

Whitehall Primary School

Policy for Supporting Pupils with Medical Conditions and Administering Care and Medication to Children with Medical Needs

Introduction

- THIS POLICY is a statement of the aims, principles and strategies for caring for children with specific medical needs.
- THIS POLICY will be reviewed annually or as required.
- THIS POLICY SUPPORTS and relates to our School Vision Statement and Aims and is an integral part of the organisation of the whole school.
- THIS POLICY IS implemented in conjunction with other school policies, namely: SEND, Equal Opportunities, Health and Safety, PSHE and Educational Visits, Trips and Residential.
- THIS POLICY WILL BE MONITORED and EVALUATED for effectiveness through:-
 - Staff meetings
 - Governing Body meetings
 - Parental feedback
 - Ofsted Inspection

THIS POLICY WILL BE DISSEMINATED through providing a summary in the School Prospectus, and will be available on request and on the school website.

Aims

- To assist parents in providing medical care for their children.
- To educate staff and pupils in respect of special medical needs.
- To adopt and implement the LA policy of Medication in Schools.
- To arrange training for volunteer staff to support individual pupils.
- To liaise as necessary with medical services in support of the individual pupil.
- To ensure access to full education if possible.
- To monitor and keep appropriate records.

Inclusion

Whitehall Primary School has a responsibility to provide a broad and balanced curriculum for all pupils by :

- Setting suitable learning challenges
- Responding to pupils' diverse learning needs
- Overcoming potential barriers to learning and assessment for individuals and groups of pupils
- Ensuring that physical needs are met wherever possible for children with specific or complex needs.

The National Curriculum secures for all pupils irrespective of social background, culture, race, gender, differences in ability and disabilities, an entitlement to a number of areas of learning.

Equal Opportunities

We believe in promoting equal opportunities for all pupils in every aspect of school life. We oppose any form of discrimination or racism and prepare our pupils to live in a multicultural society. Any reports of discrimination or racism are recorded and investigated in line with LA policies.

Resources

A range of resources are available in school to support this policy. Financial allocation is provided when necessary. Staff will receive the necessary training required to support the individual needs of children with medical conditions. Staff will also be made aware of the emotional issues that may accompany the medical condition for some children and may impact on the children's learning. Staff will also receive training on how to support pupils in caring for themselves. Staff will understand the importance of working in partnership with parents and carers as well as health professionals so that all have confidence in the provision the school is able to give to these pupils. There will be sufficient staff trained to cover for absence. Every effort will be made to ensure that all pupils, whatever their individual needs can access all educational opportunities. Where appropriate, whole staff awareness of a pupil's needs will be brought to staff attention. Emergency procedures will be made known and risk assessments put in place where necessary. Photographs of the pupils will be placed in the staff room and other appropriate places.

- There is a medical room area in the school which incorporates a toilet and changing facility for disabled or incontinent children.
- Guidance is written in the care plan for each individual child. However, plastic gloves should always be worn and antibacterial cleanser used before and after changing children, dealing with spillages of blood or other bodily fluids, and disposing of dressings or equipment.

Administration of Medicines

In the light of The Children Act 1989 and the DfES Publication 'Managing Medicines in Schools and Early Years Settings', our school policy is as follows:

'Short-term' Medication

Children who require a short course of medication e.g. antibiotics, will, whilst ill, **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 lunch time, or if this is not possible a parent/carer may administer the lunchtime dose by arrangement with the Headteacher. However, if the child is well enough to attend school, and a parent or carer cannot take either of these options, a nominated person at school will administer the medicine as long as there are fully written instructions and the medicine is in the original packaging. Anti-biotics should be held securely in a designated place such as the medical room on these occasions and the necessary forms completed and signed by the parents/carers.

'Long-term' Medication

A few children, whilst fit to attend school, may require to take medicines during school hours. In addition, it may be necessary for children with long term complaints or chronic illnesses such as asthma, diabetes or certain allergies to receive medicine. Some children may require regular visits to hospital and so special arrangements may be necessary. Where appropriate a healthcare plan will be put in place involving parents/carers and healthcare professionals, for children on long-term medication. The following guidelines are designed to give schools direction as to the procedures and arrangements which should be observed when dealing with this subject. No teacher can be required to administer medicines.

1. Parents' / Carers' Responsibility

Medicines should not be given in schools unless the parent/carer has completed the request for administration of medicines form (**See Appendix B**). A clear written statement of their responsibility is given to all parents/carers. **Copies of these forms must be kept with the medication.**

All medicines must be clearly labelled with the child's name, route i.e. mode of administration oral/aural etc., 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.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Where a pupil requires medicines to be administered by invasive procedures (rectal valium) or injection (adrenaline) the school seeks the written authorisation from the parents/carers. These procedures will normally only be administered by named and trained staff.

