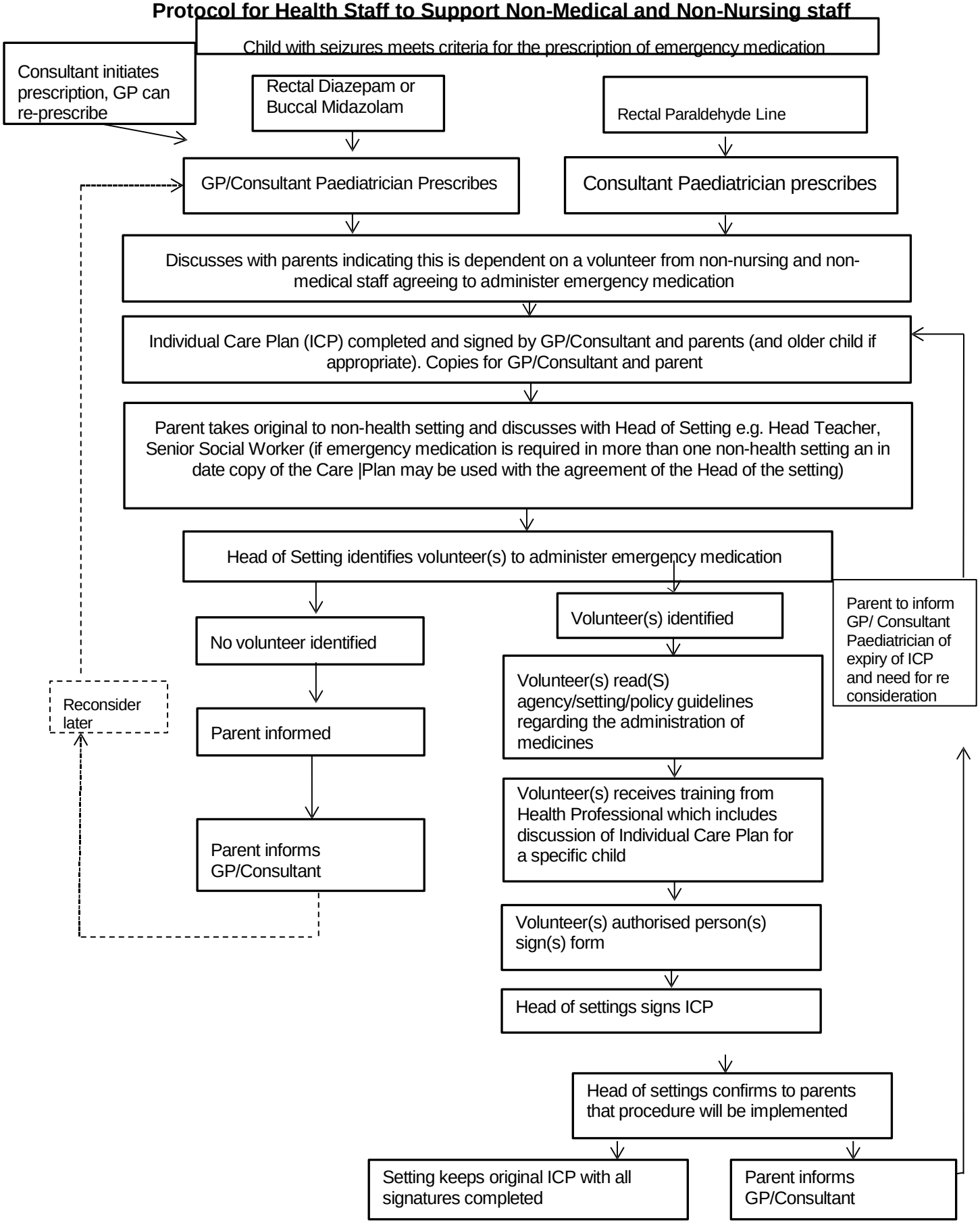
Following the training the volunteer(s) sign(s) the training agreement form and the administration agreement form. The administration agreement form then becomes a contract between the Consultant, the parent and the administering agency e.g. school, respite agency. The health professional is responsible only for providing the training of the volunteers – not for the administration of buccal midazolam and not for identifying volunteers.

The administering agency therefore holds the original copy of the administration agreement form complete with the signatures of parent, Consultant Paediatrician, volunteers and administering agency head. The parents are responsible for informing the Consultant Paediatrician and GP that volunteers have been trained to administer buccal midazolam.

Parents are responsible for highlighting the expiry date on the agreement form to the Consultant Paediatrician to review and renew the agreement form when necessary.

ADMINISTRATION OF RECTAL DIAZEPAM, BUCCAL MIDAZOLAM OR RECTAL PARALDHYDE IN RESPONSE TO EPILEPTIC SEIZURES/FITS/CONVULSIONS

Protocol for Health Staff to Support Non-Medical and Non-Nursing staff



INDIVIDUAL CARE PLAN (ICP) FOR THE ADMINSTRATION OF RECTAL DIAZEPAM AS TREATMENT FOR EPILEPTIC SEIZURES/FITS/CONVULSIONS BY NON HEALTH STAFF

1- TO BE COMPLETED BY A PRESCRIBER (CLINICIAN), PARENT, THE HEAD OF THE ADMINISTERING SETTING AND THE AUTHORISED PERSON.
2- THE HEAD OF THE SETTING AND PARENT MUST FACILITATE A REVIEW OF THIS ICP WITH THE PRESCRIBER AFTER 12 MONTHS FROM THE PRESCRIBER'S LAST SIGNATURE. THIS MUST OCCUR WITHIN 30 DAYS OF THE INTENDED REVIEW DATE

NAME OF CHILD: ……DOB……...Hosp no……..
Address:……..
...

Description of type of fit/convulsions/seizure which requires rectal diazepam ☐
Insert description

*lasting……..…minutes ☐

Or *repetitive over .....….minutes

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

The dose of Rectal Diazepam should be_____mg(s)

This should be prepared and administered by an authorised person (see over) in accordance with the procedure endorsed by the indemnifying agency, which would normally be the Local Education Authority

1 **The normal reaction to this dose is that the seizure should stop.**
2 **This should occur in 5 – 10 minutes.**

3 **If the seizure does not stop, then phone 999 for ambulance.**
4
Particular things to note are: **Respiratory depression in which case phone 999 for ambulance.**

After **rectal diazepam** has been given the child must be assessed by a healthcare professional (e.g. paramedic or school nurse). The health care professional (or parent or someone with parental responsibility if present) will decide if there is a need to transfer to a hospital. If a healthcare professional is not available, the establishment must call 999 for an ambulance. Remember to tell the ambulance staff the exact time and dose of medication given (see the report form)

After **Diazepam** is given, please complete the report form giving a clear account of the incident. Copies should go with the child to the Emergency Department and to the parent. The original should be kept by the administering agency.

The parents will be responsible for:

1. informing anyone who needs to know, if rectal diazepam has been given
2. maintaining adequate and in-date supply of medication at the setting
3. Notifying the setting if there are any changes to medication dose / type.
4. Sorting out the review of the Individual Care Plan (ICP).

This care plan has been agreed by the following:

PRESCRIBER (CLINICIAN) (Block Capitals)……..….....

Signature…… Date ……

PARENT/GUARDIAN (Block Capitals) ……Tel No.……

Signature …….. Date ……

OLDER CHILD/YOUNG PERSON (Block Capitals) ……..……..

Signature ……..……..…….. Date ……..……..

HEAD OF ADMINISTERING SETTING (Block Capitals)...……

Signature ……... Date ……..…

AUTHORISED PERSON(S) TO ADMINISTER RECTAL DIAZEPAM

NAME (Block Capitals) ……..……

Signature …… Date ……

NAME (Block Capitals) ……..……

Signature …….. Date ……..……

NAME (Block Capitals) ……..……

Signature …….. Date ……..……

NAME (Block Capitals) ……..……

Signature …….. Date ……..……

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS, THE CONSULTANT AND THE ADMINSTERING SETTING.

INDIVIDUAL CARE PLAN (ICP) FOR THE ADMINSTRATION OF BUCCAL MIDAZOLAM (10mg/ml) AS TREATMENT FOR EPILEPTIC SEIZURES/FITS/CONVULSIONS BY NON HEALTH STAFF

1- TO BE COMPLETED BY A PRESCRIBER (CLINICIAN), PARENT, THE HEAD OF THE ADMINISTERING SETTING AND THE AUTHORISED PERSON.
2- THE HEAD OF THE SETTING AND PARENT MUST FACILITATE A REVIEW OF THIS ICP WITH THE PRESCRIBER AFTER 12 MONTHS FROM THE PRESCRIBER'S LAST SIGNATURE. THIS MUST OCCUR WITHIN 30 DAYS OF THE INTENDED REVIEW DATE

NAME OF CHILD: ……DOB…… Hosp no……
Address:……
…...

Description of type of fit/convulsions/seizure which requires Buccal Midazolam:-
Insert description

*lasting ……minutes ☐

Or *repetitive over…..….minutes ☐
without regaining consciousness

*delete as appropriate

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

The dose of Buccal Midazolam should be_____milligrams
= _____ml of Buccal Midazolam
This should be prepared and administered by an authorised person (see over) in accordance with the procedure endorsed by the indemnifying agency, which would normally be the Local Education Authority

The normal reaction to this dose is that the seizure should stop.
This should occur in 5 to 10 minutes.

5 **If the seizure does not stop, then phone 999 for ambulance.**
6
Particular things to note are: **Respiratory depression in which case phone 999 for ambulance.**

After **buccal midazolam** has been given the child must be assessed by a healthcare professional (e.g. paramedic or school nurse). The health care professional (or parent or someone with parental responsibility if present) will decide if there is a need to transfer to a hospital. If a healthcare professional is not available, the establishment must call 999 for an ambulance. Remember to tell the ambulance staff the exact time and dose of medication given (see the report form)

After **buccal midazoalm** is given, please complete the report form giving a clear account of the incident. Copies should go with the child to the emergency department and to the parent. The original should be kept by the administering agency.

The parents will be responsible for:

1. informing anyone who needs to know, if buccal midazolam has been given
2. maintaining adequate and in-date supply of medication at the setting
3. Notifying the setting if there are any changes to medication dose / type.
4. Sorting out the review of the Individual care plan.

This care plan has been agreed by the following:

PRESCRIBER (CLINICIAN) (Block Capitals)……

Signature…… Date ……

PARENT/GUARDIAN (Block Capitals) ……Tel No.……

Signature …….. Date ……

OLDER CHILD/YOUNG PERSON (Block Capitals) ……..……..

Signature ……..……..…….. Date ……..…….

