CONTENTS

Forms

1. Preface

After the successful completion and implementation of the LEA Physical Intervention Guidelines, members of Teachers' panel asked for the joint LEA/School/Trade Union working group to continue and to write guidance on the management of children with medical needs in schools. This guidance would support the Council's policy of inclusion of pupils with physical and medical needs in mainstream and special schools and units.

The working group was adjusted to reflect the changed focus and consisted of:-

Chair: Helen Atkins, Head Teacher of the Orchard School.
Facilitator: Diane Callicott, Adviser (Special Educational Needs).
Members: Steve Butt, Head Teacher of Shenstone Lodge School;
Pete Cole, Representative, National Association of Schoolmasters;
Angela Duncan, Head Teacher of Meadows School;
Dave Fereday, Head Teacher of Tameside Primary School;
Dr Helen Grindulis, Consultant Paediatrician, Sandwell General Hospital;
Ian Murray, Representative, National Union of Teachers
Sian Owen, School Nurse Meadows School
Shawinder Basra, School Health Nurse Coordinator, Oldbury and Smethwick PCT

The LEA is indebted to the members of the working group, in particular the editorial and other sub groups, for all their commitment and hard work in this complex area. Thanks go to the Legal Department for their advice and to Nigel Giffen in providing legal opinion for the indemnity statement.

2. Introduction

These guidelines provide advice for schools on the management of children with medical needs. This is important in order to ensure such children are able to access the curriculum when in school, and are not excluded unnecessarily.

All schools will at some time have pupils on roll with significant medical needs. With increasing inclusion more pupils with this type of need will attend mainstream school including some with complex medical conditions.

Schools may need to know about routine management of a child with a chronic condition or the emergency management of a child with a medical problem.
There will be occasions where school staff may be asked to administer medication either in an emergency situation or to facilitate a child's attendance. They cannot be directed to do so. The administration of medicines by school staff is voluntary and is not a contractual duty.

For pupils who have serious medical conditions such as diabetes, epilepsy, severe allergies or severe asthma, or who need regular prescribed medication, for example Ritalin, an individual health care plan (see Med 2) should be drawn up. This should be done in collaboration with the child (if appropriate), the parents, school nurse, paediatrician, and the school staff.

Each school should have a policy regarding the management of children with medical needs based on this document for the benefit of their children and to ensure the safety of school staff. This should be developed in collaboration with the School Health Service and should be communicated to parents.

3. Legal Framework

The full legal framework for the administration of medication in schools can be found in DfEs Circular 14/96, "Supporting Pupils with Medical Needs in School" (see Appendix 14). Further guidance is available to schools in "Supporting Pupils with Medical Needs-A Good Practice Guide " (internet ref. appendix 16). This LEA guidance is based on these documents.

LEAs, schools and Governing Bodies are responsible for the health and safety of pupils in their care. Health Authorities also have legal responsibilities for the health of residents in their area. The legal framework for schools dealing with the health and safety of all their pupils is based in health and safety legislation. The law imposes duties on employers.

The *Education Act, 1996* and the *Medicines Act, 1968*, also guide schools in dealing with pupils' medical needs. The *Health and Safety at Work Act, 1974 makes* employers responsible for the health and safety of their employees as well as for anyone else on the premises. In schools this includes the Head and Teachers, non-teaching staff, pupils and other visitors. The subsequent *Management of Health and Safety at Work Regulations 1999* place a duty on employers to assess and manage risk. (For the legal purposes of the Health and Safety at Work Act, all pupils are considered visitors to the site.)

It is the responsibility of the employer to ensure that safety measures cover the needs of all pupils at the school. This could involve making special arrangements for individual pupils. The employer is responsible for making sure that all staff supporting pupils with specific medical needs know about their conditions and are trained to provide the support needed by pupils.

Pupils with medical needs do not necessarily have special educational needs. But for those who do, their needs are covered by the guidance contained within the Code of Practice for SEN 2002. Under the terms of the Education Act, 1996, the Health Authority must provide help to the LEA for a pupil with special educational needs, which may include medical needs, whether a child is placed in a mainstream or special school. The Health Services have a responsibility to provide advice and training for school staff in procedures to deal with a pupil's medical needs and to support that child's access to education.

LEAs, Health Services and schools should work together, in close partnership with parents, to ensure proper support in school for pupils with medical needs.

The Medicines Act, 1968 places restrictions on the administration of medicines. For prescription medicines, anyone administering these should be a GP or must act in accordance with the GP's instructions. The exception being where it is an emergency and in order to save life.

There is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it. THIS IS A VOLUNTARY ROLE.

Employers (usually the LEA or Governing Body) should ensure that their insurance policies provide appropriate cover for staff willing to support pupils with medical needs.

Where the LEA is the employer.

The LEA will provide appropriate insurance cover for school staff who volunteer to administer medicines within these guidelines. Any claims would then be directed against the insurance holder ie. the LEA. [This will be covered by the Indemnity Statement (see indemnity forms)].

Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises. This might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency. This duty also extends to teachers leading activities taking place off the school site, such as educational visits, school outings or field trips. The Children Act, 1989 describes what is reasonable for promoting or safeguarding children's welfare. This also gives some protection to teachers acting reasonably in emergency situations.

The Education (School Premises) Regulations, 1999 state that every school should have accommodation for medical examination and treatment and for the care of pupils during school hours. This should be appropriate for purpose and available but does not have to be dedicated for that sole use.

4. Responsibilities

4.1 Sandwell MBC

The LEA should:

- provide a general policy framework of good practice on supporting pupils with medical needs for Governors, Head Teachers, and Teachers
- maintain appropriate insurance cover
- provide explicit reassurance to staff who volunteer to assist with any form of medical procedure that they are acting within the scope of their employment and are indemnified (see indemnity statement in indemnity forms)
- provide access to named staff for advice
- Have in place procedures to monitor and review management of children with medical needs in schools
- work collaboratively with the Health Services
- ensure training needs have been addressed
- facilitate training in conjunction with health professionals.

4.2 The Governing Body

Where the Governing Body is the employer they will also have the responsibilities indicated above for an LEA.