2. School's Responsibility

The SENCO is the named person responsible for medicines in school together with named alternatives (the headteacher, the deputy head teacher or other nominated person). Day-to-day administration is delegated to competent, trained colleagues. It is advised that non-prescription drugs should not be brought into school e.g. Calpol, throat lozenges, creams etc. Individual cases may be discussed with the Headteacher, but drugs will only be accepted into school when the request for medicine to be taken/administered in school form **(Appendix B)** has been completed by the parent/carer.

3. Storage of Medicines

Medicines, when not in use, are kept in a safe and secure place in line with the pharmacist's instructions. Any unused or time expired medication will 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 will be kept in safe custody. Medicines required in an emergency are readily accessible at all times. These are stored in a medical cupboard clearly marked with the green and white medical **+** in each classroom.

Wherever possible and after discussion with parents and if necessary health care professionals, children who are competent to manage their own health needs and medicines, should be allowed to carry or access their own medication and devices for self medication quickly and easily. On rare occasions all pupils are required to carry their own medication but they will be instructed to do so by a member of staff e.g. on school trips. At all other times their medication must be kept in the medical box in their own classroom.

General First Aid boxes are inspected and stock replaced regularly.

4. Administration / Records

The label on the medicine container is checked against the school medicine record (completed by parent/carer). Any discrepancy is queried with the parent before administering. A parent/carer is asked to confirm in writing if they require the school to deviate from the instructions on the container. Preferably drugs should be self administered. Where this is not possible medicines will be administered by a named individual member of the school with specific responsibility for the task in order to prevent any errors occurring. This will be a trained member of staff or the nominated staff member. Where practicable a witness should be present who should also sign the appropriate box on **Appendix C.**

Schools should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages. The only exception to this is insulin which will generally be inside a pen or pump for administration in school.

A record should be kept on the back of the medical sheet of any self administration of an inhaler to track the frequency of administration.

A record is kept of all doses given **(See Appendix C)**. This is carried out to the best of the named person's ability. Parents/Carers should sign the record book to acknowledge the entry.

Incorrect Administration of Dosage – individual protocols/health plans will contain emergency actions in respect of this happening. The incident will be notified to the department using Form SO2. In the event of an excess dose being accidentally administered or the incorrect procedure being carried out, the child concerned will be taken to hospital as a matter of urgency.

Records of pupils requiring medication are updated on an annual basis. Each class teacher, teaching assistant and lunchtime supervisor receives a list of the names of pupils and medication required. Photographs of children with chronic illnesses or certain allergies are attached to the list but also displayed in the staffroom, downstairs staff cloakroom, school office and kitchen. (The healthcare plan is completed for each pupil – **See Appendix A and reviewed annually or more frequently as appropriate**). Where appropriate or necessary the child's peers may need some explanation of the condition and administration of medication.

5. Disposal of Medicines

Medicines that are no longer required are not allowed to accumulate, they are returned in person to the parent/carer for disposal. Where it is not possible to return medicines to the parent, a pharmacist should be contacted for advice regarding disposal.

6. Training of Staff

Persons who administer medicines volunteer themselves for such duties and are adequately trained and supported by the School Nurse annually. A record is kept of staff who have received training. **(See Appendix D)**. Ideally, they should also receive first aid training but please note first aid training does not prepare staff adequately to administer specialised medicines. Any difficulties in understanding about medication usage should be referred to the School Nurse.

Liability of School Staff

Staff who administer medicines to pupils will be covered by the Council in the event of a liability / negligence claim being made against them as long as they have taken reasonable steps to follow the procedures contained in these guidelines.

7. Procedures for Out of School Activities

Arrangements are made to ensure that children who may require medication when away from the school have access to that medicine, and, where necessary, are accompanied by staff who have received training in the administration of that medicine.

Emergency medication and reliever inhalers must follow the child at all times. Inhalers and emergency treatment medication must follow the child to the sports venues, swimming pool etc. The medication should be kept by the teacher in charge in a box on the touchline or at the side of the pool. It is the parents/carers responsibility to ensure that medicines are in date and replaced as appropriate. Where appropriate, pupils should carry their own medication for immediate use if needed.

A first aid kit is always taken on a school trip. A first aider or appointed person, wherever possible, accompanies a school trip.

8. Risk Assessments

A full risk assessment is always carried out before any school trip (**See Educational Visits, Trips and Residentials Policy**), which will include pupils who need regular medication and those who may need it; those pupils with allergies, asthma inhalers etc.

If hospitalisation is necessary, a member of staff should always accompany a child to hospital by ambulance and should stay until the parent arrives. In the event of an emergency/accident which requires a child to be treated by health professionals (doctors/paramedics) or admitted to hospital, the latter are responsible for any decision on medical grounds when and if the parents/carers are not available.

