



RAVENSDALE JUNIOR SCHOOL

Administration of Medicines in School and Supporting Pupils with Medical Conditions Policy 2016

**These Guidelines and Codes of Practice are recommended by
Derby LA
for adoption by Governing Bodies**

Approved by

Chair of Governors

Dated

Review date

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1. INTRODUCTION

This document has been evolved for use in schools within the LA. However, as it has been produced in association with health professionals whose role covers all maintained schools in Derbyshire, its content applies equally to all maintained schools and it is therefore recommended to all maintained schools.

The administration of medicine is the responsibility of parents/careers. School staff have a professional and legal duty to safeguard the health and safety of pupils. They will wish to do all they can to enable children to gain the maximum benefit from their education and to participate as fully as possible in school life. Children have a right to be educated and should not be excluded purely as a result of requiring medication.

This does not imply a duty on head teachers or staff to administer medication. The LA wishes to point out to school staff, governors and parents that participation in the administration of medicines in schools is on purely voluntary basis. Individual decisions on involvement must be respected. Punitive action must not be taken against those who choose not to volunteer.

All staff are advised to consult their Trade Union Branch or Regional Officer or representative for further advice should they feel it necessary.

These guidelines and codes of practice for specific treatments/medications have been produced to support and protect staff who undertake the administration of medicines and to enable staff to act in an emergency.

The following paragraph outlines the Council's position on indemnifying its staff.

The Council fully indemnifies its staff against claims for alleged negligence, providing they **are acting within the scope of their employment**, have been provided with adequate training, and are following the LA's guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice, indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful.

2. SCHOOL PROSPECTUS - INFORMATION TO PARENTS/GUARDIANS

Parents/guardians should be advised, in the school prospectus, that pupils who are unwell should not be sent to school. However, many pupils need to attend school while taking prescribed medicines either because they are:

- Suffering from chronic illness or allergy or
- ii) Recovering from a short-term illness and are undergoing or completing a course of treatment using prescribed medicines.

The Headteacher will ensure arrangements are in place to support pupils with medical conditions to enable such children to access and enjoy the same opportunities at school as any other child

The Headteacher will focus on the needs of each individual child and how their medical condition impacts on their school life.

The Headteacher will ensure that staff are properly trained to provide the support for children with medical conditions and their needs.

The Headteacher will not to allow children to bring medication into school except as covered by the guidelines in this document and the relevant codes of practice.

Parents/guardians and doctors should decide how best to meet each child's requirements. Carefully designed prescribing can sometimes reduce the need for medicine to be taken during school hours.

To help avoid unnecessary taking of medicines at school, parents/guardians should:

- i) Be aware that a three-times-daily dosage can usually be spaced evenly throughout the day and does not necessarily have to be taken at lunchtime; and
- ii) Ask the family doctor if it is possible to adjust the medication to avoid school-time doses.

Where occasionally this cannot be arranged, parents/guardians are encouraged to note that if the pupil needs a dose of medicine at lunchtime, the parent/guardian should come to school to administer the medicine. If this is not possible, the recommended procedure for administration of medicines should be adopted.

Parents/guardians should have access to these guidelines for reference.

Parents/guardians should be informed that they will need to ask the pharmacist for duplicate labelled bottles in order to send medicines to school. This should be in the school's prospectus. It should be noted that duplicate containers may not be supplied free of charge - charges will be at the discretion of individual pharmacists.

Parents/guardians should be made aware that the school does not keep any medication for distribution to pupils e.g. paracetamol.

3. PROCEDURE FOR ADMINISTRATION OF MEDICINES IN SCHOOLS

(See Flow Chart - Appendix 3)

The following procedures are recommended as examples of best practice:

3.1 WRITTEN INSTRUCTIONS

All medicines that are to be **administered in school** must be accompanied by written instructions from the parent and/or the GP. We will allow non-prescription medicines into school, e.g. paracetamol, if accompanied by a parental consent form. **NB one day's dose only.**

A form (Appendix 1) is available for parents.

Each time there is a variation in the pattern of dosage, a new form should be completed.

3.2 LABELLING OF MEDICINES

- 3.2.1** Rescue medication should be stored in original containers and must always indicate the child's name, dosage, expiry date.
- 3.2.2** It is the parents/guardian's responsibility to ensure that the medication is correctly labelled and in date. This will be checked by staff and not accepted if it is out of date or incorrectly labelled.

3.3 STORAGE AND ACCESS

- 3.3.1** All medicines should be stored safely. Children should know where their medicines are at all times and should be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens (epipens) are always readily available to children and not locked away.
- 3.3.2** Appropriate amounts only must be kept in secure storage but accessible in the event of a seizure.
- 3.3.3** Access to the prescribed medication is available to the named volunteers who have been appropriately trained.
- 3.3.4** Arrangements must be put in place with the parents/guardians to cater for trips off school premises.

3.4 REFRIGERATED STORAGE

Some medicines must be stored in a refrigerator because at room temperature they breakdown or "go off".

- 3.4.1** Staff need to know which medicines need to be kept cool.
- 3.4.2** The Patient Information Leaflet that is supplied with a medicine will state whether the medicine needs to be kept in a fridge. This has restricted access by staff only to a refrigerator holding medicines

The refrigerator must be cleaned and defrosted regularly and the temperature monitored daily and the temperature recorded. The temperature should be between 2 and 8 degrees Celsius.