The Governing Body should:

- ensure that the school has a policy for supporting pupils with medical needs in accordance with LEA guidance
- ensure that the policy is appropriately implemented and monitored within the school
- ensure that staff have appropriate training to support pupils with medical needs
- liaise with the Health Services when necessary regarding the policy in general or its application to specific pupils

4.3 **The Head Teacher**

The Head Teacher should:

- implement the school's policy for management of medical needs
- Sign the Indemnity Statement (in indemnity forms)
- ensure that all staff who support children with medical needs are appropriately qualified, trained, and supported
- ensure procedures are followed and Health Care Plans are reviewed as appropriate
- ensure that all staff are familiar with the policy
- ensure that accurate records are kept regarding children with medical needs
- ensure that the school health nurse, in liaison with other health professionals, the parents, and the school completes Health Care Plans for those children who need them
- annually review, with the school health nurse, specific medical needs of children in the school including the need for Health Care Plans and training for staff
- be responsible for making decisions about administering medication in school, guided by the school's policy
- share information with parents to ensure the best care for a pupil
- seek parents' agreement before passing on information about their child's health to other school / health service staff in line with Data Protection requirements
- ensure that parents' cultural and religious views are respected
- make sure that all parents are aware of the school's policy and procedures for dealing with medical needs

4.4 **Teachers and other school staff**

School staff responsible for the welfare of pupils should:

- take part in training regarding a child's medical needs if they have volunteered to support the child or administer medication. (This includes supervising pupils who self-administer medication if the school has consented to do this within the guidelines.)
- understand the nature of the condition, where they have pupils with medical needs in their class and be aware of when and where the pupil may need extra attention
- be aware of the likelihood of an emergency arising and what action to take if one occurs

- be aware of the staff who have volunteered and are trained to support the child and the back up arrangements if responsible staff are absent or unavailable
- be aware of the times in the school day where other staff may be responsible for pupils eg in the playground

4.5 **The Health Service**

Health Services have a statutory duty to:

- purchase services to meet local needs
- co-operate with LEAs and school Governing Bodies to identify need, plan and co-ordinate effective local health provision within available resources
- designate a medical officer with specific responsibility for children with SEN, some of whom may have medical needs.

The Health Service should:

- provide information and communicate effectively with parents and schools, to help them understand the child's medical condition
- provide advice and appropriate training to school staff who are willing to support pupils with medical needs
- provide guidance on medical conditions and specialist support for children with medical needs
- confirm proficiency in medical procedures

The local Consultant in Communicable Disease Control advising on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.

4.6 **The School Health Nurse**

Each school has a designated school health nurse / nursing team. Contact details are given in appendix 3

The school health nurse should:

- be accessible as the school's first point of call for information about medical needs.
- liaise with other health professionals if necessary to gather information about a child's medical needs
- advise the school on the need for Health Care Plans for particular children
- draw up individual health care plans for pupils with medical needs in collaboration with the parents, school, and if necessary other health professionals
- advise on training and support for school staff, who volunteer to support children with medical needs. (The school health nurse may provide this training and support herself, or may enlist the help of other nurses / doctors to do this)
- review certain children with medical needs in school regularly where indicated by their condition / progress,
- give advice to parents and staff about health issues.
- work with regard to Data Protection regulations

4.7 **The School Doctor** / **Paediatrician**

A consultant paediatrician or senior school doctor is available to advise the school health nurse about specific medical conditions / health care plans etc. In some instances it is appropriate for schools to contact this doctor directly if indicated by the school health nurse

The school doctor / paediatrician should:

- work closely with the school health nurse
- provide information about a child's medical needs
- advise the school on the need for a Health Care Plan for a particular child, and where necessary contribute to this
- assess / review children with medical needs in school, or in a paediatric clinic if necessary
- work with regard to Data Protection regulations

4.8 The General Practitioner

The child's GP will have an overview of their health needs. The school health nurse will be able to consult the GP about a child's medical needs. In some instances it is appropriate for schools to contact the GP directly if indicated by the school health nurse

The GP should:

- inform the school / school health nurse when asked about a child's medical condition, where consent has been given by the parent or the child
- liaise with the school health nurse (with the parent's consent) when they know of a child with a significant medical problem

4.9 The Parents / carers.

Parents should:

- ensure their child is well enough to attend school
- provide the Head Teacher with information about their child's medical condition and treatment or special care needed at school
- agree jointly with the Head Teacher, and school health nurse on the school's role in helping with their child's medical needs
- complete consent forms detailing their child's medical needs

if medication is to be given in school parents should:

- update the school in writing of any changes in their child's condition or medication
- provide sufficient medication and ensure that it is correctly labelled
- replace supplies of medication as required if this runs out or is out of date
- dispose of their child's unused medication
- give permission where their child is self-administering medication.

5. Principles that need to be included in school policies regarding the management of medical needs in school

1. Policies should be clear and understood and accepted by staff, Governors and parents and should provide a sound basis for ensuring that children with medical needs receive proper care and support at school.

2. Parents should be made aware of the policy

3. Formal systems and procedures should be drawn up in partnership with parents who have children with identified medical needs.

4. Policies should enable, as far as possible, regular school attendance.

Policies should include:

- Whether the Head accepts responsibility, in principle, for school staff giving, or supervising children taking, prescribed medication during the school day.
- The circumstances in which children may take non-prescription medication (eg pain killers).
- The school's policy on assisting pupils with long-term or complex needs.
- The need for a prior **written** agreement from parents or carers for any medication, prescribed or not prescribed, to be given to a child.
- Arrangements for staff to access to training in dealing with medical needs.
- A system of record keeping including an authorised staff list, pupil health care plans, records of parental consent and the administration of medicines.
- Storage and arrangements for access to medication.
- Reference to the school's first aid procedures.
- Cross reference to the LEA Off-site guidelines (2003).

6. Management of Medications

When dealing with medications in school Head Teachers must bear in mind the need for risk assessment as detailed in Health and Safety guidelines

6.1 Agreement to give medication in school

A parental request form should be completed each time there is a request for medication to be administered (Med 6). The arrangement must be agreed by the Head Teacher.
Where a child is self-administering medication there should still be a written request.