As a general rule staff should never take children to hospital in their own car. When emergency treatment is required, medical professionals or ambulance should always be called immediately. However, if the Headteacher or person in charge decides that the only solution is to take the child to hospital or home in a member of staff's car, the following must be taken into consideration:-

- **The car must be insured for business use**
- **The car is taxed and has a current MOT and is in a roadworthy condition**
- **The driver has a full licence with no penalty points (unless they are for minor speeding offences)**
- **The driver is experienced (no definition of this but unlikely to be someone who has only passed their test in the last 2 years)**
- **The driver has a current DBS certificate**
- **If the child is small, then an approved booster seat must be used and correctly fitted**
- **Seatbelts must be worn at all times. Child safety locks on the doors should be used.**
- **No child is to sit in the front seats (this is for safety, not distracting the driver, driver cannot be accused of inappropriate contact with the child)**
- **Any sick child must be accompanied by two adults (including driver)**

The situation is risk assessed by the person in charge. Common sense must come first.

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.

9. Hygiene and Infection Control

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.

10. Complaints

If parents feel there is need for complaint then the school's complaint procedure should be followed.

Making a formal complaint to the Department of Education, should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after all other attempts at resolution have been exhausted.

The steps in the procedure are as follows:

Step 1 Informal. A parent makes a complaint directly to the class teacher/ member of staff.

Discussion will then take place to resolve the concern/complaint. If necessary the Headteacher can be involved.

Step 2 Formal complaint in writing to the Headteacher.

Step 3 Formal complaint in writing to the Governing Body. A letter acknowledging receipt of the complaint will be sent by the Chair of Governors within five working days. The letter will outline procedures and specify timescales.

Step 4 Formal complaint in writing to the Minister for Education.

11. Additional Forms Attached:

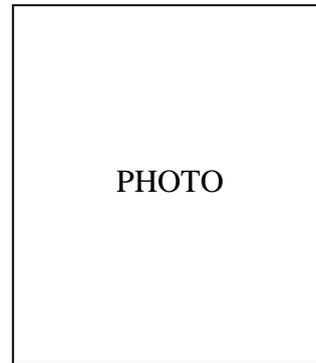
- Appendix A – Healthcare Plan
- Appendix B – Request for Administration of Medicines
- Appendix C – Record of Medicine Administered to an Individual Child
- Appendix D – Staff Training Record
- Appendix E – Emergency Planning
- Agreement for the administration of prepared Epinephrine (adrenaline) injections.
- Agreement for the administration of Rectal Diazepam
- Agreement for the administration of Buccal Midazolam

Healthcare Plan for a Pupil with Medical Needs

Name _____

Date of Birth _____

Condition _____



Class _____

Date _____

Name of School _____

Review Date _____

Contact Information

Family contact 1

Family contact 2

Name _____ Name _____

Phone No. (work) _____ Phone No. (work) _____

(home) _____ (home) _____

Relationship _____ Relationship _____

Clinic / Hospital Contact

G.P

Name _____ Name _____

Phone No. _____ Phone No. _____

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

Medication: dose, side effects, storage, dietary requirements and other important conditions to be taken into account.

Daily care requirements (e.g. playtime / lunchtime, before P.E.)

Describe what constitutes an emergency for the pupil, triggers, signs, symptoms, treatments and the action to take if this occurs:

Follow up care

Who is responsible in an Emergency (State if different on off-site activities)

Specific support needed for educational, social and emotional needs, including absence from school, extra time for exams etc.

Support needed for child in taking medication and or in emergency_____

Training requirements for staff and those who will cover for absence

Form copied to:-

Appendix B

REQUEST FOR ADMINISTRATION OF MEDICINES (GENERAL CARE PLAN)

To: Head of Whitehall Primary School

From: Parent / Carer of _____ Full Name of Child

My child has been diagnosed as having: _____(name of illness)

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

_____ (name of medicine)

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

Could you please therefore administer the medication as indicated above

(dosage) at _____ (time) with effect from _____ (date)

to * _____ (date) * (*delete if long term medication)

The medicine should be administered by mouth / in the ear / nasally / other

(Delete as appropriate)

I allow / do not allow for my child to carry the medication upon themselves (delete as appropriate) when necessary, e.g. on school trip, out of school activity.

I undertake to update the school with any changes in routine, use or dosage or emergency medication and to maintain an 'in date' supply for the prescribed medication.

I understand that the school cannot undertake to monitor the use of self administered medication or that 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 may be acting voluntarily in administering medicines to children.

Signed _____ Date _____

Name of Parent / Carer _____ (please print)

Contact Details:- Telephone No.

(home) _____ (work) _____ (mobile) _____

Appendix C

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of School/Setting _____

Name of Child _____

Date of Medicine Provided by Parent _____

Class _____

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 Staff Member			
Staff Initials			
Witness			

Date			
Time Given			
Dose Given			
Name of Staff Member			
Staff Initials			
Witness			

Appendix D

Staff training record – administration of medical treatment

Example of form for recording medical training for staff

Name _____

Type of training received _____

Date training completed _____

Training provided by _____

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature _____ Date _____

I confirm that I have received the training detailed above.