HEAD OF ADMINISTERING SETTING (Block Capitals)..……

Signature ……... Date ……

AUTHORISED PERSON(S) TO ADMINISTER BUCCAL MIDAZOLAM

NAME (Block Capitals) ……..……

Signature …… Date ……..…

NAME (Block Capitals) ……..……

Signature …….. Date ……..……

NAME (Block Capitals) ……..……

Signature …….. Date ……..……

NAME (Block Capitals) ……..……

Signature …….. Date ……..……

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS, THE CONSULTANT AND THE ADMINSTERING SETTING.

INDIVIDUAL CARE PLAN (ICP) FOR THE ADMINISTRATION OF BUCCOLAM OROMUCOSAL SOLUTION AS TREATMENT FOR EPILEPTIC SEIZURES/FITS/CONVULSIONS BY NON-HEALTH STAFF

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

1- TO BE COMPLETED BY A PRESCRIBER (CLINICIAN), PARENT, THE HEAD OF THE ADMINISTERING SETTING AND THE AUTHORISED PERSON.
2- THE HEAD OF THE SETTING AND PARENT MUST FACILITATE A REVIEW OF THIS ICP WITH THE PRESCRIBER AFTER 12 MONTHS FROM THE PRESCRIBER'S LAST SIGNATURE. THIS MUST OCCUR WITHIN 30 DAYS OF THE INTENDED REVIEW DATE

NAME OF CHILD**:**…… D.O.B…… Hosp.no…….
Address:……..

Description of type of fit/convulsions/seizure which requires **Buccolam**:
Insert description:

*lasting ……minutes ☐

Or *repetitive over…..…..minutes ☐
without regaining consciousness

*delete as appropriate

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

Buccolam (oro-mucosal solution) 2.5 mgs in the pre-filled YELLOW labelled syringe

This should be prepared and administered by an authorised person (see over) in accordance with the procedure endorsed by the indemnifying agency, which would normally be the Local Education Authority

The normal reaction to this dose is seizure should stop
This should occur in 5 – 10 minutes.

If the seizure does not stop, then phone 999 for ambulance.

Particular things to note are: **Respiratory depression in which case phone 999 for ambulance.**

After **Buccolam** has been given the child must be assessed by a healthcare professional paramedic or school nurse). The health care professional (or parent or someone with parental responsibility if present) will decide if there is a need to transfer to a hospital. If a healthcare professional is not available, school must call 999 for an ambulance. Remember to tell the ambulance staff the exact time and dose of medication given (see the report form)

After **Buccolam** is given, please complete the report form giving a clear account of the incident. Copies should go with the child to the emergency department and to the parent. The original should be kept by the administering agency.

The parents will be responsible for:

1. Informing anyone who needs to know if **Buccolam** has been given.
2. maintaining adequate and in-date supply of medication at the setting
3. Notifying the setting if there are any changes to medication dose/type.
4. Sorting out the review of the ICP every 12 months.

This care plan has been agreed by the following:

PRESCRIBER (CLINICIAN) (Block Capitals)……

Signature …… Date ……

PARENT/GUARDIAN (Block Capitals) ……. Tel No: …….

Signature …….. Date ……

OLDER CHILD/YOUNG PERSON (Block Capitals) ……

Signature …….. Date ……

HEAD OF ADMINISTERING SETTING (Block Capitals) ……..……

Signature …….. Date ……

AUTHORISED PERSON(S) TO ADMINISTER BUCCOLAM
NAME (Block Capitals) …….

Signature …….. Date ……

NAME (Block Capitals) …….

Signature …….. Date ……

NAME (Block Capitals) …….

Signature …….. Date ……

NAME (Block Capitals) …….

Signature …….. Date ……

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS, THE CONSULTANT AND THE ADMINISTERING AGENCY.

INDIVIDUAL CARE PLAN (ICP) FOR THE ADMINISTRATION OF BUCCOLAM OROMUCOSAL SOLUTION AS TREATMENT FOR EPILEPTIC SEIZURES/FITS/CONVULSIONS BY NON-HEALTH STAFF

1- TO BE COMPLETED BY A PRESCRIBER (CLINICIAN), PARENT, THE HEAD OF THE ADMINISTERING SETTING AND THE AUTHORISED PERSON.
2- THE HEAD OF THE SETTING AND PARENT MUST FACILITATE A REVIEW OF THIS ICP WITH THE PRESCRIBER AFTER 12 MONTHS FROM THE PRESCRIBER'S LAST SIGNATURE. THIS MUST OCCUR WITHIN 30 DAYS OF THE INTENDED REVIEW DATE

NAME OF CHILD**:**……. D.O.B…… Hosp.no…….
Address:……..

Description of type of fit/convulsions/seizure which requires **Buccolam**:
Insert description:

*lasting ……minutes ☐

Or *repetitive over…..…..minutes ☐
without regaining consciousness

*delete as appropriate

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

Buccolam (oro-mucosal solution) 5 mgs in the pre-filled BLUE labelled syringe

This should be prepared and administered by an authorised person (see over) in accordance with the procedure endorsed by the indemnifying agency, which would normally be the Local Education Authority

The normal reaction to this dose is seizure should stop
This should occur in 5 – 10 minutes.

If the seizure does not stop, then phone 999 for ambulance.

Particular things to note are: **Respiratory depression in which case phone 999 for ambulance.**

After **Buccolam** has been given the child must be assessed by a healthcare professional paramedic or school nurse). The health care professional (or parent or someone with parental responsibility if present) will decide if there is a need to transfer to a hospital. If a healthcare professional is not available, school must call 999 for an ambulance. Remember to tell the ambulance staff the exact time and dose of medication given (see the report form)

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

After **Buccolam** is given, please complete the report form giving a clear account of the incident. Copies should go with the child to the emergency department and to the parent. The original should be kept by the administering agency.

The parents will be responsible for:

1. Informing anyone who needs to know if **Buccolam** has been given.
2. maintaining adequate and in-date supply of medication at the setting
3. Notifying the setting if there are any changes to medication dose/type.
4. Sorting out the review of the ICP every 12 months.

This care plan has been agreed by the following:

PRESCRIBER (CLINICIAN) (Block Capitals)……

Signature …… Date ……

PARENT/GUARDIAN (Block Capitals) …….. Tel No: ……..

Signature …….. Date ……

OLDER CHILD/YOUNG PERSON (Block Capitals) ……

Signature …….. Date ……

HEAD OF ADMINISTERING SETTING (Block Capitals) ……..……

Signature …….. Date ……

AUTHORISED PERSON(S) TO ADMINISTER BUCCOLAM
NAME (Block Capitals) …….

Signature …….. Date ……

NAME (Block Capitals) …….

Signature …….. Date ……

NAME (Block Capitals) …….

Signature …….. Date ……

NAME (Block Capitals) …….

Signature …….. Date ……

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS, THE CONSULTANT AND THE ADMINISTERING AGENCY.

INDIVIDUAL CARE PLAN (ICP) FOR THE ADMINISTRATION OF BUCCOLAM OROMUCOSAL SOLUTION AS TREATMENT FOR EPILEPTIC SEIZURES/FITS/CONVULSIONS BY NON-HEALTH STAFF

1- TO BE COMPLETED BY A PRESCRIBER (CLINICIAN), PARENT, THE HEAD OF THE ADMINISTERING SETTING AND THE AUTHORISED PERSON.
2- THE HEAD OF THE SETTING AND PARENT MUST FACILITATE A REVIEW OF THIS ICP WITH THE PRESCRIBER AFTER 12 MONTHS FROM THE PRESCRIBER'S LAST SIGNATURE. THIS MUST OCCUR WITHIN 30 DAYS OF THE INTENDED REVIEW DATE

NAME OF CHILD**:**……. D.O.B…… Hosp.no…….
Address:……..

Description of type of fit/convulsions/seizure which requires **Buccolam**:
Insert description:

*lasting ……minutes ☐

Or *repetitive over…..…..minutes ☐
without regaining consciousness

*delete as appropriate

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

Buccolam (oro-mucosal solution) 7.5 mgs in the pre-filled PURPLE labelled syringe

This should be prepared and administered by an authorised person (see over) in accordance with the procedure endorsed by the indemnifying agency, which would normally be the Local Education Authority

The normal reaction to this dose is seizure should stop
This should occur in 5 – 10 minutes.

If the seizure does not stop, then phone 999 for ambulance.

Particular things to note are: **Respiratory depression in which case phone 999 for ambulance.**

After **Buccolam** has been given the child must be assessed by a healthcare professional paramedic or school nurse). The health care professional (or parent or someone with parental responsibility if present) will decide if there is a need to transfer to a hospital. If a healthcare professional is not available, school must call 999 for an ambulance. Remember to tell the ambulance staff the exact time and dose of medication given (see the report form)

After **Buccolam** is given, please complete the report form giving a clear account of the incident. Copies should go with the child to the emergency department and to the parent. The original should be kept by the administering agency.

The parents will be responsible for:

1. Informing anyone who needs to know if **Buccolam** has been given.
2. maintaining adequate and in-date supply of medication at the setting
3. Notifying the setting if there are any changes to medication dose/type.
4. Sorting out the review of the ICP every 12 months.

This care plan has been agreed by the following:

PRESCRIBER (CLINICIAN) (Block Capitals)……

Signature …… Date ……

PARENT/GUARDIAN (Block Capitals) …….. Tel No: ……..

Signature …….. Date ……

OLDER CHILD/YOUNG PERSON (Block Capitals) ……

Signature …….. Date ……

HEAD OF ADMINISTERING SETTING (Block Capitals) ……..……

Signature …….. Date ……

AUTHORISED PERSON(S) TO ADMINISTER BUCCOLAM
NAME (Block Capitals) …….

Signature …….. Date ……

NAME (Block Capitals) …….

Signature …….. Date ……

NAME (Block Capitals) …….

Signature …….. Date ……

NAME (Block Capitals) …….

Signature …….. Date ……

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS, THE CONSULTANT AND THE ADMINISTERING AGENCY

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

INDIVIDUAL CARE PLAN (ICP) FOR THE ADMINISTRATION OF BUCCOLAM OROMUCOSAL SOLUTION AS TREATMENT FOR EPILEPTIC SEIZURES/FITS/CONVULSIONS BY NON-HEALTH STAFF

1- TO BE COMPLETED BY A PRESCRIBER (CLINICIAN), PARENT, THE HEAD OF THE ADMINISTERING SETTING AND THE AUTHORISED PERSON.
2- THE HEAD OF THE SETTING AND PARENT MUST FACILITATE A REVIEW OF THIS ICP WITH THE PRESCRIBER AFTER 12 MONTHS FROM THE PRESCRIBER'S LAST SIGNATURE. THIS MUST OCCUR WITHIN 30 DAYS OF THE INTENDED REVIEW DATE

NAME OF CHILD**:**……. D.O.B…… Hosp.no…….
Address:……..