If there is any doubt about the need to give a particular medication this should be discussed with the school nurse. It should be stressed that, other than asthma inhalers, it is unusual to have to give medication in school (antibiotic courses can be given outside school hours)

Where medication is long-term, a letter must accompany the request from the child's GP or consultant. Where the medication is short-term parents will include instructions about use on the request form

A confirmation form, signed by school and parent/carer must be kept on file, with a copy of the confirmation form retained by the parent/carer (Med 7).

Changes to instructions should only be accepted when received in writing. **Verbal messages must not be accepted.**

6.2 Receiving Medication In School

No medication should be accepted into school unless it is clearly labelled with:

- The child's name.
- The name and strength of the medication.
- The dosage and when the medication should be given.
- The expiry date.
- Any special storage arrangements

All medication must come into school in the original, labelled, child proof container from the chemist.

Where a child requires two types of medication each should be in a separate container. On arrival at school all medication should be handed to the designated member of staff.

A few medicines may be needed by the pupils at short notice eg asthma inhalers. In most cases pupils must be allowed to carry inhalers with them to ensure easy access. Any medication kept by the child should be recorded (see 6.10 below)

6.3 Storage of Medication

Any medication received into school must be stored in a locked wall mounted cabinet and the key kept in an accessible place known to designated members of staff. The cabinet must be located in a designated area of the school eg school office. Some medication may need to be stored at low temperatures and must therefore be kept in a lockable fridge located in a designated area of the school. It is essential that staff involved with a child who may need access to medication are aware of the storage arrangements.

In the case of senior school pupils it may be appropriate for them to carry emergency medication with them – schools should make such decisions based on individual circumstances in liaison with the family and school health team

In most cases pupils will be allowed to carry asthma inhalers with them to ensure easy access.

6.4 Administering Medication

Teachers' conditions of employment do not include the administering of medication or the supervision of pupils who administer their own medication. This is also true of most non-teaching staff found in schools. Some staff may however volunteer to administer medication. Any staff willing to accept this responsibility must receive proper training and guidance, and be made aware of the possible side effects of the medication where these occur.

Children may self-administer some medications eg. asthma inhalers. It should be clear in the forms relating to medications in school whether the child needs supervision or not. It is good practice to record when a child has a dose of medication even if self-administering (6.10 below)

6.5 Emergency Medication

This type of medication must be readily available in an emergency. A copy of the consent form must be kept with the medication and must include clear, precise details of the action to be taken.

The procedures should identify:

- Where medication is to be stored.
- Who should collect it in an emergency.
- Who should stay with the child.
- When to arrange for an ambulance/medical support.
- Recording systems.
- Supervision of other pupils nearby.
- Support for children witnessing the event.

If the child is carrying their own emergency medication the procedure for administration should also be with the medication

6.6 Analgesia (Pain Killers)

Where pupils regularly require analgesia (eg for migraine) it is advisable for them to have a health care plan detailing under what circumstances they may take analgesics. An individual supply of their medication should be kept in school and the above guidelines on consent / record keeping etc should be followed.

It is not good practice to keep general supplies of analgesia eg Paracetamol in school.

However when an individual school feels it is necessary to do this they must have a clear policy in place regarding the circumstances under which they would use it. Parental consent must always be obtained before giving ad hoc doses of analgesic, and the administration should be recorded as below (6.10)

School aged children should never be given aspirin or any medicines containing aspirin.

6.7 Over the counter medicine

(Eg cough mixture, hay fever remedies.)
These should only be accepted in exceptional circumstances, and be treated in the same way as prescribed medication. Parents must clearly label the container with the child's name, dose and time, and complete a consent form.

6.8 Controlled drugs for ADHD

Ritalin and other similar controlled drugs are sometimes prescribed for children with attention-deficit hyperactivity disorder (ADHD).The standard drug is short lasting and children **will** need a dose at lunchtime in school. There is now a long acting version but this is not suitable in all cases. When administering these drugs, schools must follow the above guidelines re use with particular attention to locked storage, and careful recording of administration and amount of drug kept in school (It is advised that only small stocks of these medications are kept in school)

6.9 Homeopathic Medicines

Many homeopathic medicines need to be given frequently during the day and often at short intervals. This is difficult to manage in a school situation. It is strongly advised that schools only agree to administer medicines which have been prescribed by a General Practitioner.

In the event of a parent wishing a child to administer homeopathic medicines not prescribed by the GP - if this is agreed to by the Head Teacher - the school should ask the school health nurse to check the contents of the medication with the prescriber and if necessary a pharmacist

6.10 Record Keeping

A parental request form should be completed each time there is a request for medication to be administered (Med 6). This form must detail all valid information and must include:

- Child's name.
- Reason for request.
- Name and strength of medication provided.
- Clear dosage instructions.
- Date and time the medication should be given.
- Up to date Emergency contact names and telephone numbers.

A confirmation form, signed by school and parent/carer must be kept on file, with a copy of the confirmation form retained by the parent/carer (Med 7).

A pupil medicine record must be kept, which includes the name of the medicine(s), the date received by the school and the quantity received. This record must also include the time(s) of the administration and the person responsible for the administration (Med 8).

Reasons for not administering regular medication should be recorded and parents informed as soon as possible. A child should never be forced to accept medication.

Changes to instructions should only be accepted when received in writing. **Verbal messages must not be accepted.**

Where a child is self-administering medication there should still be a written request. Self-administration may require supervision and the child should always tell a designated member of staff when they are taking medication so that a record can be kept as above.

Records should be kept in a designated place in school and all staff should be aware of this. The school health nurse should also keep a copy with her records.

On off-site visits the teacher in charge should carry copies of any relevant Health Care Plans / Medication details

6.11 Staff and visitors requiring medication

If staff need medication during the course of the working day they are required to bring this to school with them. Staff who require medication should self-administer.

Any medication brought into school should be kept in a suitable locked cabinet/cupboard.

In an emergency, first aid procedures should be adhered to.

In some circumstances where staff require medication at a specific time, appropriate arrangements will need to be made.

NB: 'Staff' in this case includes all teaching, non-teaching, contract staff, visitors and volunteers.