Staff signature _____ Date _____

Suggested Review Date _____

Appendix E

Emergency Planning

Request for an Ambulance to:-

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

1. Your telephone number

2. Give your location as follows (insert school address and postcode)

3. State that the A-Z reference is

4. Give exact location in the school (insert brief description)

5. Give your name

6. Give brief description of pupil's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken

to _____

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

**INDIVIDUAL CARE PLAN (AGREEMENT) FOR THE ADMINISTRATION
OF PRE-PREPARED ADRENALINE INJECTION AS TREATMENT FOR
ANAPHYLAXIS BY NON-MEDICAL AND NON-NURSING STAFF**

*TO BE COMPLETED BY HEALTH PROFESSIONAL DELIVERING TRAINING (copy to be kept
with epipen/anapen)*

PART A

NAME OF CHILD: DOB:.....

The above child has been identified as having a severe allergic reaction to:

Symptoms of an anaphylactic reaction that should be treated with an adrenaline injection are:

- Respiratory – internal swelling of the throat and tongue causing difficulty swallowing and breathing, shortness of breath with wheeze and hoarse voice.
- Circulation – pale, clammy, complaining of feeling faint and dizzy. May be agitated and confused
-

The device that has been prescribed is (please circle):

EpiPen 0.3 mg OR EpiPen Junior 0.15 mg
Anapen 0.3 mg OR Anapen Junior

**GIVE DOSE OF PRE-PREPARED ADRENALINE INJECTION
THEN PHONE 999 FOR AN AMBULANCE STATING CHILD WITH ANAPHYLAXIS**

Remember to tell the ambulance or hospital staff the exact time and name of pre-prepared adrenaline injection given and give them the used device.

Complete Report Form (See Page 15) giving a clear account of the incident. Copies should go to the parent and ambulance staff if possible. The original should be kept at the setting.

The parents will be responsible for informing doctors and anyone else who needs to know if pre-prepared adrenaline injection has been given. They will be responsible for maintaining an in-date supply of medication at the setting and informing them of any changes to the care plan.

PART B

HEALTH CARE PROFESSIONAL COMPLETING INDIVIDUAL CARE PLAN

NAME	Tel No.
Signature	Date
Designation	

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

PARENT/CARER	
NAME	Tel No.
Signature	Date
Emergency telephone contact number	

HEAD OF ADMINISTERING SCHOOL	
NAME	
Signature	Date

VOLUNTEERS TO ADMINISTER PRE-PREPARED ADRENALINE INJECTION

NAME (Block Capitals)

Signature..... Date

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS AND THE ADMINISTERING SCHOOL

**PRE-PREPARED ADRENALINE INJECTION
ADMINISTRATION REPORT FORM**

NAME OF CHILD:	DOB:
DATE OF ALLERGIC REACTION:	
TIME REACTION STARTED: TRIGGER: DESCRIPTION OF SYMPTOMS OF REACTION:	
TIME ADRENALINE INJECTION GIVEN: DEVICE USED (please circle) EPIPEN / EPIPEN JUNIOR / ANAPEN / ANAPEN JUNIOR SITE OF INJECTION: GIVEN BY: ANY DIFFICULTIES IN ADMINISTRATION:	
TIME AMBULANCE CALLED: TIME AMBULANCE ARRIVED: ANY OTHER NOTES ABOUT INCIDENT (e.g. child eating anything, other injuries to child):- WITNESSES:	
FORM COMPLETED BY: NAME (Print): SIGNATURE: JOB TITLE: CONTACT TEL. NO: DATE	

Original to Child's School Record
cc Hospital with child (where possible)
Parent

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

TO BE COMPLETED BY A HEALTH PROFESSIONAL, PARENT, HEADTEACHER OF THE ADMINISTERING SCHOOL AND THE AUTHORISED PERSON

THE INSTRUCTIONS ON THIS FORM **EXPIRE 1 YEAR** FROM THE DATE OF SIGNATURE OF THE HEADTEACHER

NAME OF CHILD: DOB:

Description of type of fit / convulsion / seizure which requires rectal diazepam:

*lasting minutes or *repetitive overminutes
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 rectal diazepam should be tube containingmgs.

This should be administered by a named individual (see over) in accordance with the procedure endorsed by the indemnifying agency.

The normal reaction to this dose is the seizure should stop in 5 to 10 minutes. If required, further actions to take are (e.g. second dose):

After rectal diazepam has been given the child must be **escorted to the nearest hospital receiving emergencies**. Unless someone can escort the child to hospital it will be necessary to phone 999 for an ambulance. Remember to tell the ambulance or hospital staff the exact time and does of rectal diazepam given (see the Report Form). *If the parent/carer or a doctor or a nurse is present, the decision about the need for transfer to the hospital will rest with them.*

After rectal diazepam is given, please complete a Report Form (see page 18) giving a clear account of the incident. A copy should go to the parent/carer. The original should be kept by the administering school.