Description of type of fit/convulsions/seizure which requires **Buccolam**:
Insert description:

*lasting ……minutes ☐

Or *repetitive over…..…..minutes ☐
without regaining consciousness

*delete as appropriate

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

Buccolam (oro-mucosal solution) 10 mgs in the pre-filled ORANGE labelled syringe

This should be prepared and administered by an authorised person (see over) in accordance with the procedure endorsed by the indemnifying agency, which would normally be the Local Education Authority

The normal reaction to this dose is seizure should stop
This should occur in 5 – 10 minutes.

If the seizure does not stop, then phone 999 for ambulance.

Particular things to note are: **Respiratory depression in which case phone 999 for ambulance.**

After **Buccolam** has been given the child must be assessed by a healthcare professional paramedic or school nurse). The health care professional (or parent or someone with parental responsibility if present) will decide if there is a need to transfer to a hospital. If a healthcare professional is not available, school must call 999 for an ambulance. Remember to tell the ambulance staff the exact time and dose of medication given (see the report form)

After **Buccolam** is given, please complete the report form giving a clear account of the incident. Copies should go with the child to the emergency department and to the parent. The original should be kept by the administering agency.

The parents will be responsible for:

1. Informing anyone who needs to know if **Buccolam** has been given.
2. maintaining adequate and in-date supply of medication at the setting
3. Notifying the setting if there are any changes to medication dose/type.
4. Sorting out the review of the ICP every 12 months.

This care plan has been agreed by the following:

PRESCRIBER (CLINICIAN) (Block Capitals)……

Signature …… Date ……

PARENT/GUARDIAN (Block Capitals) …….. Tel No: ……..

Signature …….. Date ……

OLDER CHILD/YOUNG PERSON (Block Capitals) ……

Signature …….. Date ……

HEAD OF ADMINISTERING SETTING (Block Capitals) ……..……

Signature …….. Date ……

AUTHORISED PERSON(S) TO ADMINISTER BUCCOLAM
NAME (Block Capitals) …….

Signature …….. Date ……

NAME (Block Capitals) …….

Signature …….. Date ……

NAME (Block Capitals) …….

Signature …….. Date ……

NAME (Block Capitals) …….

Signature …….. Date ……

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS, THE CONSULTANT AND THE ADMINISTERING AGENCY.

INDIVIDUAL CARE PLAN (ICP) FOR THE ADMINSTRATION OF RECTAL PARALDEHYDE AS TREATMENT FOR EPILEPTIC SEIZURES/FITS/CONVULSIONS BY NON HEALTH STAFF

1- TO BE COMPLETED BY A PRESCRIBER (CLINICIAN), PARENT, THE HEAD OF THE ADMINISTERING SETTING AND THE AUTHORISED PERSON.
2- THE HEAD OF THE SETTING AND PARENT MUST FACILITATE A REVIEW OF THIS ICP WITH THE PRESCRIBER AFTER 12 MONTHS FROM THE PRESCRIBER'S LAST SIGNATURE. THIS MUST OCCUR WITHIN 30 DAYS OF THE INTENDED REVIEW DATE

NAME OF CHILD:
……DOB……HOSP NO ……..
Address
……
……..

Description of type of fit/convulsions/seizure which requires Rectal Paraldehyde
Insert description

*lasting minutes

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

The dose of Rectal Paraldehyde should be …….. mls. 50/50 ready mixed paraldehyde and olive oil

This should be prepared and administered by an authorised person (see over) in accordance with the procedure endorsed by the indemnifying agency, which would normally be the Local Education Authority

The normal reaction to this dose is that the seizure should stop.
This should occur in 5 – 10 minutes.

If the seizure does not stop, then phone 999 for ambulance.

Particular things to note are: **Respiratory depression in which case phone 999 for ambulance.**

After **rectal paraldehyde** has been given the child must be assessed by a healthcare professional (e.g. paramedic or school nurse). The health care professional (or parent or someone with parental responsibility if present) will decide if there is a need to transfer to a hospital. If a healthcare professional is not available, school must call 999 for an ambulance. Remember to tell the ambulance staff the exact time and dose of medication given (see the report form)

After **rectal paraldehyde** is given, please complete the report form giving a clear account of the incident. Copies should go with the child to the emergency department and to the parent. The original should be kept by the administering agency.

The parents will be responsible for:

1. Informing anyone who needs to know if rectal paraldehyde has been given.
2. maintaining adequate and in-date supply of medication at the setting
3. Notifying the setting if there are any changes to medication dose/type.
4. Sorting out the review of the ICP every 12 months.

This care plan has been agreed by the following:

PRESCRIBER (CLINICIAN) (Block Capitals)…….…….....

Signature…… Date ……

PARENT/GUARDIAN (Block Capitals) ……..Tel No.……

Signature …….. Date ……

OLDER CHILD/YOUNG PERSON (Block Capitals) ……..…….

Signature ……..……..…….. Date ……..…….

HEAD OF ADMINISTERING SETTING (Block Capitals)...……

Signature ……... Date ……

AUTHORISED PERSON(S) TO ADMINISTER RECTAL PARALDEHYDE

NAME (Block Capitals) ……..……

Signature …… Date ……

NAME (Block Capitals) ……..……

Signature …….. Date ……..……

NAME (Block Capitals) ……..……

Signature …….. Date ……..……

NAME (Block Capitals) ……..……

Signature …….. Date ……..……

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS, THE CONSULTANT AND THE ADMINSTERING SETTING.

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

REPORT FORM FOR THE ADMINISTRATION OF RECTAL DIAZEPAM

NAME OF CHILD:	**DOB:**
DATE OF SEIZURE/CONVULSION:	
TIME SEIZURE/CONVULSION STARTED:	
ACTIVITY WHEN SEIZURE/CONVULSION BEGAN:	
DESCRIPTION OF SEIZURE/CONVULSION:	

TIME RECTAL DIAZEPAM GIVEN	**DOSE GIVEN**	**MG**	**GIVEN BY**

ANY DIFFICULTIES IN ADMINISTRATION:
TIME SEIZURE/CONVULSION STOPPED:
TIME CHILD TAKEN TO HOSPITAL:
ANY OTHER NOTES ABOUT THE INCIDENT **(e.g. injuries to child or other parties, child sleepy):**
FORM COMPLETED BY (AUTHORISED PERSON): **NAME (print):** **SIGNATURE:** **JOB TITLE:** **CONTACT TEL. NO:** **DATE:**
WITNESS: **NAME (print):** **SIGNATURE:**

Original to Child's Setting Record

c.c. Hospital with child (where possible)
Parent
Other (specify)

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

RECTAL DIAZEPAM ADMINISTRATION REPORT FORM

NAME OF CHILD:	**DOB:**
DATE OF SEIZURE/CONVULSION:	

TIME SEIZURE / CONVULSION STARTED:

ACTIVITY WHEN SEIZURE/CONVULSION BEGAN:

DESCRIPTION OF SEIZURE/CONVULSION:

TIME RECTAL DIAZEPAM GIVEN:	**DOSE GIVEN:**	**MGS:**	**GIVEN BY:**
1.			
2,			

ANY DIFFICULTIES IN ADMINISTRATION?

TIME SEIZURE / CONVULSION STOPPED:

TIME CHILD TAKEN TO HOSPITAL:

ANY OTHER NOTES ABOUT INCIDENT (e.g. injuries to child or other parties, child sleepy)

SIGNED (authorised person): **NAME(print):**

DATE:

DESIGNATION:

BUCCAL MIDAZOLAM ADMINISTRATION REPORT FORM

NAME OF CHILD:	**DOB:**
DATE OF SEIZURE/CONVULSION:	
TIME SEIZURE / CONVULSION STARTED: **ACTIVITY WHEN SEIZURE/CONVULSION BEGAN:** **DESCRIPTION OF SEIZURE/CONVULSION:**	
TIME BUCCAL MIDAZOLAM GIVEN: **DOSE GIVEN:** **GIVEN BY:** **1.** _____ _____ _____ **2,** _____ _____ _____ **ANY DIFFICULTIES IN ADMINISTRATION?** **TIME SEIZURE / CONVULSION STOPPED:**	
TIME CHILD TAKEN TO HOSPITAL: **ANY OTHER NOTES ABOUT INCIDENT (eg injuries to child or other parties, child sleepy)**	
SIGNED (authorised person): **NAME(print):** **DATE:** **DESIGNATION:**	

RECTAL PARALDEHYDE ADMINISTRATION REPORT FORM

NAME OF CHILD:	**DOB:**
DATE OF SEIZURE/CONVULSION:	
TIME SEIZURE / CONVULSION STARTED: **ACTIVITY WHEN SEIZURE/CONVULSION BEGAN:** **DESCRIPTION OF SEIZURE/CONVULSION:**	
TIME RECTAL PARALDEHYDE GIVEN: **DOSE GIVEN:** **MLS:** **GIVEN BY:** **1.** _____ _____ _____ _____ **2,** _____ _____ _____ _____ **ANY DIFFICULTIES IN ADMINISTRATION?** **TIME SEIZURE / CONVULSION STOPPED:**	
TIME CHILD TAKEN TO HOSPITAL: **ANY OTHER NOTES ABOUT INCIDENT (eg injuries to child or other parties, child sleepy)**	
SIGNED (authorised person): **NAME(print):** **DATE:** **DESIGNATION:**	

TRAINING AGREEMENT FOR VOLUNTEERS IDENTIFIED BY HEAD OF SETTING TO ADMINISTER RECTAL DIAZEPAM

NAME: _____

SETTING: _____

Verbal and Written Instructions	Received
- Epilepsy awareness	Y/N
- First aid for epileptic seizures	Y/N
- Awareness of child/young person's specific Agreement Form Which includes:-	
The preparation of Rectal Diazepam	Y/N
When to administer Rectal Diazepam	Y/N
The dose to be given	Y/N
Whether 2nd dose is indicated	Y/N
What to include in the "Kit"	Y/N
- Procedure for Administration of Rectal Diazepam	Y/N
- Care following administration	Y/N
Support to child	Y/N
Transfer to hospital	Y/N
Record of procedures – Report Form	Y/N
Safe disposal of used equipment	Y/N

Practical

- Demonstration from health professional on the administration of Rectal Diazepam (using a placebo)	Y/N
- Practice of the procedure until confident	Y/N

Other (specify):

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

Declaration

I……..…….confirm that I have been trained to use Rectal Diazepam as detailed overleaf.