3.5 ADMINISTRATION OF MEDICINES

MEDICINES WILL ONLY BE ADMINSTRATED AT SCHOOL WHEN IT WOULD BE DETRIMENTAL TO A CHILD'S HEALTH OR SCHOOL ATTENDANCE NOT TO DO SO

3.5.1 The Pupil Self-Administers their own Medicine of which the School is Aware

Many pupils at school will have the capability to keep and administer their own medicine themselves. In all instances where prescribed and non-prescribed medicines are brought into school, the school must be notified on the parental consent form.

3.5.2 The Pupil-Self Administers the Medication but someone Supervises the Pupil

Where the headteacher or staff are willing to be involved voluntarily, the headteacher is responsible for ensuring that as a minimum safeguard self-administration of medicines that are safely stored is **supervised** by an adult. This involves ensuring:

- i) Access to the medication at appropriate times. Where schools supervise self-administration, appropriate measures should be taken to ensure the medicine is appropriately stored to prevent any unsupervised self-administration of the medicine, as per the guidance on storage.
- ii) The medication belongs to the named pupil and it is within the expiry date;
- iii) A record is kept in the appropriate form (Appendix 2) noting that session was supervised but clearly indicating that medication was self-administered by pupil.

3.5.3 A Named and Trained Volunteer at the School Administers the Medicine

The school will, in this circumstance, be storing the medicines and all the points on the storage of medicines must be adhered to.

Where the headteacher or staff are willing voluntarily to administer medication, the names of the volunteer staff must be kept up to date, provide for cover during periods of absence and be readily available at the storage point in cases of emergency.

To avoid the risk of double dosing in schools, the headteacher will clarify who is responsible for administering medications. As an extra precaution, staff who administers medication must routinely consult the record form before any medication is given.

All staff who participate in administering medication will receive appropriate information and training for specified treatments in accordance with the code of practice. In most instances, this will not involve more than would be expected of a parent or adult who gives medicine to a child.

The headteacher will ensure that all relevant staff are aware of pupils who are taking medication and who is responsible for administering the medication; and that this person should be routinely summoned in the event of a child on medication feeling unwell, as they should be aware of any symptoms, if any, associated with the child's illness which may require emergency action. Other trained staff who may be required, e.g. first-aider, should be summoned as appropriate.

The headteacher must keep a record of all relevant and approved training received by staff.

Each and every person who administers medication must:

- i) Receive a copy of these guidelines and code of practice;
- ii) Read the written instructions/parental consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication;
- iii) Confirm the child's name, dosage/frequency on each occasion, and consult the medicine record form (Appendix 2) to ensure there will be no double-dosing;
- iv) Be aware of symptoms which may require emergency action, e.g. those listed on an individual treatment plan where one exists;
- v) Know the emergency action plan and ways of summoning help/assistance from the emergency services;
- vi) Check that the medication belongs to the named pupil and is within the expiry date;
- vii) Record on the medication record form (Appendix 2) all administration of medicines as soon as they are given to each individual;
- viii) Understand and take appropriate hygiene precautions to minimize the risk of cross-contamination;
- ix) Ensure that all medicines are returned for safe storage;
- x) Ensure that they have received appropriate training/information. Where this training has not been given, the employee must not undertake administration of medicine and must ensure the headteacher is aware of this lack of training/information.

4. INDIVIDUAL TREATMENT PLAN (Appendix 5)

For all pupils who may require individual specialised treatment, a clear treatment plan will be available. Treatment plans should be prepared by the doctor responsible for the management and prescription of treatment and should be shared with parents/guardians and child's GP. The School Health Service should provide a support role in ensuring an individual treatment plan is understood and carried out in school.

Healthcare plans will be reviewed annually or earlier if a child's needs have changed. They will be developed with the child's best interest in mind and the school will assess and manage risks to the child's education, health and social well-being and minimum disruption. Where the child has a special educational need identified in a statement the individual healthcare plan will be linked to that statement.

The Individual healthcare plan will consider the following: see Appendix 4 model process

- The medical condition, its triggers, signs, symptoms and treatments.
- The child's resulting needs including medication (dose, side effects and storage) and other treatments, time
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons; specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
- In some circumstances school nurses may have a specific responsibility for an individual child's medical management in school. Appropriate information and training is available from the School Health Service to support school staff.

Additional information and training

An individual treatment plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, the school or service should arrange appropriate training in collaboration with the school health services.

5. EDUCATIONAL VISITS

The administration of medicines during educational visits and other out-of-school

activities requires special attention and pre-planning. The principles contained in these guidelines apply and any difficulties should be discussed with the parents/guardian and child's GP/pediatrician or School Health Service. Where the facilities and supervision are provided by other than school staff, the headteacher must ensure that adequate information is available to the organisers to ensure continuity.

SPORTING AND LEISURE ACTIVITIES

Most children with medical conditions can participate in physical activities and extra-curricular sport and leisure. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being.

- Any restrictions on a child's ability to participate in PE should be recorded in their individual treatment plan.
- All staff should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

- More details about specific health conditions can be found in the Codes of Practice.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the most appropriate person identified by the child's individual treatment plan.

- Children may not be able to participate in off-site activities where their parents do not share relevant information or decline to give their appropriate consents
- Concerned staff should contact the Health & Safety section for advice

6. EMPLOYEE MEDICINES

An employee may need to bring their medicine into school. All staff have a responsibility to ensure that their medicines are kept securely and that pupils will not have access to them, e.g. locked desk drawer or staff room.

Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or pupil.

7. EMERGENCY AID

Where children have conditions which may require rapid intervention, parents must

notify the headteacher of the condition, symptoms and appropriate action following onset. The headteacher may wish to discuss this with the School Health Service.

The headteacher must make all staff aware of any pupil whose medical condition may require emergency aid.