6.12 Safe Disposal of Medicines

There should be written procedure covering the return or disposal of a medicine. Medicines should be returned to the child's parents and a receipt obtained and filed when:

- the course of treatment is complete
- labels become detached or unreadable
- instructions are changed
- the expiry date has been reached
- the term or half-term ends.

At the end of every half-term a check should be made of the lockable medicine cabinet. Any medicine, which has not been returned to parents and is no longer required, out of date, or not clearly labelled should be disposed of safely by returning it to the local pharmacy.

All medication returned, even empty bottles, must be recorded. If it is not possible to return a medicine to parents it must be taken to a local pharmacy for disposal and a receipt obtained and filed.

No medicine should be disposed of into the sewerage system or into the refuse. Current waste disposal regulations make this practice illegal.

6.13 Safe Disposal of Medical Waste

If a school has a child who requires injections it is the parents' responsibility to provide the equipment required in order that these can be given. Parents must also provide the school with an empty Sharps container, which must be used to dispose of any needles following use.

Sharps containers must be used for disposal of any sharp implements, which may have become contaminated with bodily fluid. Sharps containers must be kept in the designated medical area of the school.

6.14. Storage, use and transportation of oxygen cylinders

It is rare for oxygen to be required in school. If this is necessary it is essential to carry out a risk assessment to ensure appropriate storage, arrangements for supply use and maintenance, and training.
Such children will always be under the care of a specialist paediatric team which will be able to help with these arrangements.

7. Infection control

7.1 Spillage of Bodily Fluid

Where there is a likelihood of coming into contact with bodily fluids, the following minimum precautions must be adopted, regardless of whether a risk of infection has been identified:

- Disposable gloves and a disposable apron must be worn.
- Open wounds on anyone handling spillage must be covered with a waterproof dressing.
- Clean up spillages of blood or body fluids however small immediately.
- Blood spillages must be cleared using an approved hazard spill kit.
- Cover wet spillage with Haz Tab granules, remove after 2 minutes using the scoop provided then discard in a yellow bag **NB: do not use on urine**. If the spillage is dry or following the use of powder make a solution using Haz Tabs and cold water in the dilution bottle as indicated on the instructions. Wipe over the area with the solution and paper towels, discard the towels into a yellow bag (used for clinical waste). Discard protective clothing as clinical waste.
- For spillage of urine, soak up large spillage with paper towels and dispose of into yellow bag (used for clinical waste). Flood area with 1% sodium hypochlorite eg Milton or Sanichor, see label for dilution. Leave for ten minutes. Rinse area with hot water and detergent.
- If there is broken glass involved, never pick it up with fingers, even if wearing gloves. Dispose of the glass in a Sharps container.

7.2 Prevention of Cross Infections

In order to avoid cross infection the following procedures must be followed:

- Hand washing:

  before and after all medical contact
  after skin is contaminated with bodily fluid.

- Protective clothing:
  wear gloves for direct contact with body fluids
  wear plastic apron to protect clothing
  change protective clothing between procedures.

- Keep cuts covered:
  always cover cuts/skin lesions with a waterproof dressing.

- Use yellow clinical waste bags for infected waste

- Don't ask other children to help with cleaning wounds

7.3 Children with Personal Care needs

Some children in school will require help with their personal care needs. This may include feeding and toileting needs. These situations will pose a risk of cross infection.

Where children require help with toileting or feeding the following procedures must be adopted:

- All surfaces must be wiped down after use with warm soapy water eg tables, changing beds, etc. Changing beds must be wiped down after each child.
- At the end of each day surfaces must be wiped down with soapy water

8. First aid

Under the Health and Safety Regulations (First Aid) 1981 employers are required to provide for employees adequate and appropriate equipment, facilities and qualified first aid personnel. The Regulations do not oblige employers to provide first aid for non-employees but Health and Safety Guidance to the Regulations recommends that organisations such as schools should provide for pupils and other visitors to the school and include them in their risk assessments.

The DfES document 'Guidance on First Aid in Schools' says:

> "In the light of their legal responsibilities, schools should consider carefully the likely risks to pupils and visitors, and make allowances for them when drawing up policies and deciding on the number of first aid personnel."

How much First Aid provision a school has to make depends on its own circumstances. There are no levels or fixed ratios. Schools need to consider:

- Workplace hazards and risks.
- The size and nature of the school and whether the school is on split sites.
- The nature and distribution of staff and pupils.
- Whether staff and pupils have special needs or disabilities.
- The remoteness of the school from emergency medical services.
- The needs of any remote or lone working staff.
- Annual leave and absences of first aiders and appointed persons.

A first aider in school can only be considered a competent person if she/he has completed a training course approved by the Health and Safety Executive. These need to be updated and first aiders must hold a current certificate. Governing Bodies of schools can opt to recognise the work of first aiders by allocating them an annual allowance.

Communication is important for effective first aid and all schools should prepare and publish the following:

- Names of qualified first aiders indicating where they may be contacted.
- Contact details for emergency services.
- Siting of first aid boxes and first aid rooms. This information should be sited next to each internal and external telephone and other key sites in the school
- Emergency planning guidance re calling an ambulance should be accessible (see Med 10).

It is recommended that a record be kept of any treatments given by first aiders and these records should include:

- The date and time of the incident.
- The name (and class) of the injured person.
- Details of the injuries/illness and the first aid given.
- What happened to the injured/ill person immediately after treatment.

The first aider administering the first aid should record this on a form (see Med 9 for suggested format).

This guidance is based on Croner Guidance School Health and Safety – Briefing No 55

9. Invasive procedures

For some children the treatment required for their condition may be invasive in nature. Where this is the case particular care should be taken to maintain the child's dignity and privacy at all times.

The following are some of the interventions, which may be required in school:

9.1 Guidelines for the Administration of Rectal Diazepam by School Staff

Rectal Diazepam is a treatment for prolonged convulsions, and it is administered via the rectum. It should only administered by a member of the school staff who has volunteered and has been trained for this task. Training of designated staff will be arranged via the school health nurse and a record of this will be kept by the Head Teacher. Training will be updated annually.