The parent/carer will be responsible for:

1. informing anyone who needs to know, if rectal diazepam has been given.
2. maintaining an in-date supply of medication at the school.
3. seeking renewal, on expiry of this care plan.

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

GP / CONSULTANT
Name Tel No.
Signature Date

PARENT / CARER
Name Tel No.
Signature Date

OLDER CHILD / YOUNG PERSON
Name Tel No.
Signature Date

HEADTEACHER OF ADMINISTERING SCHOOL
Name Tel No.
Signature Date

AUTHORISED PERSON(S) TO ADMINISTER RECTAL DIAZEPAM

Name

Signature Date

Name

Signature Date

Name

Signature Date

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS AND THE HEALTH PROFESSIONAL. THE ADMINISTERING SCHOOL RETAINS THE ORIGINAL

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 School Record
cc Hospital with child (where possible)
 Parent/Carer
 Other (specify)

INDIVIDUAL CARE PLAN (AGREEMENT) FOR THE ADMINISTRATION OF BUCCAL MIDAZOLAM AS TREATMENT FOR EPILEPTIC SEIZURES / FITS / CONVULSIONS BY NON-MEDICAL AND NON-NURSING STAFF

TO BE COMPLETED BY A CONSULTANT, PARENT, THE HEADTEACHER OF THE ADMINISTERING SCHOOL AND THE AUTHORISED PERSON

THE INSTRUCTIONS ON THIS FORM **EXPIRE 1 YEAR** FROM THE DATE OF SIGNATURE OF THE ADMINISTERING AGENCY

NAME OF CHILD: DOB:

Description of type of fit / convulsion / seizure which requires buccal midazolam:
Insert description:

*lasting minutes or *repetitive overminutes
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 ml(s) in volume ofmg(s).
inml(s)*liquid *solution**

This should be prepared and administered by a named individual (see over) in accordance with the procedure endorsed by the indemnifying agency.

The normal reaction to this dose is seizure should stop and this should occur in 5 to 10 minutes. If required, further actions to take is:

After buccal midazolam has been given the child must be **escorted to the nearest hospital receiving emergencies**. Unless someone can escort the child to hospital it will be necessary to phone 999 for an ambulance. Remember to tell the ambulance or hospital staff the exact time and does of buccal midazolam given (see the Report Form). *If the parent/person with parental responsibility or a health professional is present, the decision about the need for transfer to the hospital will rest with them.*

After buccal midazolam is given, please complete a Report Form (see page 21) giving a clear account of the incident. A copy should go to the parent/carer. The original should be kept by the administering school.

The parent/carer will be responsible for:

1. informing anyone who needs to know, if buccal midazolam has been given.
2. maintaining an in-date supply of medication at the school.
3. seeking renewal, on expiry of this care plan.

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

CONSULTANT

Name Tel No.

Signature Date

PARENT / CARER

Name Tel No.

Signature Date

OLDER CHILD / YOUNG PERSON

Name Tel No.

Signature Date

HEADTEACHER OF ADMINISTERING SCHOOL

Name Tel No.

Signature Date

AUTHORISED PERSON(S) TO ADMINISTER BUCCAL MIDAZOLAM

Name

Signature Date

Name

Signature Date

Name

Signature Date

COPIES OF THIS FORM SHOULD BE HELD BY THE PARENTS AND THE HEALTH PROFESSIONAL. THE ADMINISTERING SCHOOL RETAINS THE ORIGINAL

REPORT FORM FOR THE ADMINISTRATION OF BUCCAL MIDAZOLAM

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:	ml(s) of	mg(s) in	ml(s)	*liquid	*solution
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:		

***Delete as appropriate**

Original to Child's School Record
 cc Hospital with child (where possible)
 Parent/Carer
 Other (specify)

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

ADVICE ON MEDICAL CONDITIONS

Parents/carers 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 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.