It is essential that all staff (including supply staff, lunchtime supervisory staff etc) are able to recognise the onset of the condition and take appropriate action, i.e. summon the trained person, call for ambulance if necessary etc.

Training and practical advice on the recognition of the symptoms can usually be offered by the school doctor/nurse.

All schools should devise an emergency action plan for such situations after liaising with the School Health Service. Planning should take into account access to a telephone in an emergency in order to summon medical assistance or an ambulance.

This has implications for school journeys, educational visits and other out of school activities.

[These guidelines do not cover first aid or the role of trained first-aiders or appointed persons. Guidance is available from the City Council Employee Information Pack (First Aid) Regulations 1981 or the Education Department Health and Safety Handbook.]

When a child needs to go to hospital

Staff should not normally take children to hospital in their own car – it is safer to call an ambulance.

- A member of staff should always accompany a child taken to hospital by ambulance and stay until the parent/carer arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available.

Where an activity is planned where there is a known risk – however unlikely – that a child might need emergency health care, the risk assessment/individual treatment plan should address what should happen – exceptionally this may include a staff member using his or her own vehicle.

8. UNUSUAL OCCURRENCES, SERIOUS ILLNESS OR INJURY

All parents/guardians should be informed of the school's policy concerning pupils who become unwell while at school, or on authorised educational visits, trips, etc. This should be contained within the school's Information to Parents booklet (prospectus).

It is vital to have not only the pupils' home telephone numbers, but parents'/guardians' daytime numbers and other emergency numbers such as those

of relatives, in order to make contact.

If parents and relatives are not available, when a pupil becomes seriously unwell or injured, headteachers should, if necessary, call an ambulance to transport the pupil to hospital.

Note: If the pupil is on medication, whether self-administered, under supervision or administered by staff, details must be provided to the emergency service, e.g. details of the written parental consent, form (Appendix 1), the medicine itself and a copy of the last entry on the medication record form (Appendix 2).

9. Staff Training

In addition to the basic training for their roles as children's services workers across all settings, all staff must be appropriately trained in the handling and use of medication, and have their competence assessed. All staff training should be documented for each staff member.

The minimum training requirements are:

- the supply, storage and disposal of medicines;
- safe administration of medicines;
- quality assurance and record-keeping;
- accountability, responsibility and confidentiality.

Three levels of training need to be delivered:

- induction training;
- basic training in safe handling of medicines;
- specialised training to give medicines.

Induction Training

The school/service must identify what previous training and experience a new member of staff has had of giving medicines to people in order to ascertain whether they are competent to give medicines when they get to know the children & young people in their care and their needs.

- Staff who have never worked in a children's, health or social care service should not administer any medicines until the headteacher or manager is satisfied that they are competent to do so.
- Induction training should therefore focus upon medicines awareness - new staff members should understand the limitations of their knowledge and experience and know when and how to enlist the assistance of colleagues trained to administer medicines

Basic Training in Safe Use and Handling Medicines

Basic training is intended to ensure that staff are competent to undertake the following:

Administration

Staff will be able to:

- administer medication in tablet/liquid form;
- apply creams and lotions;
- administer eye drops, ear drops, nasal sprays;
- support individuals with inhalers;
- support individuals with 'when required' medications;
- support individuals with non-prescribed medications from approved list;
- support individuals who self-administer medicines.

Recording

Staff will also understand:

- the need for clear instructions and accurate record keeping;
- how to receive medicines and record instructions;
- the requirements for safe storage of medicines;
- how to record medicines administered;
- the arrangements for safe disposal/return of unused medicines;
- identify medicines and associated procedures for which specific training is required;
- understand when to seek advice.

On completion, there must be a formal assessment, devised by or on behalf of the service provider or manager.

- The aim is to make sure that staff can confidently and correctly give medicines prescribed for the children and young people in their care, or oversee correct self-administration.
- This can be achieved by accompanying the staff member when they give medicines and observing that they complete key tasks in line with policies and procedures.
- This level of training will not cover giving medicines that use 'invasive' techniques such as giving suppositories, enemas, and injection nor clinical procedures for which specific training should be provided.

It should be noted that on occasions there may be additional requirements in respect of individuals. In such circumstances additional advice may need to be sought from staff such as district nurse/asthma nurse etc. regarding the administration of eye drops, ear drops, nasal sprays and inhalers with regards to person specific directions

Specialised training to give medicines

There may be occasions when workers/carers are willing or required to give medicines that registered nurses normally administer. Such training is always both person-specific and staff member specific. This only happens where:

- it is part of a child/young persons' care plan;
- a risk assessment has been carried out;
- clear roles and responsibilities are agreed by the agencies and the people involved in providing care;
- appropriate consents have been obtained from the young person or person with parental responsibility;
- appropriate training has been provided and a worker's/carer's competence to carry out the procedure established – this will need to be refreshed at intervals determined by the training provider;
- their agreement to do so has been recorded (Appendix 6).