A specific care plan for the administration of rectal diazepam must be maintained (Med 5)

1. Rectal Diazepam can only be administered in accordance with an up-to-date written prescription from a Medical Practitioner and a signed care plan. It is the responsibility of the parent if the dose changes, to obtain a new prescription from the GP. The old prescription should then be destroyed, and the care plan must be updated.
2. The care plan should be reviewed yearly by the school nurse who will check with the parents that it remains correct, and the dose of rectal diazepam remains the same. The new care plan should then be issued. Signatures should be obtained on an annual basis.
3. Each dose of rectal diazepam must be labelled with the individual child's name and stored in a locked cupboard. The keys should be readily available to all designated staff. A copy of the care plan should be kept with the rectal diazepam.
4. Rectal diazepam can only be administered by designated staff who have received training from a school nurse / community children's nurse. A list of appropriately trained staff will be attached to the care plan. Training for school staff should occur on an annual basis.

5. The care plan must always be checked before the rectal diazepam is administered. The dose of diazepam given must correlate with that on the care plan.

6. As with all other medications given in school the amount of rectal diazepam that is administered must be recorded and signed for by the person who has given it.

7. It is primarily the parent's duty to ensure that the diazepam kept in school is still in date. As a further safeguard, expiry dates of rectal diazepam must be checked each term by the school nurse. If it is out of date it should be replaced by the parents at the request of the school nurse.

9.2 Enteral Feeding

Any child requiring enteral feeding will be known to a Community Children's Nurse from Sandwell Hospital or in the instance where a child transfers from a special school, the Community Children's Nurse from that school. Any member of staff who undertakes enteral feeding will require training by the relevant Community Children's Nurse. The training will be specific to the individual child.

If the child comes from outside Sandwell, liaison may be required with services in a neighbouring district. The school should still contact their own school health nurse who will be able to establish appropriate contacts.

9.3 Catheterisation

If a child needs catheterisation facilities must be made available in school to ensure the privacy and dignity of the child involved.

Children may be taught to self-catheterise with training by the school nurse / community children's nurse. Some children will require support from a trained designated member of staff in the school. Training can be accessed through the School Health Nurse allocated to the school.

Any child requiring catheterisation should have a Health Care Plan, which should be drawn up by the School Health Nurses and the child's parents. This should be accessible to the designated member of staff involved with the care of the child.

9.4 Anaphylaxis

See section on “information about specific conditions” for more details

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from an early age what they can and cannot eat and drink. In most cases children will go through school without incident. The most common allergies are exposure to foods such as nuts, fish and dairy products. Wasp and bee stings can also cause allergic reactions.

In severe cases medication will be required. This may include administration of an oral antihistamine, adrenaline inhaler or by adrenaline injection (Epipen).

Responsibility for giving the injection should be on a voluntary basis and should only be undertaken following training by a school health nurse .

Any child who may be prone to anaphylactic reactions should have a specific anaphylaxis care plan (Med 3)

9.5 Tracheostomy

In a few cases a child may be admitted to school with a Tracheostomy. Such children require a full-time support assistant. Training is available from the Community Childrens’ Nurses. The care of any such child should be clearly outlined within a Health Care Plan.

10. Emergency situations

Teachers and other staff are expected to use their best endeavours at all times in emergencies. In general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. Advice and training is available from the School Health Service regarding possible medical emergencies. These are mainly related to four conditions:

- Prolonged epileptic seizures requiring Rectal Diazepam.
- Anaphylactic reaction requiring Adrenaline (Epipen).
- Diabetic hypoglycaemic attack requiring Glucose (glucose tablets or hypostop).
- Acute asthmatic attack requiring more inhalers/attention than usual routine doses.

More detailed guidance on these conditions is given in the following pages on specific conditions

Jehovah's Witnesses

Families who are Jehovah's Witnesses may not want their child to receive a blood transfusion. It must be clarified in advance what procedure would be followed in an emergency situation where a blood transfusion would normally be required. This decision should be made in consultation with the Consultant Paediatrician and the family.
This is particularly relevant in relation to offsite activities.

11. Information about specific conditions

11.1 Anaphylaxis

11.1.1 General Information About Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (especially peanuts, other nuts, eggs, cow's milk, shellfish), certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps or hornets).

In its most severe form the condition is life-threatening.

11.1.2 Symptoms

Symptoms, which usually occur within minutes of exposure to the causative agent, may include:

- Itching, hives anywhere on the body, generalised flushing of the skin.
- A strange metallic taste in the mouth swelling of the throat and tongue difficulty in swallowing.
- Abdominal cramps and nausea.
- Difficulty in breathing – due to severe wheezing or throat swelling.
- Increased heart rate, sudden feeling of weakness or floppiness.
- Collapse and unconsciousness.

Not all of these symptoms need be present at the same time or in every child.

11.1.3 Anaphylaxis Care Plan

A child at risk of anaphylaxis should have a specific care plan (see Med 3) as well as a standard health care plan drawn up between the school, the school nurse and the doctor supervising the child. This should give details of the symptoms experienced during an attack, the treatment required and who can administer it. The school nurse can help with training and education of school staff.

11.1.4 Medication

A child at risk of anaphylaxis may be prescribed oral antihistamines, an inhaled bronchodilator, and / or an adrenaline injection (Epipen). This injection is in a pre-loaded syringe and is simple to administer. Designated staff who volunteer to support such a child in an emergency situation will be trained by the school health nurse.

11.1.5 Day to Day Measures

Day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school.

When school kitchen staff are employed by a separate organisation to the teaching staff, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements.

Appropriate arrangements for outdoor activities and school trips should be discussed in advance between the parents and the school.

Cookery and science experiments with food may present difficulties for a child at risk of anaphylaxis. Suitable alternatives can usually be agreed. The individual child and the family have a right to confidentiality. However, the benefits of an open management policy could be considered. As with any other medical condition, privacy and the need for prompt and effective care are to be balanced with sensitivity.

11.1.6 Emergency care

If contact with a product known to cause an allergic reaction has occurred, or the child is showing symptoms of a reaction, summon another member of staff.

Once in contact with the product the signs of a reaction occur usually within a few minutes and almost always within 30 minutes. Watch the child carefully during this period.