Signed _____

Date _____

Training given by:

Name _____

Designation _____

Agency _____

Date _____

Review date _____

Copies to: Authorised Person
Health Professional
Head of setting

TRAINING AGREEMENT FOR VOLUNTEERS IDENTIFIED BY HEAD OF SETTING TO ADMINISTER BUCCAL MIDAZOLAM

NAME: _____

SETTING: _____

Verbal and Written Instructions	Received
- Epilepsy awareness	Y/N
- First aid for epileptic seizures	Y/N
- Awareness of child/young person's specific Agreement Form Which includes:-	
The preparation of Buccal Midazolam	Y/N
When to administer Buccal Midazolam	Y/N
The dose to be given	Y/N
Whether 2nd dose is indicated	Y/N
What to include in the "Kit"	Y/N
- Procedure for Administration of Buccal Midazolam	Y/N
- Care following administration	Y/N
Support to child	Y/N
Transfer to hospital	Y/N
Record of procedures – Report Form	Y/N
Safe disposal of used equipment	Y/N

Practical

- Demonstration from health professional on the administration of Buccal Midazolam (using a placebo)	Y/N
- Practice of the procedure until confident	Y/N

Other (specify):

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

Declaration

I……..…….confirm that I have been trained to use Buccal Midazolam as detailed overleaf.

Signed _____

Date _____

Training given by:

Name _____

Designation _____

Agency _____

Date _____

Review date _____

Copies to: Authorised Person
Health Professional
Head of setting

TRAINING AGREEMENT FOR VOLUNTEERS IDENTIFIED BY HEAD OF SETTING TO ADMINISTER RECTAL PARALDEHYDE

NAME: _____

SETTING: _____

Verbal and Written Instructions	Received
- Epilepsy awareness	Y/N
- First aid for epileptic seizures	Y/N
- Awareness of child/young person's specific Agreement Form Which includes:-	
The preparation of Rectal Paraldehyde	Y/N
When to administer Rectal Paraldehyde	Y/N
The dose to be given	Y/N
Whether 2nd dose is indicated	Y/N
What to include in the "Kit"	Y/N
- Procedure for Administration of Rectal Paraldehyde	Y/N
- Care following administration	Y/N
Support to child	Y/N
Transfer to hospital	Y/N
Record of procedures – Report Form	Y/N
Safe disposal of used equipment	Y/N

Practical

- Demonstration from health professional on the administration of Rectal Paraldehyde (using a placebo)	Y/N
- Practice of the procedure until confident	Y/N

Other (specify):

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

Declaration

I……..…….confirm that I have been trained to use Rectal Paraldehyde as detailed overleaf.

Signed _____

Date _____

Training given by:

Name _____

Designation _____

Agency _____

Date _____

Review date _____

Copies to: Authorised Person
Health Professional
Head of setting

Appendix

D

Authors: James Greening, Consultant Paediatric Diabetologist
Michelle Mottershaw, Children's Diabetic Specialist Nurse
Maureen Burnett, Medical Adviser to CYPS (Education)
Leicester, Leicestershire and Rutland
May 2010.

APPENDIX D

GUIDANCE FOR SETTINGS ON THE MANAGEMENT OF DIABETES MELLITUS

Please ensure this appendix is read in conjunction with the rest of the Health and Safety Bulletin No 36A particularly section 6.2 (v).

Introduction

This guidance is specifically to address the issue of the management of Insulin Dependent Diabetic Mellitus (IDDM) in children in the non-Health settings of Early Years provision or schools. The management includes testing their blood glucose levels, recording the test results, interpreting the results and the administration of insulin injections.

Over 15,000 children of school age in the UK have diabetes with approximately 400 children of school age within Leicester, Leicestershire and Rutland.

There has been a change in the way that diabetes has been managed in the last 5 years. It is now accepted that life expectancy is improved and the risk of significant long term complications reduced when a strict routine of self care and treatment is followed. In addition the new regime allows greater flexibility and promotes the independence of the child. The regime, incorporating increased blood glucose testing, insulin dose adjustment and increased frequency of the use of insulin injections, means children will need to do these activities whilst they are attending settings.

It is important that children and young people with diabetes are properly supported in the settings they attend. This may be an awareness of their independent management of their condition, through supervision to significant assistance in these activities.

This document clarifies the law as it stands in statute and relates to published guidance from the Department of Health (DH) and the DfES (now Department for Children Schools and Families). It gives general information, and details sources of further information.

Background

The Special Educational Needs and Disability Act 2001 (SENDA) (e) requires reasonable adjustments to be made to prevent the less favourable treatment of disabled pupils. Diabetes is a disability within the definition of the Act and pupils cannot be discriminated against in terms of admission, exclusion and access to education and associated services. For example a child or young person with diabetes cannot be excluded from a school visit or sports activity for a reason directly related to their diabetes (1).

The duties of SENDA are anticipatory and include planning for a pupil with medical needs. The settings managing medicines policy should show what procedures are in place to allow a pupil requiring medication during the school day, including insulin, to have access to it and for children that don't have the independence or maturity to give their own injections of insulin to

be supported in this practice. This may mean your setting recruits staff with healthcare experience and/or trains volunteering staff to meet the needs of prospective pupil's medical conditions, including diabetes (2).

For information and advice about individual pupils, settings should consult with the family, the Family Health Visitor or School Nurse or the local Diabetes Support Team (3).

Process

For those who can test their blood and/or can self inject their insulin it is still good practice for the setting to know this. (See Appendices E1 and E2)

For children with diabetes who cannot perform the management activities themselves there should be the drawing up of an Individual Care Plan (ICP see appendix E4). An ICP clarifies for health and setting staff, parents and the child or young person the responsibilities and help that will be provided.

In order for a patient to have blood glucose testing, results recording and insulin administered by a setting's volunteer, all documentation, as specified, will have to completed in full and be up to date. An ICP will be developed during consultation **with the doctor at the diabetes clinic**. Blood glucose testing times and result reporting requirements will be stated. The type of insulin injector equipment, dose and times of insulin and injection site will be stated. **Any changes to the regime agreed between the patient and the doctor will be documented in an updated ICP and the doctor or diabetes specialist nurse** (Diabetes Support Team) **will inform the authorised volunteers.** The ICP will be reviewed at least yearly to see if it continues to be appropriate e.g. discontinued if self administering (use Appendices E1 and E2).

The parents are responsible for the ICP being presented to the setting along with the appropriate equipment, including the child's own 'sharps bin', supplies and medication.

Setting **staff** managing the blood testing or administration of insulin should receive appropriate **training** and support from health professionals. To support setting staff with this it is envisaged that the local Diabetes Support Team and Diabetes UK: East Midlands (5) will hold regular training and awareness sessions for setting staff working with children with diabetes (4). Once the head of the setting has identified volunteers the school should contact the Diabetes Specialist Nurse (see note 3) who will arrange the training. This would also be the process for training of new staff. Refresher sessions should be planned annually to keep staff up to date (Appendix E10).

Volunteers will be trained to the standard **to carry out the protocol** (see Appendices E8 and E9). They will keep a **copy of the appropriate protocols after their training** and their training will be **confirmed by the authorised trainer and the prescribing doctor** (Appendix E11).

Notes

1) The Disability Equality Duties (Disability Discrimination Act 2005) (d) requires schools to promote equality of opportunity between disabled persons and other persons, promote positive attitudes towards disabled persons, and take steps to take account of disabled persons' disabilities even where that involves treating disabled people more favourably than their non-disabled peers

2) To quote the Secretary for Health (a).The DfES and DH have jointly recommended to schools, in 'Managing Medicines in Schools and Early Years Settings' (2005) (b), that they should, with support from their local authority and local health professionals, develop policies on managing medicines and put in place effective management systems to support individual children with medical needs, including diabetes. The guidance advises that schools should have sufficient support staff who are trained to manage medicines as part of their duties.

3) Contact telephone numbers at Leicester Royal Infirmary 9 am – 5 pm
   (0116) 258 6796 Diabetes Specialist Nurses Office
   (0116) 258 7737 Consultant Paediatric Diabetologists Office

4) As well as equipping staff to fulfil the ICP drawn up for the child with diabetes needing assistance, these sessions are aimed at teachers, teaching assistants, kitchen staff, lunchtime supervisors, first-aiders and any other staff who feel they require information and advice in order to support children with diabetes in their care.

   Sessions will cover:-

   - Practical knowledge of diabetes
   - Monitoring of blood glucose levels
   - Administration of medications (including equipment)
   - Treating emergency situations (including hypos)
   - Access to healthy and appropriate food and carbohydrate portion estimation
   - Participating in physical activity programmes
   - Participating in extra curricula and social activities
   - Positive case studies
   - DED update/discrimination law
   - Documentation (including ICP and supply of appropriate written protocol)

   An example of previously held sessions in Nottingham can be found in appendix E

5) An assurance has already been given by Diabetes UK © for their participation.

References

a) Hansard June 2007
b) 'Managing Medicines in Schools and Early Years Settings' (2005)
c) Diabetes UK
d) The Disability Equality Duties (Disability Discrimination Act 2005)
e) The Special Educational Needs and Disability Act 2001

APPENDIX D1

AGREEMENT FOR SELF TESTING FOR BLOOD GLUCOSE IN THE SETTING

Child or Young Person's Name …….

Child or Young Person's DOB ……...

Self-testing of blood glucose may be carried out in settings under the following conditions:

1) All test equipment is supplied from home.

2) The setting staff are aware of approximate times for testing.

   Time(s)……

3) The child or young person carries their blood glucose testing kit or independently retrieves it from the storage location at the appropriate time.

4) The test is undertaken in an area of privacy.

5) Standard hygiene procedures are applied at all times.

6) *The child or young person self tests independently

   *The child or young person self tests with minimal supervision

   *(*insert details*)……will attend the setting to do the tests

7) The child or young person will independently or with minimal supervision store all sharp objects and contaminated materials used for testing in a designated biohazard container (sharps bin) for which intermittent disposal and replacement arrangements are made in advance by the family[1].

8) The child or young person records the test results independently or with minimal supervision^.

9) The child or young person independently

   *interprets the results and acts accordingly or

   *contact (*insert details*)……..……...……to interpret the results and give instructions

If none of * or ^ applicable, use Individual Care Plan.

* delete as appropriate.
[1] discuss with School Nurse or local Diabetes Support Team

pto

Staff are acting voluntarily in this and staff cannot undertake to monitor equipment carried by the child or young person, and the setting is not responsible for loss or damage to any equipment.

Staff should be aware of the emergency care for this child or young person in response to a hypoglycaemic episode (hypo).

IF THE CHILD'S OR YOUNG PERSON'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE THE SETTING WILL PHONE 999 FOR AN AMBULANCE.

As a parent I undertake to update the school with any changes and to maintain an in-date supply of equipment.

Signed …….……. Date ……..

Name of student *(if appropriate)* ……..……(please print)

Signed …….……. Date ……..

Name of Parent ……(please print)

Emergency Contact Details

Name …….. ……. Tel Home ……..

Tel Work …….. Mobile No …….

Head of Setting

Name…….

Signed …….……. Date ……..