9. Action required if a medicine administration error/ near miss occurs

The aim of all medication-related guidance is to minimise the risk of an administration error occurring. An error in medication administration is defined as **any deviation from the prescribed dose.**

Errors fall into three different categories (plus the temporary category of unresolved at the time):

- (a) Major Error** - is an incident which results in major harm or death, admission to hospital for 24 hours or more or in the service user being rendered unconscious.
- Major errors must be reported immediately to the Manager - Head Teacher, Head of Service, Service Manager or equivalent
 - The Manager will contact the Health and Safety Section.
 - The manager should report the incident to the HSE in line with CAYA Accident Reporting Guidance if it results in a fatality or the pupil/service user going straight to hospital for treatment from the scene of the incident. This can be found at;
http://dnet/working_for_us/your_wellbeing/caya/caya_health_safety/policy_guidance/default.asp
 - The Manager should obtain any witness statements immediately or as soon as possible after the event.
 - A written report detailing the facts must be completed within 24 hours and sent to Health and Safety Section together with this form. A copy must also be filed at the workplace.
 - The Manager and a Health and Safety Officer will then compile a detailed accident investigation report
 - Services subject to inspection will also need to notify the regulatory body
- (b) Unresolved Error** - is an incident the outcome of which for the service user is unknown at the time,
- (c) Minor Error** - is an incident which results in no significant harm to the service user

(d) Near Miss Incident - A near miss in medication administration is defined as an incident which might have resulted in an error if it had not been noted and rectified before the error occurred. There have been no consequences for the service user.

In all circumstances where there has been a failure to comply with written instructions, whether resulting in an over or under administration:

- advice as to what action should be taken should immediately be sought from the person who has prescribed the medication;
- if this person is not available, advice from another medical practitioner or pharmacist should be sought;
- where none of these are available, the local hospital accident and emergency department should be contacted;
- a full record of the incident and action taken is to be recorded (Appendix 7)

The following should be informed: Alison Burns, Health and Safety 642378

10. NOTIFIABLE DISEASES

Heads should be aware of the document "A Practical Guide on the Control of Communicable Diseases for Schools and Day Nurseries in Derbyshire" and should be available in all schools. This document is still relevant to Derby City schools.

11. DISPOSAL OF MEDICINES

11.1 Any medication which has reached its expiry date should not be administered.

11.2 Medicines which have passed the expiry date should be returned to parents/guardians for disposal. Parents should be advised that the medicines are out of date and should be asked to collect them. Parents should also be advised that out-of-date medicines can be returned to the pharmacy for safe disposal. Out-of date medicines should not be sent home with pupils.

11.3 Provision for safe disposal of used needles will require appropriate special measures, e.g. a "sharps box", to avoid the possibility of injury to others. This "sharps box" must be kept secure with no access for pupils or unauthorised persons. This should be disposed of in a safe way using a specialist licensed contractor.

12. CONTROLLED DRUGS

If it becomes necessary to have controlled drugs in school the Derbyshire County Council guidance will be adhered to.

13. CODES OF PRACTICE

These codes of practice have been drawn up with advice from the Health Authorities and pediatricians both community and hospital based.

Each individual code is set out in a similar format.

It is important when receiving any written parental consent/instruction to examine and identify any variation from the detail contained in the relevant code of practice to avoid any confusion at a later date.

The codes of practice are set out in a standard format and provide:

- a) Detailed guidance and sources of further information, and
- b) At-a-glance “what to do” in an emergency guides where appropriate.

The codes must be readily available and within easy reach of a storage facility used for administering medicines or for providing specific treatments.

CODE OF PRACTICE

FORMAT

1. Types of Treatment
2. Written Instructions
3. Labelling
4. Storage and Access
5. Administration of Medicines
6. Overdose/Misuse
7. Further Information
8. "What To Do" Guide where appropriate

CODE OF PRACTICE

ASTHMA

1. Types of Treatment
2. Written Instructions
3. Labelling
4. Storage and Access
5. Administration of Medicines
6. Overdose/Misuse
7. Further Information
8. "What To Do" Guide

CODE OF PRACTICE

ASTHMA

1. TYPES OF TREATMENT

1.1 There are two types of treatment for asthma:

1. **“Relievers”**

Treatments which give **immediate relief**, called bronchodilators since they open up narrowed air passages.

2. **“Preventers”**

Purely **preventative** treatments, taken regularly to reduce the sensitivity of air passages so that attacks are only mild or no longer occur.

Medicines designed to prevent asthma should not be used to treat an attack because they do not have an immediate effect.

1.2 The most effective way to take asthma medicines is to inhale them. Inhaled medicines are most often given through small pressurised aerosols.

1.3 The inhaled medicine has to be taken properly otherwise the medicine may spray out into the surrounding air, never get down to the chest and therefore have no effect.

1.4 Young children and those with co-ordination problems may sometimes use a “spacer” device into which the aerosol is released and through which the medication is inhaled.

1.5 Some children use dry powder devices. Tablets and syrups are rarely given.

2. WRITTEN INSTRUCTIONS

2.1 Written instructions should clearly identify between **“relievers”** and **“preventers”**. In **most** situations relievers only should need to be provided in school.

2.2 Instructions can also include details of how to help a child breathe. In an attack, asthmatics tend to take quick shallow breaths and may panic.

Some children are taught to adopt a particular posture which relaxes their chest and encourages them to breathe more slowly and deeply during an attack. If they have learnt such a technique, encourage them to use it. The emphasis should always be on the rapid provision of reliever medication.

3. LABELLING

There are several types of inhalers. It is the parent’s/guardian’s responsibility, in consultation with the child’s GP and dispensing chemist, to ensure that the inhalers are clearly labelled with the child’s name and to identify the medicine as a “reliever” or “preventer”. Pharmacists would not normally add this to the label and so this may appear on the label in the parent’s/guardian’s handwriting. This then must be

checked against the parental consent form. Alternatively, parents can ask pharmacists to add this information to the label, this is the preferred option.