(A) IF <u>NO REACTION</u> OCCURS WITHIN 30 MINUTES:

Continue to observe.
Do not leave the child alone for the following 3 hours in view of the possibility of late reaction.
Reactions after 30 minutes are uncommon, and unlikely to be as severe as true anaphylaxis.
Contact parents.

(B) DURING A <u>MILD REACTION</u> THE SYMPTOMS ARE LIKELY TO BE:

Red blotchy rash on face or hands.
Mild swelling of face especially around eyes/mouth.
Tickly or tight feeling in throat / tingling in tongue.
Tummy ache / feeling sick.
Irritability.

TREATMENT OF MILD REACTION

1. Ensure that one person stays with the child and observes for further reaction.
2. **Dial 999** and state "ANAPHYLAXIS" child to be transferred to nearest Accident and Emergency Department.
3. Give a dose of oral antihistamine medicine if indicated on the care plan
4. Ensure that the Epipen box is brought to the child in case the reaction becomes severe, symptoms described below.
5. Get someone to contact parents

(C) DURING A SEVERE REACTION THE SYMPTOMS ARE LIKELY TO BE:

Swelling of mouth, lips or tongue.
Difficulty speaking.
Difficulty swallowing.
Difficulty breathing or wheezing.
Feeling faint or loss of consciousness.

TREATMENT OF SEVERE REACTION

1. Put the child in the recovery position if child becomes unconscious.
2. Ensure that one person stays with child and observes for improvement or deterioration of the reaction.
3. **Dial 999** and state **"ANAPHYLAXIS"** child to be transferred to nearest Accident and Emergency Department.
4. Give **Adrenaline Injection** as detailed below.
5. Get someone to contact parents

How to use epipen adrenaline injection

The injection is in a pre-packed syringe. The dosage is set so no calculation is necessary. Administer the whole amount into the outer mid-thigh Keep the syringe safe to be discarded in sharps box carried on ambulance.

DO NOT delay management by trying to contact parents/carers first.

If in doubt call ambulance and give medication and note the time, you can do no harm by giving it.

When ambulance arrives tell them what you have given and the time it was given.

11.2 Asthma

11.2.1 General Information About Asthma

About one in ten children have asthma at some time in childhood but not all of these will be severely affected enough to require inhalers to be kept in school. A few children will have severe asthma and will require regular medication in school to prevent them from getting symptoms. For this small number an individual care plan would be appropriate.

11.2.2 Asthma Medication

Asthma medication is usually given by inhalers. There are various different types and the doctor prescribing the inhaler should ensure that it is possible for the child to use it properly. Because of the co-ordination needed, children under 12 often find it difficult to use the aerosol spray inhalers properly without a spacer. Spacers will often be needed in school. (Occasionally tablets are used in addition to inhalers but these are only given once or twice a day and will not be required in school).

❖ ***Reliever Inhalers -*** Relievers are usually blue. This is the inhaler that children need to take immediately when asthma symptoms appear. Relievers work quickly to relax the muscles around the airways. As these muscles relax, the airways open wider and it gets easier to breathe again.

❖ ***Preventer Inhalers -*** Preventers may be brown, orange, or sometimes other colours but not blue.They are only required two or three times a day and do not have any immediate effect on wheeze/ cough. They should not therefore be required in school.

❖ ***Where should the school keep reliever medication?***

- Immediate access to reliever medication is essential. Delay in taking reliever treatment, even for a few minutes, can lead to a severe attack and in very rare cases has proved fatal.
- As soon as a child is able, allow them to keep their reliever inhaler with them at all times, in their pocket or in an inhaler pouch. The child's parents, doctor or nurse and teacher can decide when they are old enough to do this (usually by the time they are seven).
- Keep younger children's inhalers in an accessible place in the classroom. Make sure they are clearly marked with the child's name. At break time, in PE lessons and on school trips make sure the inhaler is still accessible to the child.

Children should not be prevented from taking part in physical activities because they have asthma. If a child is consistently unable to take part because of symptoms – cough, wheeze, breathlessness, tiredness – you should ask the school nurse to check their treatment. It should almost always be possible to manipulate this so that a child is not incapacitated by their asthma.

11.2.3 Management of an Asthmatic Attack

❖ Classroom First Aid

(a) Ensure that the reliever inhaler is taken immediately.
(b) Stay calm and reassure the child.
(c) Encourage the child to breathe.

Encourage the child to breathe slowly and deeply. Most children find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Ensure tight clothing is loosened.

(d) Record the dose(s) of medication given

(e) After the attack: Minor attacks should not interrupt a child's involvement in school. As soon as they feel better they can return to normal school activities.

(f) The child's parents must be informed about the attack.

❖ Emergency Situation

Dial 999 and call an ambulance urgently if:

- the reliever has no effect after five to ten minutes
- the child is either distressed or unable to talk
- the child is getting worse / exhausted
- you have any doubts at all about the child's condition.

Continue to give reliever medication every few minutes until help arrives.

> *A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate very quickly.*

11.3 Diabetes

Paediatric Units treating diabetic children have specialist diabetes nurses who can liaise with schools and provide information and training. All children with diabetes should have a health care plan (Med 2) and a specific diabetes care plan for the management of hypoglycaemia (Med 4)

Diabetes cannot be cured, but it can be treated effectively. Children with diabetes will have treatment consisting of insulin injections and appropriate diet.

The aim of this treatment is to keep the blood glucose level close to the normal range so that the blood glucose is neither too high (hyperglycaemia) or too low (hypoglycaemia).

11.3.1 Insulin Injections

All children with diabetes will need injections of insulin. In most cases, children will be on two injections of insulin a day. The injections will be taken at home, before breakfast and before the evening meal.

Occasionally children will be taking more than two injections of insulin a day, in which case one of the injections may be taken at lunchtime. If a child needs to inject whilst at school, she/he will need to know how to do the injection without the help of an adult. If this situation occurs it is advisable to check with the diabetes nurse to ensure the child's competence

Injections of insulin are given by means of a syringe or a pen device. The method used depends on the age of the child, and the time since diagnosis. The injections of insulin will lower the blood glucose level and they need to be balanced with food intake.