Setting has original
cc Parents

As a minimum updated annually

APPENDIX D2

AGREEMENT TO SELF-INJECTION OF INSULIN FOR CHILDREN OR YOUNG PEOPLE WITH DIABETES MELLITUS

Full Name of Child or Young Person …… Date of Birth ……

This person has been diagnosed as having Diabetes Mellitus. He/she requires insulin

injections during school hours at the following times……...

*He/she can carry their equipment and independently self administer the injections.

*He/she needs to store their equipment but can independently self administer the injections.

*He/she can carry their equipment but needs minimal supervision to self administer the injections

*He/she needs to store their equipment and *(insert name*) ……... will attend the setting to give the injections.

Staff are acting voluntarily in this and staff cannot undertake to monitor equipment carried by the child or young person and that the setting is not responsible for loss or damage to any medication or equipment.

Staff should be aware of the emergency care for this child or young person in response to a hypoglycaemic episode (hypo).

IF THE CHILD'S or YOUNG PERSON'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE THE SETTING WILL PHONE 999 FOR AN AMBULANCE.

As a parent I undertake to update the school with any changes in administration of medication and to maintain an in-date supply of medicine and equipment.

Signed …….……. Date ……..

Name of student *(if appropriate)* ……..……(please print)

Signed …….……. Date ……..

Name of Parent ……(please print)

Emergency Contact Details

Name …….. ……. Tel Home …….

Tel Work …….. Mobile No …….

Head of Setting

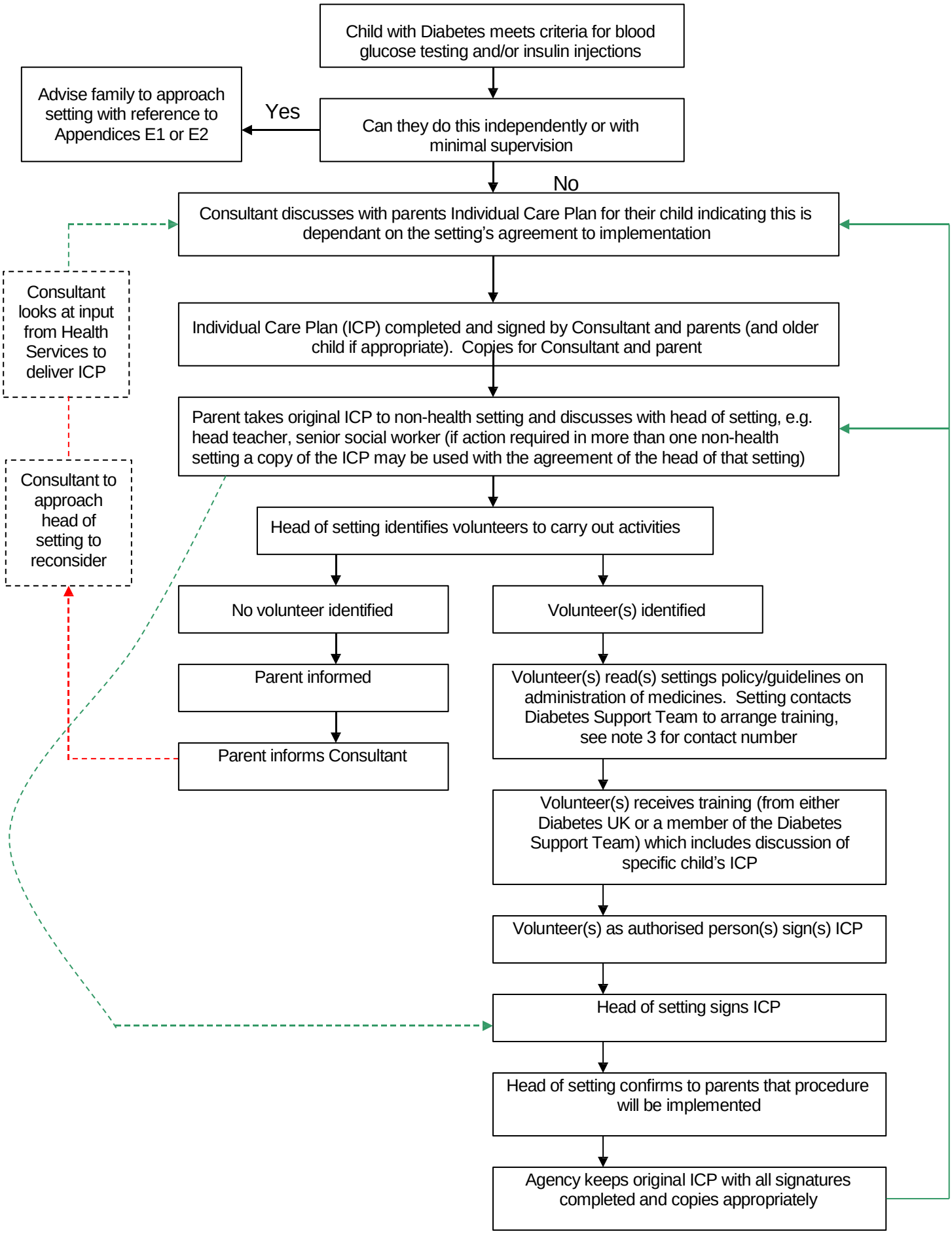
Name…….

Signed ……..……. Date ……..

**delete as appropriate or if none applicable use Individual Care Plan*
Setting has original
cc Parent
As a minimum updated annually

APPENDIX D3

PROCESS FOR ESTABLISHING OR REVISING AN INDIVIDUAL CARE PLAN FOR THE MANAGEMENT OF DIABETES MELLITUS IN NON-HEALTH SETTINGS



APPENDIX D4

INDIVIDUAL CARE PLAN FOR THE MANAGEMENT OF

DIABETES MELLITUS BY NON-MEDICAL AND NON-NURSING STAFF

TO BE COMPLETED BY A CONSULTANT, PARENT, THE HEAD OF THE SETTING AND THE AUTHORISED PERSON.

NAME OF CHILD: …… DOB: …….

This plan been agreed by the following: (BLOCK CAPITALS)

CONSULTANT

NAME…….Tel No…….

Signature……..Date……...….

PARENT / GUARDIAN

NAME…….Tel No…….

Signature……..Date……...….

Emergency Contact Number

OLDER CHILD / YOUNG PERSON (if appropriate)

NAME…….

Signature……..Date……...….

HEAD OF SETTING

NAME…….

Signature……..Date……...….

Authorised person(s) to *test blood glucose and/or *administer pre-prepared insulin injection

Name (Block Capitals) ……

Signature ……..…….Date …….….

Name (Block Capitals) ……

Signature ……..…….Date …….….

* delete as appropriate

*Copies of this should be held by the parents, the consultant and the setting and **updated at least annually**.*

The parents will be responsible for informing anyone who needs to know regarding the management process and for maintaining an in-date supply of equipment (including a sharps bin) and supplies at the setting.

Staff should be aware of the emergency care for this child or young person in response to a hypoglycaemic episode (hypo).

If the child or young person refuses testing do not progress but immediately inform the parent.

BLOOD GLUCOSE TESTING

This should be carried out by an authorised person (see over) in accordance with the protocol and training endorsed by the indemnifying agency

□ Check the blood glucose level at *(insert times or activities)*

……..

Dispose of test strip and pricker into sharps bin.

Record on the Record Sheet**.**

*Report result to……Tel…….

□ Check the blood glucose level prior to insulin being given.

Dispose of test strip and pricker into sharps bin

Record on the Record Sheet.

Within the range ……give insulin dose recorded in the individual care plan.

Outside the range immediately report result to:

Name …….....Tel …….

Give insulin dose advised by the above person on this occasion only.

Record dose on Record Sheet.

□ *if testing required tick one only box*
* *delete as appropriate*

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE

The parents will be responsible for informing anyone who needs to know regarding the management process and for maintaining an in-date supply of equipment (including a sharps bin) and medication at the setting.

Staff should be aware of the emergency care for this child or young person in response to a hypoglycaemic episode (hypo).

If the child or young person refuses injection do not progress but immediately inform the parent.

INSULIN INJECTION

This should be prepared and administered by an authorised person (see over) in accordance with the protocol and training endorsed by the indemnifying agency

The type of insulin is prescribed as: Penfill cartridge injection ☐
Insulin bolus via pump ☐

TYPE OF INSULIN	**INJECTION SITE**	The subcutaneous **DOSE OF INSULIN** is			
		Breakfast	**Lunch**	**Dinner**	**Other** *Enter time of activity*

Particular things to note are ……

Action to take ……

Dispose of needle into sharps bin
After administration of insulin, please complete the Record Sheet

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE

UPDATED - Signed …… NAME ……... Designation ……
cc: retained by health professional, given to parents. Original to setting

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

BLOOD GLUCOSE TEST AND/OR INSULIN ADMINISTRATION RECORD SHEET

NAME OF CHILD					DOB		
DATE	TIME 24hour clock	*BLOOD GLUCOSE RESULT	*INSULIN TYPE	*INSULIN DOSE	*INJECTION SITE	SIGNED	NOTES *(eg carbohydrate estimation)*

* delete as appropriate

Original retained at setting

c.c. Parent on request
Diabetes Support Team on request

APPENDIX D5

The parents will be responsible for informing anyone who needs to know regarding the management process and for maintaining an in-date supply of equipment (including a sharps bin) and supplies at the setting.

Staff should be aware of the emergency care for this child or young person in response to a hypoglycaemic episode (hypo).

If the child or young person refuses testing do not progress but immediately inform the parent.

BLOOD GLUCOSE TESTING

This should be carried out by an authorised person (see over) in accordance with the protocol and training endorsed by the indemnifying agency

□ Check the blood glucose level at *(insert times or activities)*

……..

Dispose of test strip and pricker into sharps bin.

Record on the Record Sheet**.**

*Report result to……Tel…….

□ Check the blood glucose level prior to insulin being given.

Dispose of test strip and pricker into sharps bin

Record on the Record Sheet.

Within the range ……give insulin dose recorded in the individual care plan.

Outside the range immediately report result to:

Name …….....Tel …….

Give insulin dose advised by the above person on this occasion only.

Record dose on Record Sheet

□ *if testing required tick one only box*

* *delete as appropriate*

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE

UPDATED - Signed …… NAME ……... Designation ……

cc: retained by health professional, given to parents. Original to setting

APPENDIX D6

The parents will be responsible for informing anyone who needs to know regarding the management process and for maintaining an in-date supply of equipment (including a sharps bin) and medication at the setting.

Staff should be aware of the emergency care for this child or young person in response to a hypoglycaemic episode (hypo).

If the child or young person refuses injection do not progress but immediately inform the parent.