4. STORAGE AND ACCESS

- 4.1 Asthmatic children must have immediate access to “reliever” inhalers at all times.
- 4.2 It is not necessary to lock the inhalers away for safety reasons. Where possible, children of junior school age and above should carry their own inhalers.
- 4.3 Younger children should be encouraged to do so. However, some parents, after consultation with the headteacher, may request that inhalers are kept with the supervising teacher for safe-keeping and ease of access.
- 4.4 Inhalers should be taken to swimming lessons, sports, cross-country, team games, etc and on educational visits and used accordingly.

5. ADMINISTRATION OF MEDICINES

- 5.1 Self-administration is the usual practice. Staff need to be aware of possible over-use of inhalers and the headteacher should inform parents/guardians as appropriate.
- 5.2 In circumstances where staff assist a pupil to use an inhaler, the individual treatment plan, where one exists, should be followed. A child who uses an inhaler should have a record book which is signed by a member of staff when a dose has been taken.
- 5.3 Staff involved in helping a child during an attack should:
 - stay calm
 - do things quietly and efficiently
 - speak reassuringly and listen carefully
 - ensure access to “reliever” inhaler
 - be aware of any specific relaxation techniques which may assist.

6. OVERDOSE/MISUSE

- 6.1 No significant danger to health results from occasional overdose/misuse of inhalers. Staff, however, should be vigilant for inhaler abuse as there is evidence nationally that children are selling use of their inhalers to friends in the mistaken belief that it will induce some sort of high.
- 6.2 “INTAL” capsules are not harmful if swallowed.

Other capsules, e.g. “VENTOLIN” will have no side effects UNLESS MORE THAN 10 ARE SWALLOWED.
- 6.3 In all suspected cases, note the School Medicine Record and note the action taken to seek medical advice and advise parents.

7. FURTHER INFORMATION

7.2 Further advice and guidance can be obtained from: (1) The Local School Health Team

- (2) Community Child Health
- (3) The author of an Individual Treatment Plan, if one exists, for a specific child
- (4) The Child's Family Doctor.

THE ASTHMA ATTACK - WHAT TO DO

Ideally, there should be a school plan of action for asthma attacks. If you do not have a plan of action, follow the advice below.

If an asthmatic pupil becomes breathless and wheezy or coughs continually:

1. **Keep calm.** It's treatable.
2. **Let the pupil sit down** in the position they find most comfortable. Do not make them lie down.
3. **Let the pupil take their usual reliever treatment** - normally a blue inhaler. If the pupil has forgotten their inhaler use another child's inhaler if necessary.
4. **Wait 5-10 minutes.**
5. **If the symptoms disappear**, the pupil can go back to what they were doing.
6. **If the symptoms have improved**, but not completely disappeared, call the parents and give another dose of inhaler while waiting for them.
7. If the normal medication has had **no effect**, see severe asthma attack below.

WHAT IS A SEVERE ASTHMA ATTACK?

Any of these signs mean severe:

- Normal **relief medication does not work** at all.
- The **pupil is breathless** enough to have difficulty in talking normally
- The **pulse rate is 120 per minute** or more.
- **Rapid breathing** of 30 breaths a minute or more.

HOW TO DEAL WITH A SEVERE ATTACK

Either follow your school protocol or:

1. **Call an ambulance or the family doctor** if they are likely to come immediately.
2. **Get someone to inform the parents.**
3. **Keep trying with the usual reliever inhaler every 5/10 minutes** and don't worry about the possibility of overdosing.
4. If the pupil has an emergency supply of oral steroids (prednisolone, prednesol), give them the stated dose in accordance with the parental consent form and individual treatment plan (if one exists).

CODE OF PRACTICE

ANAPHYLAXIS (Allergy Shock Syndrome)

1. Types of Treatment
2. Written Instructions
3. Labelling
4. Storage and Access
5. Administration of Medicines
6. Overdose/Misuse

CODE OF PRACTICE

ANAPHYLAXIS (ALLERGY SHOCK SYNDROME)

This code of practice only applies when the acute allergic condition is known and notified to the school. The condition is extremely rare and will only affect a few pupils within the City. It commonly occurs in response to certain foodstuffs, particularly peanuts, but can occur in response to wasp stings.

1. TYPES OF TREATMENT

The treatment may involve all three of the treatments below or any combination of them, dependent on the type and severity of the reaction. At all times the individual treatment plan must be consulted.

- 1.1 An **anti-histamine** may be prescribed according to the severity of the reaction.
- 1.2 Use of an **adrenaline inhaler** may be prescribed if respiratory symptoms appear.
- 1.3 An **adrenalin** injection “should be immediately administered” as a life-threatening situation develops quickly.

Immediate emergency medical aid should be called in all cases, informing the doctor/ ambulance service of the acute allergic reaction.

2. WRITTEN INSTRUCTIONS (INDIVIDUAL TREATMENT PLANS)

- 2.1 An Individual Treatment Plan must be drawn up by the Consultant Paediatrician or the General Practitioner.
- 2.2 In addition to the written instructions, a form of indemnity must be signed by the parents which would indemnify staff in respect of their agreeing to undertake the task of administering an adrenalin injection where an acute allergic condition is known. (Copy attached.)
- 2.3 The parent/guardian must agree in writing to be responsible for ensuring that the school is kept supplied with injections which are “in date”.
- 2.4 The parent/guardian is responsible for providing the school with names and telephone numbers of persons who can be contacted in a matter of emergency.
- 2.5 The headteacher, through the employer, must ensure appropriate training is given to staff. The School Health Service, following consultation with the prescribing paediatrician, is responsible for arranging the appropriate information and training for a minimum of two responsible person who have volunteered to administer adrenalin. It may be necessary for the headteacher to arrange for the teachers and other staff in the school to be briefed about a pupil’s condition and about the arrangements contained in the written instructions. If there are no volunteers to administer the medication, then an ambulance must be called should a child suffer a

reaction.