11.3.2 Diet

An essential part of the treatment of diabetes is an appropriate diet. Food choices can help keep the blood glucose level near normal.

The diet recommended for people with diabetes is based on the healthy, varied diet recommended for the whole population. Meals should be based on starchy foods. Food choices should be generally low in sugar and fat and high in fibre.

The child with diabetes will have been given guidance on food choices. These will be a balance of different foods, with particular attention being paid to carbohydrate foods, such as bread, rice, pasta, chapattis, yams, plantain, potatoes and cereals.

11.3.4 Snacks

Most children with diabetes will also need snacks between meals. These could be cereal bars, fruit, crisps or biscuits. The snacks may occasionally need to be eaten during class time. It is important to allow the child to eat snacks without hindrance or fuss. It may be worthwhile explaining to the class why this needs to be done, to prevent problems with other children. Equally important as the type of food eaten is the timing of meals and snacks. The child with diabetes will need to eat their food at regular times during the day. This will help to maintain a normal blood glucose level.

Because the child needs to eat on time she/he may need to be near the front of the queue (and at the same sitting each day) for the midday meal. If a meal or snack is delayed for too long the blood glucose level could drop, causing hypoglycaemia.

11.3.5 Hypoglycaemia Reaction

Hypoglycaemia means low blood glucose. The possibility of a child having a hypoglycaemic episode (a hypo) is a worry to many people supervising children with diabetes. People have visions of children flaking out or ending up unconscious. This is rarely the case and most hypos can be identified and treated without calling for professional medical help.

It is important to know what causes hypoglycaemia, how to recognise it and what action to take.

The common causes of hypoglycaemia are:

- a missed or delayed meal or snack
- extra exercise (above that normally anticipated)
- too much insulin

It has been noticed that hypoglycaemia may occur more frequently when the weather is very hot or very cold.

Symptoms can include hunger, sweating, drowsiness, pallor, glazed eyes, shaking, mood changes or lack of concentration. Each child's signs and symptoms will differ and the parents will be able to tell you how hypoglycaemia affects their child.

If the child displays any of these signs and you are not sure whether it is hypoglycaemia, check with the child or, if you have time, the parent. If you are in doubt, treat it as hypoglycaemia.

❖ **How to recognise hypoglycaemia:**

- hunger
- sweating
- drowsiness
- pallor/gloomy
- glazed eyes
- shaking
- mood changes/lack of concentration

❖ **How to treat Hypoglycaemia:** Fast acting sugar should be given immediately. This will raise the blood glucose level. It is most important that you do not send a child who appears to be hypoglycaemic unaccompanied to get sugary food. Always make sure that they are accompanied, or send someone else and keep the child under supervision.

Examples of fast acting sugars are:

- Lucozade
- Sugary drinks, eg Coke, Fanta (not diet drinks)
- Mini chocolate bar
- Fresh fruit juice
- Glucose tablets
- Honey or jam
- 'Hypostop' – a glucose gel which is prescribed by the medical team.

The child's parents will be able to provide the fast acting sugars required.

The parents will be able to tell you what is appropriate for their child, together with the quantity. Most children with diabetes have their own preferred fast acting sugars. You can help by having fast acting sugar in your desk and, when you are out of the classroom, readily available at all times.

If the child is too confused to help themselves, try rubbing sugary jam, honey or 'Hypostop' (a special hypo preparation described above) inside the cheek, where it can be absorbed. Remember never to place anything into the mouth of someone who is unconscious as this carries the potential risk of choking as the person is unable to swallow. In the unlikely event of the child losing consciousness, place her/him in the recovery position and call an ambulance. You can be reassured that if the child does lose consciousness, s/he will come round eventually and should not come to any immediate harm.

❖ Recovery from Hypoglycaemia

Hypos are a part of living with diabetes. Isolated incidents are inevitable. But if the child is having hypos at school, you should inform the family.

The child should not be left alone until fully recovered from the hypo. Recovery should take 10 to 15 minutes. The child may feel nauseous, tired or have a headache. When the child has recovered, follow up sugary food with some starchy carbohydrate, such as two biscuits and a glass of milk, a sandwich or the next meal if it is due.

If the child is unconscious, do not give anything to swallow. Place the child in the recovery position and call an ambulance.

11.4 Epilepsy

11.4.1 Medication

Children known to be epileptic will be taking one or more anti-epileptic medications. These are only ever given two or three times a day and it is therefore very unlikely that they will need to be administered in school.

11.4.2 Rectal Diazepam

A few children who are prone to episodes of status epilepticus have a supply of rectal diazepam to use during a prolonged seizure. It may be agreed that a supply is kept in school. If this is the case a specific care plan for the child should be kept with instructions about when to give the diazepam, who can give it, where to keep it etc. (See section 9.1 and Med 5).

11.4.3 School Activities

Placing restrictions on children with epilepsy will only serve to make them feel and appear different. With adequate supervision no activity need be barred, although it is unwise to allow a child to climb ropes and wall bars if he has a history of frequent, unpredictable seizures. **Swimming** is to be encouraged and should cause no problems provided there is a qualified and informed lifeguard in, or adjacent to, the water to affect an immediate rescue should it be necessary. Many schools adopt the “buddy” system for all children, which means that special attention need not be drawn to the child with epilepsy. The lifeguard should be informed about any child with epilepsy, and whether a buddy system is in operation.

11.4.4 Essential Information

It is recommended that teachers find out as much as possible about a child’s epilepsy from the parents. Some questions to ask could include:

- what type of seizures a child has
- how long they last and what they look like
- what first aid is appropriate and how long a rest the child may need
- any particular conditions or events that might trigger a seizure
- how often medication is taken and what side-effects may be experienced
- whether the child has a warning (aura) before the seizure
- what activities, if any, the parents or doctor require limiting
- whether the child has any other medical conditions.

Finally, it can be helpful to know how much understanding the child themselves has of their condition and its treatment.

11.4.5 Management of Epileptic Seizures

Children who have epilepsy should have a health care plan giving details of the type of seizure they usually have, and what management of this is likely to be necessary in school. Some children may have an additional care plan for the administration of rectal diazepam (see Med 5).