<p>Asthma at school – a guide for teachers National Asthma Campaign Summit House 70 Wilson House London EC2A 2DB</p>	<p>Asthma Helpline: 0845 701 0203 Website: www.asthma.org.uk Email: info@asthma.org.uk</p>
<p>Guidance for Teachers concerning children who suffer from fits The British Epilepsy Association New Anstey House Gate Way Drive Yeadon Leeds LS19 7XY</p>	<p>Tel: 0113 210 8800 Website: www.epilepsy.org.uk Email: epilepsy@epilepsy.org.uk</p>
<p>Guidelines for HIV and AIDS Department for Children, Schools and Families Sanctuary Buildings Great Smith Street Westminster London SW1P 3BT</p>	<p>Tel: 0870 000 2288 Website: www.dcsf.gov.uk Email: info@dcsf.gsi.gov.uk</p>
<p>Haemophilia The Haemophilia Society 1st Floor, Petersham House 57a Hatton Garden London EC1N 8JG</p>	<p>Tel: 020 7831 1020 Website: www.haemophilia.org.uk Email: info@haemophilia.org.uk</p>
<p>Allergy to Peanuts and Other Nuts Asthma & Allergy Research Unit Glenfield Hospital Groby Road Leicester LE3 9QP</p>	<p>Tel: 0116 258 3557</p>
<p>Thalassaemia UK Thalassaemia Society 19 The Broadway Southgate Circus London N14 6PH</p>	<p>Tel: 020 8882 0011 Freephone Helpline: 0800 731 1109 Website: www.ukts.org Email: office@ukts.org</p>
<p>Sickle Cell Disease The Sickle Cell Society 54 Station Road Harlesden London NW10 4UA</p>	<p>Tel: 0208 961 7795 Website: www.sicklecellsociety.org Email: info@sicklecellsociety.org</p>
<p>Cystic Fibrosis and School (A guide for teachers and parents) Cystic Fibrosis Trust 11 London Road Bromley Kent BR1 1BY</p>	<p>Tel: 0208 464 7211 Website: www.cftrust.org.uk Email: enquiries@cftrust.org.uk</p>
<p>Children with Diabetes (Guidance for teachers and schools staff) Diabetes UK Central Office Macleod House 10 Parkway London NW1 7AA</p>	<p>Tel: 0207 424 1000 Diabetes Careline: 0845 120 2960 Website: www.diabetes.org.uk Email: info@diabetes.org.uk</p>

Appendix

B

Revised July 2013

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APPENDIX B

GUIDELINE FOR NON-MEDICAL STAFF TO ADMINISTER PRE-PREPARED ADRENALINE AUTOINJECTORS IN RESPONSE TO ANAPHYLAXIS PROCESS

1. When a child needs a pre-prepared adrenaline autoinjector 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 pre-prepared adrenaline will be prescribed.
2. It is the parent's responsibility to raise the issue with the head of the setting e.g. head teacher, nursery manager.
3. 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 a pre-prepared adrenaline autoinjector, that (a) volunteer(s) are trained to administer a pre-prepared injection 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.
4. When the child is unable to self administer the head then identifies (a) volunteer(s) to undertake training and subsequent administration of the prepared adrenaline autoinjector.
5. 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.

6. 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.

7. The parents need to request that page 2 of the emergency action plan of the relevant form is

completed by the doctor who prescribed the pre-prepared adrenalin device.

8. The health professional training the volunteer(s) will discuss with the volunteer(s) the

Emergency Action Plan for the administration of pre-prepared adrenaline autoinjectors 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.

9. 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.

10. 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.

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Appendix B1

FLOW-CHART OF PROCESS TO ENABLE NON-MEDICAL STAFF TO ADMINISTER PRE-PREPARED ADRENALIN AUTOINJECTORS IN RESPONSE TO ANAPHYLAXIS

Updates and Changes

Emergency adrenaline autoinjector is prescribed by GP or paediatrician

Parent informs Head of Setting that adrenaline autoinjector has been prescribed for the treatment of severe anaphylaxis and discusses management in the setting.

Volunteer(s)

read(s) service

policy/guidelines

on administration

of medicines

Parents request the

Prescribing doctor to

complete

Emergency Action Plan

(copies held by the

prescribing doctor)

Head of Setting,
Volunteers and
Parents
sign Emergency
Action Plan
Setting keeps original copy of
Emergency Action Plan with all
signatures completed and
copies appropriately
Consider
alternative
management
Head of Setting identifies volunteers to administer adrenaline
No Volunteer identified
Parent informed
Parent informs
prescribing doctor
Head of setting confirms that
procedure will be implemented
Parents to inform
Head of Setting of **any**
changes to Emergency Action
Plan
Annual update training for
volunteer(s) recommended
Head of Setting to liaise with
school nurse team
Head of Setting and parents
agree that child is able to self
administer.
Head of setting to
arrange training
with school nurse
team

25

EpiPen®

Jext®

Old Style EpiPen®

Types of Adrenaline Autoinjector Devices

26

Appendix B2.1 (page 1 of 2)

<2yrs 2.5mg 2.5ml

2-6yrs 5mg 5ml

6+yrs 10mg 10ml or

1 tablet

KNOWN ALLERGIES:

Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or itchy rash
- Itchy / tingling mouth / itchy throat
- Abdominal pain, vomiting

- Difficult or noisy breathing
- Wheeze / persistent cough / hoarse voice
- Difficulty swallowing / tightness in throat
- Loss of consciousness or collapse
- Pale / floppy / suddenly sleepy
- If in doubt or rapidly deteriorating

If ANY ONE of these signs are present:

- Lie child flat.** If breathing is difficult, allow to sit
- Dial 999 for an ambulance* and say ANAPHYLAXIS (“ANA-FIL-AX-IS”)**
- Stay with the child**

Additional instructions:

If asthmatic and concerns about breathing give 10 puffs of Salbutamol inhaler

*Medical observation in hospital for at least 6 hours is recommended after anaphylaxis (NICE Guidelines).