INSULIN INJECTION

This should be prepared and administered by an authorised person (see over) in accordance with the protocol and training endorsed by the indemnifying agency

The type of insulin is prescribed as: Penfill cartridge injection ☐
Insulin bolus via pump ☐

TYPE OF INSULIN	**INJECTION SITE**	The subcutaneous **DOSE OF INSULIN** is			
		Breakfast	**Lunch**	**Dinner**	**Other** *Enter time of activity*

Particular things to note are ……

Action to take ……

Dispose of needle into sharps bin
After administration of insulin, please complete the Record Sheet

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE

UPDATED - Signed …… NAME ……... Designation ……
cc: retained by health professional, given to parents. Original to setting

APPENDIX D7

BLOOD GLUCOSE TEST AND/OR INSULIN ADMINISTRATION RECORD SHEET

NAME OF CHILD					DOB		
DATE	TIME 24hour clock	*BLOOD GLUCOSE RESULT	*INSULIN TYPE	*INSULIN DOSE	*INJECTION SITE	SIGNED	NOTES *(eg carbohydrate estimation)*

* delete as appropriate

Original retained at setting

c.c. Parent on request
Diabetes Support Team on request

APPENDIX D8

PROTOCOL FOR BLOOD GLUCOSE TESTING

Action	Rationale
Locate and obtain in a timely manner the child's blood glucose testing kit and sharps bin. Allow the child to do this if the child is able. Accompany the child to the area designated for testing.	Preparation in anticipation of blood glucose testing in an area of privacy.
Instruct the child to wash their fingers and dry them. Wash your hands.	Any surface contamination with glucose on the fingers will invalidate the blood glucose test. This is good hygiene.
Take a blood testing strip out of the sealed container and insert the strip in the glucose meter.	This is a pre-requisite first step in operating the glucose meter.
Check the testing strip code displayed on the meter matches that of the code on the side of the glucose testing strips.	If the codes don't match the glucose reading is inaccurate. Do not proceed but contact the parent or Diabetes Support Team.
Check on the meter the symbol is displayed that indicates that a blood sample can be applied to the testing strip.	Sometimes the meter shows an error reading in which case the testing strip should be discarded and a new strip inserted.
Take the finger pricker and place on the chosen finger tip on the outside of that finger, not on the pulp.	Close application of the finger pricker to the skin is required so that the pricker is able to penetrate the finger to the required depth. It is better to take a sample on the side of the finger as it hurts less.
Depress the firing button to prick the finger.	This draws the blood.
A drop of blood will appear that should then be applied onto the testing strip, look for the blood to be drawn up into the test strip and an icon on the meter will be displayed to demonstrate that the required blood has been drawn up. Now apply firm pressure to the prick site with a clean paper towel.	This is a pre-requisite step in operating the glucose meter. This stops the bleeding.
Read the blood glucose level from the meter.	This is the test result.
Wash your hands. Record the blood glucose level on the record sheet.	Good hygiene. This will allow analysis of blood glucose trends for later insulin dose titration.
Remove the testing strip from the meter and dispose of used blood glucose testing strip into the child's sharps bin.	Avoidance of blood contamination.
Dispose of used blood testing pricker into the child's sharps bin.	Avoidance of pricker injury or blood contamination
Place the glucose meter and finger pricker back in the case. Child and you each wash your hands.	So that the equipment is kept in one place and not lost. Good hygiene.

APPENDIX D9

NOTE this is an example of one of three protocols (for different delivery equipment) please ensure after training you receive the correct protocol for the child concerned.

PROTOCOL FOR ADMINISTRATION OF INSULIN

Action	Rationale
Locate and obtain, in a timely manner, child's insulin's administration kit. Ensure the Child is in a place of privacy. Wash your hands.	Preparation in anticipation of administration. Good hygiene.
Invert the insulin pen, plunger at the bottom. Screw on a needle and remove the needle sheath.	To puncture the seal on the insulin cartridge to allow administration of a required dose of insulin.
Tap the inverted insulin pen.	To bring any air bubbles to the top of the cartridge.
Dial up 3 units of insulin and depress the plunger to dispense an air shot, repeat this until a squirt of liquid is seen exiting the tip of needle.	To ensure that all air is expelled from the pen.
Invert the insulin pen once again through 180 degrees so that the needle points vertically downwards and **dial up the agreed dose of insulin, please see ICP.**	To ensure the correct dose of insulin is dispensed.
Select a pre-agreed site for the insulin injection, please see ICP. Expose the area of skin for injection.	To seek a safe, secure and correct place for the injection.
Lightly pinch up the skin and insert the needle at 90 degrees to the skin,	To ensure a subcutaneous injection of insulin. Insulin is absorbed best in this part of the skin.
Slowly and firmly depress the plunger of the pen and count to 10.	This ensures the administration of the full dose of Insulin.
Remove the insulin pen from the skin	To avoid any inadvertent extra insulin administration.
Do not re sheath needle. Unscrew needle. **Dispose of the needle in child's sharps bin**. **Do not dispose of the insulin pen**. Wash your hands.	Avoidance of needle-stick. Safe disposal of sharp objects in accordance with health and safety policy. Good hygiene.
Place the insulin pen back in the child's administration kit. Now let the child go back to normal activity	So stored safely for future use.
Complete record sheet.	To enable monitoring of administration of insulin and update child's health records.

APPENDIX D10

Diabetes Awareness Training for School Staff
– Wednesday 14 November 2007

Programme

09.00 - 09.05	**Welcome and Introduction** Julie Orrey, East Midlands Regional Manager, Diabetes UK
09.05 - 09.20	**Disability Equality Duty update** Liz Mangle, Assistant SEN Officer, Nottinghamshire LEA
09.20 - 09.40	**Basic overview of diabetes in children** Josie Drew, Paediatric Consultant
09.40 - 10.00	**What support is available to schools** Helen Marsh, Paediatric Diabetes Specialist Nurse
10.00 - 10.20	**Refreshments**
10.20 - 10.40	**Hypo management** Vreni Verhoeven, Paediatric Diabetes Specialist Nurse
10.40 - 11.00	**Food & activity** Anna Clark, Dietician *Split into 2 groups for practical demonstrations*
11.00 - 12.00 (30 minutes each session)	**Pens & insulin administration** Helen Marsh, Paediatric Diabetes Specialist Nurse **Meters & blood testing** Vreni Verhoeven, Paediatric Diabetes Specialist Nurse
12.00 - 12.30	**Panel Q & A session**
12.30	**Close**

APPENDIX D11

RECORD OF COMPLETION OF TRAINING FOR BLOOD GLUCOSE TESTING AND/OR INSULIN ADMINISTRATION BY NON-MEDICAL AND NON-NURSING STAFF

To: Head of Setting

RE: Name of person……...

Date of Birth: ……

Name of setting working at ……

The above named person has attended training on how to safely undertake blood glucose

testing and/or administer insulin injections on date …….....……

They have completed the training to a standard to be able to comply with the agreed protocols for blood glucose testing and/or insulin administration.

AUTHORISED TRAINER ……...(Block Capitals)

Designation……...

Signature ……..... Date…….....

Agency…… …...Contact Number……..

CONSULTANT ……(Block Capitals)

Signature ……..... Date…….....

I confirm I have attended the training as recorded above:

AUTHORISED PERSON(S) NAME ……. (Block Capitals)

Signature ……..... Date…….....

COPIES OF THIS FORM SHOULD BE HELD BY THE CONSULTANT THE SETTING AND THE AUTHORISED PERSON.

TRAINING SHOULD BE UPDATED ANNUALLY

APPENDIX E

Leicestershire Partnership NHS
NHS Trust

Managing Medicines in Schools Policy and Procedure

This Policy and Procedure describes the process to follow when managing medicines in school setting. It includes ordering, obtaining, storage, administration, return and records associated with the above.

Key Words:	School, medicines	
Version:	3.0	
Adopted by:	Trust Policy Committee	
Date this version was adopted:	21 April 2020	
Name of Author:	Tejas Khatau, Maggie Clarke, Des Anderton, Jenna Hughes	
Name of responsible committee:	Medicine Management Committee	
Date issued for publication:	June 2023	
Review date:	January 2026	
Expiry date:	June 2026	
Target audience:	School nurses and health care workers needing to manage medicines in a school setting	
Type of Policy	Clinical √	Non Clinical
Which Relevant CQC Fundamental Standards:	9	

Leicestershire Partnership NHS
NHS Trust

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Sheena Stamp	Senior Special School Nurse
Tracy Woodhouse	Special Needs School Nurse
Maggie Clarke	Senior Nurse – Professional Lead for School
Desley Anderton	Clinical Team Leader
Emma Cornell	Special Needs School Nurse
Maria Stylianou-O'Neill	School Nurse
Jenna Hughes	Diana nurse special school lead

Circulated to the following individuals for comments

Name	Designation
Katie Willetts	Senior Nurse
Tejas Khatau	Lead Pharmacist for FYPC
Members of the Medicines	

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	March 2014	New Policy
2	January 2020	Review of Policy • Duties • Ordering medicines • Storage of medicines • Administration of medicines • School trips
3	May 2023	No changes

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?
Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

For further information contact:

Lead Pharmacist for FYPC.LD directorate - 07826903623

Katie Willetts (Senior Nurse) – 0116 295 5080

Jenna Hughes (Diana Nurse special educational lead) – 0116 2955080

Definitions and abbreviation that apply to this Policy

CD	Controlled Drug. The Misuse of Drugs Regulations categorise CDs into Schedules 2-5. Commonly encountered medicines and it's classification are below: Midazolam (schedule 3), methylphenidate (schedule 2), diazepam (schedule 4) and Morphine liquid 10mg/5ml (schedule 5)
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
MAAR	Medication Authorisation and Administration Record. This consists of an authorisation to give a medicine plus record of what was administered (or omitted). It can be paper or electronic.
PRN	*Latin* abbreviation. Prescribers use this to denote medication needing to be administered only "when required."

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

1.0 Summary of Policy

The Leicestershire Medicines Code describes how activities around medicines should be carried out. Where possible this Code must be adhered to.

It has been recognised that Registered Nurses and Health Care Workers employed by Diana Community Children's Services within special schools need to work slightly differently as it is not a health environment yet they are still required to provide care with medicines.

2.0 Introduction

The Leicestershire Medicines Code describes how activities around medicines should be carried out. Where possible this Code must be adhered to.

FYPC directorate employs Registered Nurses and Health Care Workers to work in schools to provide care to children that require medicines, including controlled drugs. Special schools are under the remit of the Local Authority. Due to these staff working in non-healthcare premises, it was deemed necessary to provide additional guidance to ensure that medicines are managed as safely and consistently as possible by health and education staff.

3.0 Purpose

The principle objectives of this policy are to:

1. Ensure all processes involving medicines are managed safely and consistently across all the schools where Registered Nurses and Health Care Workers are employed by Diana Community Children's Services ;
2. Ensure robust processes are in place;
3. Ensure robust documentation is in place;
4. Work closely with Local Authority to ensure that the need for secure medicines management is balanced with the type of setting and resources available to the school;

4.0 Duties within the organisation

4.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

4.2 FYPC Director and service lead is responsible for ensuring that there are appropriate resources provided within their service area to implement and adhere to the policy.