There are different types of seizures. "Absence seizures" simply cause the child to become unresponsive for up to a few minutes, but do not cause falls or unconsciousness. Tonic-clonic seizures require first aid or, on some occasions, emergency care:

11.4.6 Classroom First Aid

If a child has a tonic-clonic seizure, classmates will look to the teacher for guidance. Calmly reassure the other children and ensure that the child having the seizure cannot harm themselves. Only move the child if there is danger of sharp or hot objects or electrical appliances. Then follow these simple guidelines.

a. Cushion the head with something soft, eg a folded jacket, but do not try to restrain movements.

b. Do not put anything at all between the teeth or in the mouth.

c. Do not give anything to drink until the seizure is over.

d. Loosen tight clothing around the neck but remember to do this with care as it may frighten a semi-conscious child.

e. Do not call for an ambulance or doctor unless the seizure lasts more than a few minutes – see **emergency care** section.

f. As soon as possible, turn the child onto their side in the semi-prone (recovery) position. Wipe away saliva from around the mouth.

g. Be reassuring and supportive during the child's period of drowsiness or confusion which often follows this type of seizure. The child may need to rest quietly or sleep for a while, preferably somewhere private, but with adult supervision.

h. If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence.
i. Record the details of the seizure

j. Contact the parents.

It is not always necessary to send a child home after a seizure, but each child is different, and it depends on factors such as how often fits occur, whether the typical course is followed etc. Ideally, a decision will be taken in consultation with the parents when the child's condition is first discussed and a procedure established.

11.4.7 Emergency Care

Although the average convulsive seizure is not a medical emergency there are three exceptions of which a teacher should be aware:

(a) When a seizure shows no sign of stopping after 5 minutes.

(b) A series of seizures take place without the child properly regaining consciousness in between.

(c) If a child who is not known to have epilepsy experiences a convulsive seizure – even if the seizure stops naturally after a few minutes. In such a case, the condition may be caused by some underlying infection or metabolic problem.

If one of these situations occurs dial 999 and call for an ambulance. Continue first aid as above whilst waiting for this to arrive.

12. Offsite / Out of Hours Activities

Cross reference with Sandwell LEA Document: "Guidelines for Offsite / Out of hours Educational Activities" 2003

Risk assessments undertaken before arranging offsite / out of hours activities must include consideration of participating pupils' medical needs. See section on pupils with medical needs in the "Guidelines for Offsite / Out of hours Educational Activities" for details of what to check.

If a child has specific needs it must be clear how these are going to be met during the activity (this may include the need for a trained member of staff or parental attendance

A Parental consent form must be completed for all pupils involved in an offsite / out of hours activity (from the LEA Document: "Guidelines for Offsite / Out of hours Educational Activities"). There are separate forms for onsite out of hours; off site non-residential; and offsite residential activities. (see Med 11 A-C)

A parental request form for administration of medication or treatment during an offsite / out of hours activity should be completed (this includes a section for treatments other than medication) (see Med 11D)

The group leader should have details of a child's medical needs including copies of the above form and any other health care plans (Med 2-5)

It is essential that all staff members who will be involved with a child with medical needs during an event are informed of the child's requirements

School procedures for administering medicines must be followed.
It should be clear whether the child is competent to self-administer medication or not. If this is not the case it will be necessary to either train a member of staff to do this or ask the parent to accompany the child

Medication required can be carried by the child if this is normal practice (eg Asthma inhalers). If not, then the Head Teacher or Group Leader should decide how medication will be carried during the activity by a member of staff, or the parent if present.

All teachers supervising activities should be aware of procedures to follow in an unexpected medical emergency

13. Children in Out of Borough Placements

Children in out of borough schools will usually be subject to the Management of Medical Needs Policy used by the school and the local Health Team. It is up to the LEA and school health team in Sandwell to check that suitable arrangements are in place when making such placements.

14. Health Service Organisation

(see appendix 3 for contact details)

Nurses

- School health nurses are based in teams within the 3 Primary Care Trusts in Sandwell. Each mainstream school will have a designated team to call upon for advice and support.
- School Nurseries will have a nominated attached Health Visitor who should be able to provide advice about any medical issues which have been noted before a child attends nursery
- The Orchard and Meadows Special Schools have school nurses onsite, and the Westminster schools and St. Michaels Unit have additional nursing support. These staff have a high level of expertise in managing complex medical needs and can act as a resource for the mainstream school nurses.
- There are Community Childrens Nurses based at Sandwell General Hospital who are involved with a small number of children with complex medical needs in the community. They may be involved in support and training for school staff themselves, or may act as a resource for the mainstream school nurses.

- The School Nurse is the first point of contact for school staff requesting medical advice , support or training. A specific form to request information about a child's medical needs is suggested at Med 1

Therapists

- Speech and Language Therapists are based in health centres around Sandwell and are directly accessible to schools
- There are a small number of paediatric physiotherapists and occupational therapists. These staff are only accessible via a paediatrician

- All therapists are able to visit schools and provide advice and training for staff

Doctors

- All children will be registered with a GP who will be able to provide general information about a child's medical needs
- Children with medical issues significant enough to be causing difficulties in school will usually either be under the care of a paediatrician, or will need referring to one to investigate their problem
- Paediatricians visit the special schools regularly, and occasionally see children in a mainstream school. There are also clinics in Health Centres and at Sandwell and Rowley Hospitals

- The consultant community paediatrician and senior clinical medical officer can be contacted by school staff directly if necessary (if the school nurse advises this, or the matter is urgent and the school nurses cannot be contacted)

CAMHS

The Child and Adolescent Mental Health Service can be directly accessed by schools - Contact details in appendix 3

15. Training

The LEA and Health Service should jointly arrange training to cover:

- Raising awareness of medical needs in school for school staff
- Guidance on the formation of a policy for managing medical needs, implementation and clarification of responsibilities for School Managers and Governors

The school health nurse (or other health professional if appropriate) will provide:

- Individual training programmes for specific staff about a particular child's needs

Recording Training

It is important that training is recorded in order to clarify roles and ensure updates take place at appropriate intervals. It may be recorded on specific care plans, or on the suggested form at Med 12.