Please complete Report Form (appendix B3), giving clear account of events and fax it to 0116 225 3850

This document has been adapted, with permission from the Australasian Society of Clinical Immunology and Allergy (ASCI) – www.allergy.org.au

Watch for signs of ANAPHYLAXIS (Severe allergic reaction):

Name:

Preferred name:

Date of Birth:

Parent / Carer details:

1)

2)

Photo

Allergy: Emergency Action Plan with *Antihistamine*

ACTION:

- Stay with the child
 - Call for help if necessary
 - Give antihistamine: CETIRIZINE
- If vomited, can give a further dose (circle)
- Contact parent / carer

27

Appendix B2.1 (page 2 of 2)

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 Local Authority and schools' responsibility to ensure there is adequately trained staff able to instigate the management plan.

Allergy: Emergency Action Plan with **Antihistamine**

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

28

Appendix B2.2 (page 1 of 2)

<2yrs 2.5mg 2.5ml
2-6yrs 5mg 5ml
6+yrs 10mg 10ml or
1 tablet

Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or itchy rash
- Itchy / tingling mouth / itchy throat
- Abdominal pain, vomiting

Keep your Epipen® device at room temperature. For more information on Epipen® and to register for the free expiry alert service, go to www.epipen.co.uk.

This document has been adapted, with permission from the Australasian Society of Clinical Immunology and Allergy (ASCIA) - www.allergy.org.au

Watch for signs of ANAPHYLAXIS (Severe allergic reaction):

Name:
Preferred name:
Date of Birth:
Parent / Carer details:

- 1)
- 2)

Photo

KNOWN ALLERGIES:

Allergy: Emergency Action Plan with **EpiPen®**

Please complete Report Form (appendix B3), giving clear account of events and fax it to 0116 225 3850

- Difficult or noisy breathing
- Wheeze / persistent cough / hoarse voice
- Difficulty swallowing / tightness in throat
- Loss of consciousness or collapse
- Pale / floppy / suddenly sleepy
- If in doubt or rapidly deteriorating

If ANY ONE of these signs are present:

- Lie child flat.** If breathing is difficult, allow to sit
- Give EpiPen® (circle) EpiPen® Jr / EpiPen®**
- Dial 999 for an ambulance* and say ANAPHYLAXIS (“ANA-FIL-AX-IS”)**

Stay with the child

If no improvement after 5-10 minutes, give a further EpiPen® dose (if prescribed – CHECK OVERLEAF)

Additional instructions:

If asthmatic and concerns about breathing give 10 puffs of Salbutamol inhaler

*Medical observation in hospital for at least 6 hours is recommended after anaphylaxis (NICE Guidelines).

ACTION:

- Stay with the child
- Call for help if necessary
- Give antihistamine: CETIRIZINE
If vomited, can give a further dose (circle)
- Contact parent / carer
- Locate EpiPen®

Step 1. Lie down with your leg slightly elevated or sit up if breathing is difficult

Step 2. Grasp your EpiPen® in your dominant hand with the blue safety cap closest to your thumb and remove cap

Step 3. Hold the EpiPen® about 10cm away from your leg, swing and jab the orange tip into the outer thigh. Hold in place for 10 seconds. Remove EpiPen®.

Step 4. Massage the injection area for 10 seconds. You must dial 999 immediately, ask for an ambulance and state anaphylaxis.

How to give

EpiPen®

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Appendix B2.2 (page 2 of 2)

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 Local Authority and schools' responsibility to ensure there is adequately trained staff able to instigate the management plan.

Allergy: Emergency Action Plan with **EpiPen®**

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

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Appendix B2.3 (page 1 of 2)

<2yrs 2.5mg 2.5ml
2-6yrs 5mg 5ml
6+yrs 10mg 10ml or
1 tablet

For more information on Jext® and to register for the free expiry alert service, go to www.jext.co.uk.