4.3 Head Teachers will be responsible for:

- Ensuring that this Policy can be implemented in school;
- Ensuring that all staff have the required training;
- Ensuring that the school has the necessary equipment.

4.4 Managers and Team leaders will be responsible for:

- Ensuring this policy is implemented in their area of responsibility.
- Medicines managed in line with this policy
- Ensuring that their staff are appropriately trained in line with the requirements of this policy;

4.5 Responsibility of Staff:

It is the responsibility of staffs, which manage medicines to ensure that they are familiar with this policy and adhere to it.

4.6 Responsibility of parents:

(a) Read, sign and return the medication authorisation form.
(b) Timely supply of medicines in their original container with legible and up to date dispensing label;
(c) Authorisation of medicines that need to be administered;
(d) Communicate with school / Registered Nurses and Health Care Workers employed by Diana Community Children's Services employed to work in the school if there is any change to child's medication.

5.0 Policy and Procedure for Managing Medicines in School

5.1 Ordering Medicines

5.1.1 Medicines are ordered from the child's parents. This can be done via telephone message, correspondence slip in the 'book bag' or a recognised school messaging service used by school. This activity must be recorded on the electronic patient record for each child.

5.1.2 At the beginning of term, medicines are provided with the child. During the term, medicines should be ordered 7 days prior to running out to prevent

delay in receiving further supply. Be mindful that some “specials” medicines can take longer to order so more notice is needed;

5.1.3 Details of what was ordered, when, from whom and method of communication must be documented in patient records (e.g. Systm One);

5.1.4 Responsibility for ordering the prescription and obtaining the medicines from a prescriber rests with the parent(s);

5.1.5 If there is a delay in the school receiving medication, Registered Nurses and Health Care Workers should notify the head teacher.

5.2 Receipt of Medicines

5.2.1 Upon receipt of medicines the following must be checked to ensure it is correct and acceptable:

- Name of medicine, strength and formulation on the box, bottle/strip and pharmacy label is consistent with request;
- Patient’s name on the pharmacy label;
- Manufacturer’s expiry date. If the expiry date is shorter after opening, this needs to be borne in mind and noted. If in doubt, contact the dispensing pharmacy(details on the label);
- Medication remains in original container or that decanted by pharmacist;
- Date on pharmacy label. Any medicines dispensed over 3 month ago should be questioned with the parent (to make sure that the prescription remains current) with the possible exception of “prn” medicines as these may not be needed regularly.

5.2.2 In addition to the above, for controlled drugs (CDs):

- Which are sent via a third party (i.e. transport), ensure that CDs are supplied in a sealed envelope with quantity supplied written on the outside;
- Open seal and verify physical quantity with that stated outside;
- For schedule 2 CDs, make a record in a bound CD register (one new page for every preparation) detailing date, time, name of patient, name of medicine, strength, formulation, quantity received and running balance;
- There is no need to keep a written record for schedule 3-5 CDs

5.3 Storage of Medicines

5.3.1 All medicines must be stored in a locked cupboard or drug trolley intended for medicines only. If a drug trolley is used, this must be locked when not in use and kept in a locked room.

5.3.2 Schedule 2 and 3 CDs must be stored in a CD cabinet;

5.3.3 Whilst security of medicines is important, consideration should be given to having easier access to emergency medicines;

5.3.4 Keys giving access to the medicines must be kept with the health care professional or the designated education personnel at all times. When not needed, keys must be stored in a locked receptacle (such as a drawer or filing cabinet); these must be accounted for at the end of each working

day.

5.3.5 There is no requirement to do stock checks unless there are security concerns. Stock checks must be done in the following circumstances:

5.3.5.1 Schedule 2 CDs. Stock check must be done and recorded at least once on each working day during term time. A stock check is done by ensuring that the physical quantity and written quantity correspond;

5.3.5.2 "Prn" CDs that are not routinely used (such as midazolam and diazepam). These should be placed in a tamper evident pouch and a stock check should be done at least once weekly by ensuring that the seal number remains the same as before (appendix 1). If the seal number is different to that recorded previously, that implies that the pouch has been opened and therefore staff need to establish the circumstances around this;

5.3.6 Expiry date check must be carried out once in each term. A note of medicines expiring before the next check must be made to ensure that it is not used after the expiry date. Where the expiry date is stated as month and year, the product can be used until the last day of that month;

5.3.7 Given the infrequency at which medicines requiring refrigeration are received, a pharmacy grade refrigerator is desirable but not essential in this setting. Refrigerated items must be placed in a lockable refrigerator or an un- lockable refrigerator that is in a locked room. Refrigerator temperature must be checked and recorded daily when there is medicine inside (appendix 2).The minimum and maximum temperature needs to be recorded and reset every day. If there is a breach in the temperature, pharmacy advice needs to be sought before using. A notice can be placed by the plug to prevent it being inadvertently switched off.

5.4 Authorisation (to administer medicines)

5.4.1 Only medicines that have a signed authorisation from the parent/legal guardian can be administered;

5.4.2 Staff are advised to use the MAAR completed by the parents in the first instance.

5.4.3 Ensure that the authorisation is legible and details the name of drug, dose, frequency, signature of parent and date.

5.4.4 Ensure that the details on the authorisation correlates with the details on the pharmacy label and details on the medicine box/strip/bottle;

5.5 Administration of Medicines

5.5.1 Ideally, administration of medicines should be carried out in a setting that is free from distraction. Privacy and dignity of the child should also be considered when administering medicines;

5.5.2 When transporting medicines within the school, a drug trolley or an alternative suitable device must be used to ensure safety and security of the medicines;

5.5.3 Generally, “Administering Medicines in the Community Setting - Standard Operating Procedure” must be followed when administering medicines in school setting. This is available on the intranet;

5.5.4 If the child is not known, their identity must be confirmed by asking the child to confirm their name, date of birth and looking at their photograph in their care plan. If the child cannot confirm their identity, a member of school staff who is familiar with the child concerned and who can confirm the identity matching the MAAR Chart should be asked. The photograph alone should not be used;

5.5.5 Photographs must have a date when it was taken. Photographs need to be updated annually, ideally at the start of each new academic year;

5.5.6 Staff member must make sure that the instruction on the authorisation corresponds to that on the pharmacy label. If there is a discrepancy, staff must ask parent for further information (such as hospital letter.) verifying the actual medication regimen;

5.5.7 With the exception of “prn” medication, staff should ensure that the medicine has been dispensed recently (i.e. in the last 3 months). This routine practice will help ensure that the patient is receiving the most up-to-date treatment;

5.5.8 If the child is scheduled to be away from school (e.g. school trip) around the time of medicines administration, school staff will assume responsibility to administer the medicines. See 5.8 below for further considerations;

5.5.9 A record should be made of medicines administered or omitted. A record of administration can simply be an initial against the relevant time, day and medicine on the MAAR. In addition to the above, the time of administration should be recorded if the medicine was administered over an hour either side of the required time or if there are other reasons where this information would be useful (e.g. “prn” medicines, hand-over for parent etc..); Batch number and expiry date also needs to be documented, at least once each month in the spaces provided on the MAAR;

5.5.10 For missed doses/omissions, reason for omission must be recorded and parent contacted ASAP.

5.5.11 For schedule 2 CDs, in addition to the above the following must also be recorded in the appropriate page of the CD register: (a) date (b) time (c) dose administered (d) dose wasted (e) running balance (f) staff signatures.

5.5.12 Diana Nurses and health care workers can single check medication after completing LPT medication training and Diana medication training and completing an assessment of competence. However, wherever possible, second checking of medications should be performed. The person doing second check must do so independently of the first check.

5.6 Medication Error

5.6.1 If a medication error occurs, staff should follow the Trust Medication Error Policy which is available on the intranet;

5.6.2 The head teacher and parent must also be notified. Due to the nature of children attending these special schools, it may not be appropriate to

inform the child themselves.

5.7 Disposal and Return of Medicines

5.7.1 Any obsolete medicines must be returned to the parent as soon as possible to reduce confusion;
5.7.2 Any un-used medicines must be returned to the parent at the end of the academic year.
5.7.3 CDs sent back via a third party (i.e. transport) must be placed in a sealed envelope with the quantity returned written on the outside. Parents need to be informed to report any discrepancy to the school or Registered Nurse or Health Care Worker;
5.7.4 Small quantity of medicines (e.g. 1-2 tablets) that are dropped or spat out can be disposed of in a domestic bin.

5.8 School Trips

If a child is going on a school excursion consideration needs to be given about the need to take the mediation out of school, or whether it is safe to administer just before or immediately on return to school. This will depend on the type and frequency of medication and needs to be discussed with Diana Nurse and or parent to make this decision safely.

If it is felt appropriate and or essential for administration to take place outside of school the health care worker / school health team will assemble the medication and the authorisation sheet along with any equipment needed to administer the medication. The medication will then be checked in and out of school with the person taking responsibility for the child and their medication whilst not in school. Transporting medicines during school trips can prove tricky, particularly with liquid bottles. Original containers (or that which the pharmacist decanted in) must be taken and stored so that glass bottles are protected from breakage. School or LPT staff mustn't decant medicines or pre-draw the dose. To reduce risk, particularly with carrying controlled drugs, parents can be requested to provide a part-used box so that a lesser quantity can be taken.

5.9 Communicating with Parents

5.9.1 Timely communication with parents is vital and can be done using complement slips, telephone call or School Communication System.

6.0 Management and Implementation

This policy will be implemented and disseminated throughout the organisation, in accordance to the post ratification process. Following approval the policy will be catalogued in the Trust register of Policies and posted on the intranet.

It is the responsibility of the Service Lead to ensure that staff are familiar and compliant

with this policy and have documented evidence of this.

The Diana training and the competence will be renewed every year.

7.0 Monitoring Compliance and Effectiveness

At least an annual inspection will be carried out by a line manager using the audit tool in appendix 3. The standard is full compliance in all criteria. Consideration will also be given to including the special school in the Trust's Medicines Storage audit.

8.0 Due Regard

During the development of this policy the Trust has considered the needs of each protected characteristic as outlined in our equality statement with the aim of minimising and if possible remove any disproportionate impact on employees. If staff become aware of any exclusions that impact on the delivery of this policy, processes are in place to mitigate any risk.

Refresher training is provided every three years to support staff in the implementation of this policy.

References and Associated Documentation

1. Administration of Medicines in the Community – Standard Operating Procedure
2. Medication Error Policy
3. Managing Medicines in School and Early Years Settings, 2005 (DoH)
4. Leicestershire children and young people's services - Administration of Medicines (Leicestershire County Council)
5. Managing medicines and healthcare needs in school, early years and youth settings (City Policy)
6. The Leicestershire Medicines Code
7. Professional guidance on the administration of medicines in healthcare settings, 2019 Royal Pharmaceutical society / Royal College of Nursing.