- 2.6** The instructions may include detailed arrangements for meals and that steps are taken to ensure that the pupil does not eat any food other than items prepared/approved by the parents/guardians as far as is reasonably practicable.
- 2.7** Appropriate arrangements must be agreed with parents/guardians for provision and safe handling of medication during educational visits away from the school.
- 2.8** For each child the symptoms which indicate the onset of an acute allergic reaction may be different. It is the parents'/guardians' responsibility to ensure, in conjunction with the GP, that the list of symptoms which indicate onset are notified to the school within the written instructions.
- 2.9** In the event of the child showing any of the physical symptoms, staff are instructed to follow the agreed emergency procedure.
- 2.10** The instruction must clearly indicate the stage at which various medications must be administered and the order of priority in contacting parents/doctor/guardians.
- 2.11** If adrenalin is administered, then the emergency services/hospital must be informed of the dose administered.

3. LABELLING

All syringes must be clearly labelled with the child's name and identify the medicine clearly.

4. STORAGE AND ACCESS

- 4.1** As the medication is required immediately, the adrenalin injection should be available to the responsible persons at all times, including educational trips/visits etc. It would be inappropriate to have the medication in a locked storage cabinet with limited access as any delay in administering the adrenalin is unwarranted. Where appropriate, e.g. school trips, games, cross-country runs etc, the pupil should have ready, or immediate access to the medication.
- 4.2** The location and access to a second syringe which may be provided as a reserve should be clearly known to the responsible persons.

5. ADMINISTRATION OF MEDICINES

- 5.1** The syringe carries a small needle which only needs to be placed against an area of fatty tissue before the plunger is depressed, e.g. side of the thigh. If a second injection is administered, it must be in different site on the thigh.
- 5.2** Although the administration of injections is considered to be a matter for medical staff, the advice is that this process can be carried out with confidence after appropriate training. Training would be provided by the School Health Service and legal liability assured by the LA.

6. OVERDOSE/MISUSE

- 6.1** The adrenalin must only be used for the “named” pupil/child.
- 6.2** Any injection held in reserve must not be administered to another child - even if symptoms similar to an acute reaction are presented.
- 6.3** An acute reaction not previously known must only be dealt with as a medical emergency and no medication administered.

DERBY CITY COUNCIL

FORM OF INDEMNITY

In consideration of staff at **RAVENSDALE JUNIOR SCHOOL**

School agreeing to administer an injection of adrenalin to

.....(Full name of child).

By means of

in the event of the said child suffering from an anaphylactic reaction.

We.....the parent(s)/guardian(s)

of the child (named above), hereby indemnify Derby City Council, its servants or employees against all proceedings, costs, liabilities and damages incurred as a result of any injury or damage caused to the named child by the administration of an injection of adrenalin, provided always that this indemnity shall not include injury resulting from or caused by or materially attributable to the negligence Derby City Council, its servants or employees or the failure of the Derby City Council to perform their common law or statutory duties and liabilities.

Signed.....Parent(s)/Guardian(s)

Dated

Address:

Telephone (Day time).....

Emergency Contact number.....

CODE OF PRACTICE

TREATMENT OF PROLONGED SEIZURES AND USE OF RECTAL DIAZEPAM (Valium)

1. Types of Treatment
2. Written Instructions
3. Labelling
4. Storage and Access
5. Administration of Medicines
6. Overdose/Misuse
7. Further Information

CODE OF PRACTICE

TREATMENT OF PROLONGED SEIZURES AND USE OF RECTAL DIAZEPAM (Valium)

Epilepsy is a tendency to have recurrent seizures and there are many different types of seizure.

When a person has continuous major convulsive seizures, this is known as status epilepticus. This can cause irreversible brain damage and eventually death if untreated. The individual treatment plan will give more details.

When a child or young person has a convulsive seizure lasting longer than 5mins or 2 seizures together without recovery between the child needs medication to stop the seizure (rescue medication). If the child doesn't have rescue medication available, an ambulance needs to be called.

There are 4 types of rescue medication – Rectal Diazepam and Rectal Paraldehyde (rarely used) Buccal Midazolam (10mg/1ml) and Buccolam pre-filled syringes (10mgs/2mls).

1. TYPES OF TREATMENT

- 1.1 Administration of prescribed rescue medication
- 1.2 Use of prescribed anti-convulsants (given regularly at home twice a day)

2. WRITTEN INSTRUCTIONS

- 2.1 There will be a written care plan describing the seizures and what to do in the event of a seizure occurring, if rescue medication prescribed the dose will be recorded
- 2.2 If rescue medication needs to be given the careers/staff will be taught how to use it by a health professional
- 2.3 Parents/guardians are asked to inform the school of seizures and rescue medication given outside school hours

3. LABELLING

- 3.1 Diazepam should be stored in original containers and must **always** indicate the child's name, dosage, date of issue and expiry date.
- 3.2 It is the parents'/guardians' responsibility to ensure that the medication is correctly labelled in consultation with the dispensing chemist.

4. STORAGE AND ACCESS

- 4.1 Appropriate amounts only must be kept in secure storage.
- 4.2 Access to the prescribed medication must only be available to the named volunteers who have been appropriately trained.
- 4.3 Any movement in and out of storage must be signed for in the Drugs Record Book.
- 4.4 Arrangements must be agreed with the parents/guardians to cater for trips off school premises.