This document has been adapted, with permission from the Australasian Society of Clinical Immunology and Allergy (ASCIA) – www.allergy.org.au

Watch for signs of ANAPHYLAXIS (Severe allergic reaction):

Name:

Preferred name:

Date of Birth:

Parent / Carer details:

1)

2)

Photo

KNOWN ALLERGIES:

Allergy: Emergency Action Plan with

Jext®

Please complete Report Form (appendix B3), giving clear account of events and fax it to 0116 225 3850

- Difficult or noisy breathing
- Wheeze / persistent cough / hoarse voice
- Difficulty swallowing / tightness in throat
- Loss of consciousness or collapse
- Pale / floppy / suddenly sleepy
- If in doubt or rapidly deteriorating

If ANY ONE of these signs are present:

- Lie child flat.** If breathing is difficult, allow to sit
- Give Jext® (circle) 150 / 300 micrograms**
- Dial 999 for an ambulance* and say ANAPHYLAXIS (“ANA-FIL-AX-IS”)**
- Stay with the child**
- If no improvement after 5-10 minutes, give a further Jext® dose (if prescribed – CHECK OVERLEAF)**

Additional instructions:

If asthmatic and concerns about breathing give 10 puffs of Salbutamol inhaler

*Medical observation in hospital for at least 6 hours is recommended after anaphylaxis (NICE Guidelines).

Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or itchy rash
- Itchy / tingling mouth / itchy throat
- Abdominal pain, vomiting

ACTION:

- Stay with the child
 - Call for help if necessary
 - Give antihistamine: CETIRIZINE
- If vomited, can give a further dose (circle)
- Contact parent / carer
 - Locate Jext®

How to give Jext®

Step 1. Grasp the Jext® in your dominant hand as above. Pull off the yellow cap with the other hand.

Step 2. Place the black injector tip against outer thigh, holding the injector at a right angle to thigh.

Step 3. Push the black tip firmly into thigh until you hear a “click”, then keep it pushed in. Hold firmly in place for 10 seconds then remove.

Step 4. Massage the injection area for 10 seconds. Seek immediate medical help by dialling 999 for an ambulance.

Appendix B2.3 (page 2 of 2)

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 Local Authority and schools' responsibility to ensure there is adequately trained staff able to instigate the management plan.

Allergy: Emergency Action Plan with



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

32

Appendix B2.4 (page 1 of 2)

<2yrs 2.5mg 2.5ml

2-6yrs 5mg 5ml

6+yrs 10mg 10ml or

1 tablet

Keep your EpiPen® device at room temperature. For more information on EpiPen® and to register for the free expiry alert service, go to www.epipen.co.uk.

This document has been adapted, with permission from the Australasian Society of Clinical Immunology and Allergy (ASCI) – www.allergy.org.au

Watch for signs of ANAPHYLAXIS

(Severe allergic reaction):

Name:

Preferred name:

Date of Birth:

Parent / Carer details:

1)

2)

Photo

KNOWN ALLERGIES:

Allergy: Emergency Action Plan with *old style*
EpiPen®

Please complete Report Form (appendix B3), giving clear account of events and fax it to 0116 225 3850

- Difficult or noisy breathing
- Wheeze / persistent cough / hoarse voice
- Difficulty swallowing / tightness in throat
- Loss of consciousness or collapse
- Pale / floppy / suddenly sleepy
- If in doubt or rapidly deteriorating

If ANY ONE of these signs are present:

- Lie child flat.** If breathing is difficult, allow to sit
- Give EpiPen® (circle) EpiPen® Jr / EpiPen®**
- Dial 999 for an ambulance* and say ANAPHYLAXIS (“ANA-FIL-AX-IS”)**
- Stay with the child**
- If no improvement after 5-10 minutes, give a further EpiPen® dose (if prescribed – CHECK OVERLEAF)**

Additional instructions:

If asthmatic and concerns about breathing give 10 puffs of Salbutamol inhaler

*Medical observation in hospital for at least 6 hours is recommended after anaphylaxis (NICE Guidelines).

Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or itchy rash
- Itchy / tingling mouth / itchy throat
- Abdominal pain, vomiting

ACTION:

- Stay with the child
 - Call for help if necessary
 - Give antihistamine: CETIRIZINE
- If vomited, can give a further dose (circle)
- Contact parent / carer
 - Locate EpiPen®

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Appendix B2.4 (page 2 of 2)

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 Local Authority and schools' responsibility to ensure there is

adequately trained staff able to instigate the management plan.

Allergy: Emergency Action Plan with *old style*

EpiPen®

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

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Appendix B3

REPORT FORM

Following administration of antihistamine and emergency pre-prepared adrenalin autoinjectors in response to anaphylaxis

NAME OF CHILD:

Date of birth:

Date of allergic reaction: ____/____/____

Time reaction started: ____:____ hrs

Time 1st dose adrenalin given: ____:____ hrs

Time 2nd dose adrenalin given: ____:____ hrs*

*If prescribed

Time ambulance called: ____:____ hrs

Time ambulance arrived: ____:____ hrs

NB

Please copy this form and send to hospital with child if possible.

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 device used:

Anapen 150 EpiPen Auto-injector 0.3mg

Anapen 300 EpiPen Jr Auto-injector 0.15mg

Anapen 500 Jext 300mcg

Jext 150mcg

Adrenalin 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 225 3850**

Please send copy to hospital with child if possible

Please keep original copy in setting records and give copy to