Appendix 1 Tamper-evidence Check

Name of Patient…………………………………………………………

Name of Drug……………………………………………………………..

Date	Seal Number	Comments

Appendix 2

Royal Pharmaceutical Society of Great Britain

Refrigerator Temperature Record

Month: **Year:**

Date / Day	Max Temp C	Min Temp C	Action taken if outside range 2-8 C	Checked by (initials)	Thermometer reset (tick)

Please record the date(s) the fridge was defrosted:

Review:

Has the fridge temperature been checked every day? ☐ Yes ☐ No

Has any necessary action been taken? ☐ Yes ☐ No

If yes, what was the action?

Reviewed by: …… Date:……

If the fridge temperature is outside of the stated range (+2°C and +8°C) then assess the integrity of the stock in the fridge seeking manufacturer's advice where appropriate.

Appendix 3 **Compliance with Policy – Audit Tool**

Purpose of this document is to ascertain level of compliance with the Policy. Information should be gathered by examining documentation, availability of paperwork and visual inspection.

Date of inspection:……..

Name of staff completing inspection:……..

Location / School name:……..

		Level of Compliance			
Criterion	**Standard**	**Full**	**Partial**	**Non**	**N/A**
Proof of ordering medicines via one of the approved methods	Full Compliance (100%)				
Authorisation for every medicine present on the day					
Authorisation, pharmacy label and medication correspond					
All medicines stored in a lockable cupboard located inside a lockable room					
All medicines in-date					
No obsolete medicines present					
Refrigerator (lockable or not) located inside a lockable room					
Keys to the cupboards/room kept on the individual or in a safe place					
Presence of photo identification for children requiring medicines administration					
CD entries fully completed					
Weekly check of tamper evident seal for CDs					
Completion of appendix 2 for refrigerated medicines					
Full documentation of administration/omission					
Presence of sealable envelopes for transportation of CDs					

Appendix 4 DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**Policy and Procedure for Managing Medicines In School**	
Completed by:	**Tejas Khatau**	
Job title	**Lead Pharmacist – FYPC Directorate**	**Date 24/04/2023**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	Information about individuals not collected
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	Information about individuals not collected
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	Information about individuals not collected
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	Information about individuals not collected
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	Information about individuals not collected
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	Individuals not contacted

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Data Privacy Impact Screening Guidance Notes

The following guidance notes should provide an explanation of the context for the screening questions and therefore assist you in determining your responses.

Question 1: Some policies will support underpinning processes and procedures. This question asks the policy author to consider whether through the implementation of the policy/procedure, will introduce the need to collect information that would not have previously been collected.

Question 2: This question asks the policy author if as part of the implementation of the policy/procedure**,** the process involves service users/staff providing information about them, over and above what we would normally collect

Question 3: This questions asks the policy author if the process or procedure underpinning the policy includes the need to share information with other organisations or groups of staff, who would not previously have received or had access to this information.

Question 4: This question asks the author to consider whether the underpinning processes and procedures involve using information that is collected and used, in ways that changes the purpose for the collection e.g. not for direct care purposes, but for research or planning

Question 5: This question asks the author to consider whether the underpinning processes or procedures involve the use of technology to either collect or use the information. This does not need to be a new technology, but whether a particular technology is being used to process the information e.g. use of email for communicating with service users as a primary means of contact

Question 6: This question asks the author to consider whether any underpinning processes or procedures outlined in the document support a decision making process that may lead to certain actions being taken in relation to the service user/staff member, which may have a significant privacy impact on them

Question 7: This question asks the author to consider whether any of the underpinning processes set out how information about service users/staff members may intrude on their privacy rights e.g. does the process involve the using specific types of special category data (previously known as sensitive personal data)

Question 8: This question asks the author to consider whether any part of the underpinning process(es) involves the need to contact service users/staff in ways that they may find intrusive e.g. using an application based communication such as WhatsApp

If you have any further questions about how to answer any specific questions on the screening tool, please contact the Data Privacy Team via
LPT-DataPrivacy@leicspart.secure.nhs.uk

Appendix 5 **Due Regard Screening Template**

Section 1	
Name of activity/proposal	Policy and Procedure for Managing Medicines In School
Date Screening commenced	24/04/2020
Directorate / Service carrying out the assessment	FYPC
Name and role of person undertaking this Due Regard (Equality Analysis)	Tejas Khatau. Lead Pharmacist- FYPC Directorate
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Ensure all activity involving medicines in special school setting is carried out safely and consistently	
OBJECTIVES: Provide step-by-step guidance to staff	

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	
Disability	Yes – possible negative impact as parents with a learning disability may struggle with producing an authorisation. Need to produce an authorisation is kept to a minimum and parents will be given a template to make this easier.
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	

Section 3

Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.

Yes		No √	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	

Section 4

If this proposal is low risk please give evidence or justification for how you reached this decision:

Document describes steps and guidance for managing medicines taken from national and local best practices. An authorisation is required so that administration associated with the particular medicine can be logged.

Signed by reviewer/assessor	T KHATAU	**Date**	4/4/20
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	T KHATAU	**Date**	4/4/20

Appendix 6 **NHS Constitution**

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay.
The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	☐ Yes
Respond to different needs of different sectors of the population	☐ Yes
Work continuously to improve quality services and to minimise errors	☐ Yes
Support and value its staff	☐ Yes
Work together with others to ensure a seamless service for patients	☐ Yes
Help keep people healthy and work to reduce health inequalities	☐ Yes
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐ Yes

APPENDIX F

BSACI PROFORMA ACTION PLANS

British Society for Allergy and Clinical Immunology (BSACI) Proforma Action Plans for Antihistamine, Emerade, Epipen and Jext may be found below: CAUTION – ENSURE DOSE IS STATED IN THE ACTION TO TAKE BOX.

Original pdfs also available from the below website – containing drop down selections for dose.

https://www.bsaci.org/Default.aspx?PageID=13325790&A=SearchResult&SearchID=3155485&ObjectID=13325790&ObjectType=1

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

bsaci improving allergy care

ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

.....

DOB:

.....

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... **(If vomited, can repeat dose)**

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- **Persistent cough**
- **Hoarse voice**
- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
4. Commence CPR if there are no signs of life
5. **Stay with child** until ambulance arrives, **do NOT stand child up**
6. Phone parent/emergency contact

***** IF IN DOUBT, GIVE ADRENALINE *****

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: **sparepensinschools.uk**

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Additional instructions:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at **bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at **guidance.nice.org.uk/CG116**

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

Allergy: Emergency Action Plan with *Antihistamines*

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: ……. Tel No: …….……

Signature: ……. Date _____ / _____ / 20_____

Emergency telephone contact number…….

HEAD OF ADMINISTERING SETTING

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME: ……. Tel No: …….……

Signature: ……. Date _____ / _____ / 20_____

Designation ……

The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the LEA and schools' responsibility to ensure there is adequately trained staff able to instigate the management plan

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

bsaci ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

.....

DOB:

.....

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... **(If vomited, can repeat dose)**

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. Emerade®) (Dose: ..... mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

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

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

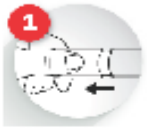
Signed: .....

Print name: .....

Date: .....

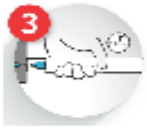
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

How to give Emerade®



REMOVE NEEDLE SHIELD

PRESS AGAINST THE OUTER THIGH



HOLD FOR 5 SECONDS

Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

Allergy: Emergency Action Plan with *Emerade*

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: …….. Tel No: ……..…….

Signature: …….. Date _____ / _____ / 20_____

Emergency telephone contact number…….

HEAD OF ADMINISTERING SETTING

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE AND EMERADE

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME: …….. Tel No: ……..…….

Signature: …….. Date _____ / _____ / 20_____

Designation: ……

I have prescribed a second Emerade to be given (circle) Yes No

The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the LEA and schools' responsibility to ensure there is adequately trained staff able to instigate the management plan.

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

bsaci ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

.....

DOB:

.....

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... (If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- **Persistent cough**
- **Hoarse voice**
- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ..... mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

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

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

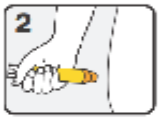
Print name: .....

Date: .....

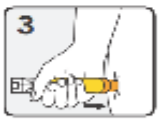
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

How to give EpiPen®

PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

Allergy: Emergency Action Plan with *EpiPen*®

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: …….. Tel No: ……..…….

Signature: …….. Date _____ / _____ / 20_____

Emergency telephone contact number…….

HEAD OF ADMINISTERING SETTING

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE AND EPIPEN®

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME: …….. Tel No: ……..…….

Signature: …….. Date _____ / _____ / 20_____

Designation: ……

I have prescribed a second EpiPen® to be given (circle) Yes No

The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the LEA and schools' responsibility to ensure there is adequately trained staff able to instigate the management plan.

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER SIGNATORIES)

bsaci ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

.....

DOB:

.....

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... (If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- **Persistent cough**
- **Hoarse voice**
- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector <u>without delay</u>** (eg. Jext®) (Dose: ..... mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do <u>NOT</u> stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

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

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

How to give Jext®

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

Allergy: Emergency Action Plan with *Jext*®

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: ……. Tel No: …….…….

Signature: ……. Date _____ / _____ / 20_____

Emergency telephone contact number…….

HEAD OF ADMINISTERING SETTING

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE AND JEXT®

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

NAME: …….

Signature: ……. Date _____ / _____ / 20_____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME: ……. Tel No: …….…….

Signature: ……. Date _____ / _____ / 20_____

Designation:……

I have prescribed a second Jext® to be given (circle) Yes No

The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the LEA and schools' responsibility to ensure there is adequately trained staff able to instigate the management plan.

VERSION CONTROL SUMMARY

Document:	**Administration of Medicines & Healthcare Needs**		
Issue Number:	**6**	**Date of Issue:**	**August 2023**

Summary details of amendments made at this review.

Page	Section / Paragraph	Amendment
Throughout	Throughout	Various updates provided by Tejas Khatau, NHS Lead Pharmacist.
3	Support for Children with medical Needs	Updated references provided to indicate the support available to schools.
6	1.3	Updated wording as advised from Lead Pharmasist, including a correction to the statement that now reads “A child under 16 should never be given aspirin unless prescribed by a doctor.“
6	1.4	Clarification on self administration procedures provided.
6	1.5	Requirement added for any transaction involving a controlled drug to be entered into a register.
8	2.2	Updated guidance provided on actions to take following an incorrect dose of medication being administered or other medication error, based on the NHS medication error policy.
84	Appendix E	Updated document provided.