5. ADMINISTRATION

- 5.1 Only in accordance with **specific** instructions and protocols received from the paediatrician.
- 5.2 Ideally, a minimum of two volunteer members of staff should be trained so cover can be provided should one be away. During the administration, a second person should be present to provide witness support to the person administering the medication. The training must:
 - 5.2.1 include aspects of storage of the drug and completion of records;
 - 5.2.2 be updated annually;
 - 5.2.3 eradicate all “as and when” decisions, and each case must include clear protocols for the timing of events in sequence.
- 5.3 Details of all training must be kept in a file specifically for the purpose.
- 5.4 Maximum privacy should be ensured during the administration of rectal valium and where appropriate the views of the pupil regarding the use of rectal valium in schools should be sought.
- 5.5 The time, date and duration of seizures (or the onset of symptoms) must be logged with details of action taken. The time lapse between calling for and arrival of an ambulance will be noted.
- 5.6 Any staff and prescription changes indicate a need for a review of the instructions and procedures for administering the medication.

6. OVERDOSE/MISUSE

[Details to be provided by medical adviser (consultant paediatrician), to include any specific health and safety (COSHH) requirements, child protection issues and hygiene arrangements.]

7. FURTHER INFORMATION

[Procedures to be adopted during a seizure e.g. removal from class/being placed in recovery position etc, to be confirmed in individual treatment plans/instructions as advised by the consultant paediatrician.]

[Form devised in conjunction with Consultant Paediatricians, to be completed by Paediatricians and forwarded to schools],

**INSTRUCTIONS FOR THE ADMINISTRATION
OF RECTAL VALIUM**

Name of Child: _____

Date of Birth: _____

School Attended: _____

In the event of a fit, the above named child should be given rectal valium according to the following instructions:

Name of Consultant Paediatrician: _____

Signature of Consultant: _____

Date: _____

CODE OF PRACTICE

DIABETES IN SCHOOLS

1. Types of Treatment
2. Written Instructions
3. Labelling
4. Storage and Access
5. Administration of Medicines

CODE OF PRACTICE

DIABETES IN SCHOOLS

Type 1 Diabetes Management in School

Type 1 Diabetes Mellitus occurs with a lack of insulin to utilise glucose effectively. Children with Type 1 Diabetes Mellitus manage this condition with subcutaneous insulin and are at risk of high and low blood sugars which may make them unwell.

1. TYPES OF TREATMENT

Insulin is given subcutaneously in designated areas of the thigh, buttock and tummy. Patients are also advised to eat a healthy diet and regularly exercise as with any young child. Treats can be given in moderation following a main meal with insulin injections.

The three main diabetes regimens are:

- Twice daily premixed insulin (BD)
- Multiple injections of insulin (MDI)
- Continuous subcutaneous insulin infusion (Pump Therapy)

Twice Daily insulin Regimen

Injections are given before breakfast and before evening meal. The child/ Young person will require mid morning and mid afternoon snack as discussed with their individual care plans.

Multiple Injections of Insulin (MDI) or Basal Bolus Regimen

MDI is designed to copy normal insulin production. An injection of fast acting insulin is given via a pen device before each meal (bolus) and one injection usually later in the evening is given as basal insulin. The fast acting insulin should be given within 10 minutes of eating.

The child/ Young person will require carbohydrate free snacks when applicable with school policy as discussed with their individual care plans.

Continuous Subcutaneous Insulin infusion (Pump Therapy)

Pump therapy is another way of administering basal insulin continuously and give a bolus of insulin with all foods that contain carbohydrate. It is attached to the body through tubing and a cannula. It requires 2-3hrly blood sugar testing and can increase risk of the life threatening condition- ketoacidosis if not appropriately managed

Insulin Regimens and monitoring

Most children/young people will require some supervision when monitoring their blood glucose levels in the event of requiring any emergency treatment or advice. Some children/ young people will require supervision of the insulin dose given or depending on age and maturity they may require trained school staff to administer the injection.

All insulin regimens require the child/young person to monitor blood glucose and blood ketone levels and for staff to be aware of signs, symptoms and treatment of Hypoglycaemia (low blood sugars) and Hyperglycaemia (high) blood sugar levels as written in the individual care plans.

Hypoglycaemia (Low blood sugar levels)

Hypoglycaemia is when the blood glucose level falls below 4mmol/l

Each child is encouraged to carry their own equipment to deal with a low blood sugar however an emergency box supplied by parents to school is also advised. The emergency box should contain, glucose drinks, glucose tablets, glucogel and starchy carbohydrate snacks

Can occur regularly due to:

- Not enough carbohydrate eaten with insulin
- Late carbohydrate
- Too much insulin
- Exercise
- Change in routine
- Poor injection technique or lumpy injection sites

Signs and Symptoms of Hypoglycaemia are:

- Hungry
- Pale
- Shaky
- Dizzy
- Confused
- Difficulty concentrating
- Blurred vision
- Headache
- Odd behaviour, Poor judgement
- Slurred speech
- Lack of co-ordination

Mild

Pupil requires supervision but can take instruction for necessary treatment

- **Glucose appropriate for weight and blood glucose level**
- **(See individual Hypoglycaemia care plan)**

Moderate

Pupil is conscious however requires intervention from a supervising adult

- **Glucogel gel as directed by care plan**

Severe

Pupil is semi conscious or unconscious and requires emergency intervention

- **Glucagon Injection**

Follow up treatment

BD/MDI - Young people using any of these regimes require starchy carbohydrate following treatment with glucose. If a meal is due they do not require this extra carbohydrate.

Hyperglycaemia (High blood sugar levels)

In children who are unwell a blood ketone test is required, particularly if blood glucose levels are above 11mmol/l. A blood ketone level should be 0.0mmol/l any blood ketone level above 3mmol/l means the child is at risk of Ketoacidosis

Danger signs of ketoacidosis to look for:

- Vomiting
- Abdominal pain
- Lethargy
- Confusion
- Fast breathing

Any signs of ketoacidosis dial 999

PLAsE be aware many children/young people with Type 1 Diabetes may have blood glucose above 11mmol/l however not necessarily have blood ketones. As long as the child/young person remains generally well it will not affect their health in the short term. Their concentration level however with a high blood glucose may be altered. Regular blood glucose testing will be required and encouraging the child to drink water will prevent any dehydration

If symptoms of ketones are present (see individual care plan) seek advice from the parents or hospital medical team immediately.

If the child has a high blood sugar with no ketones present a correction bolus of fast acting insulin can be given if directed by parents/ health care professional or an individual care plan.

Blood Glucose and Ketone Testing

The child/young person should have access to their blood testing equipment at all times. This equipment may include sharps and should be addressed on the care plan if necessary.

2. WRITTEN INSTRUCTIONS

Individual Care plans will be provided by the Derbyshire Children's Hospital Diabetes Team and completed by Parents. The care plans provided include:

- Blood glucose testing
- Injecting insulin (If applicable)

- Management of Hypoglycaemia and recommended emergency supplies
- Management of hyperglycaemia and blood ketone testing
- Giving a correction bolus (If applicable)

3. LABELLING

All emergency equipment should be labelled with the child/young persons' name.

4. STORAGE AND ACCESS

Diabetes medical equipment should be kept with the child/young person at all times and spare medical equipment stored in a clearly identified area. Any spare insulin or glucagen hypokit will need to be stored in a fridge according to manufacturer's guidance.

Every child with diabetes in school should be allowed free access to toilet facilities and unlimited access to drinking water within the classroom

5. ADMINISTRATION OF MEDICINES

It is advised that all schools, document any blood glucose/ketone levels and insulin given and by whom. This can be accessed through Managing Medicines in School and Early Years setting (Department of health) or Derbyshire Children's Hospital insulin administration form accessed through the diabetes nursing team.

Contacting the Paediatric Diabetes Nursing Team

(01332) 786963

Option 1- Emergency advice

Option 2- Messaging service

Option 3- Appointments

Option 4- Dieticians (alternatively- (01332) 786568)

CODE OF PRACTICE

CONTINENCE MANAGEMENT THE USE OF CLAN INTERMITTENT CATHETERISATION (CIBC)

Introduction

1. Types of Treatment
2. Written Instructions
3. Labelling
4. Storage and Access
5. Administration Procedure

CODE OF PRACTICE CONTINENCE MANAGEMENT THE USE OF CLAN INTERMITTENT CATHETERISATION (CIBC)

INTRODUCTION

There are many causes of incontinence in children and therefore the management will vary. Every child requires individual assessment.

LEARNING, EMOTIONAL AND BEHAVIOURAL DIFFICULTIES

Bladder and bowel control are a function of physical, intellectual and social development, therefore children with learning difficulties or emotional and behavioral difficulties may be incontinent. These children will require:-

1. Full assessment by a continence adviser.
2. A toileting regime designed to accommodate the demands of the school day.
3. A positive rewarding approach.

NEUROPATHIC BLADDER AND BOWEL

The commonest cause of neuropathic bladder in children is spina bifida, but may be caused by a range of other conditions. Bladder and bowel function is disrupted by abnormal development of the nerve supply and can only rarely be cured by treatment. However, medication, surgery and specialist techniques can usually achieve a reasonable level of continence. To achieve social control requires very careful assessment by the continence adviser and doctors and a specific care plan implemented by children, parents and care staff. Such a care plan should be designed to achieve continence, encouraging as much independence as possible and respect for the child's dignity and privacy.

Associated problems which may affect the management of continence in schools.

1. MOBILITY

Many children with spina bifida have mobility problems. They need toilet facilities which are accessible, private and secure and may need help with transfer from wheelchair to toilet etc.

2. DEXTERITY

Hand function, co-ordination and perception are often poor in children with spina bifida.

3. HYDROCEPHALUS

All children with spina bifida have a degree of hydrocephalus, with a possible resultant effect on learning ability, concentration and numeracy. Such problems may be highly specific and easily masked by the child's open, chatty personality.

All children will require:-

1. Regular medical and nursing supervision
2. Private and accessible toilet facilities
3. Accessible cupboard to store equipment
4. Disposal facility for soiled pads and catheters
5. Assessment of welfare support needs
6. Independence training plan
7. Access to specialist counselling as and when required

1. TYPES OF TREATMENT

1.1 *REGULAR TOILETING*

Planned usually to coincide with breaks in the school day. Children may, however, require more frequent toileting to achieve specific short-term gains in agreement with school staff. Bowel continence can usually be managed at home.

1.2 *MEDICATION*

Anticholinergics, e.g. Oxybutynin, may require administration as regular treatment. Most children will not require this during the school day.

1.3 *CATHETERISATION (CIBC)*

This is a clean (usually not sterile) procedure and can often be performed by children with appropriate supervision. Most can catheterise on the toilet or in a wheelchair alongside the toilet.

2. WRITTEN INSTRUCTIONS

- 2.1** There must be a written care plan on every child drawn up by a continence adviser/ community paediatric nurse in conjunction with the consultant paediatrician or surgeon. The care plan should be reviewed at least annually.
- 2.2** The instructions must be approved and signed by the parents/guardians and health professional responsible.
- 2.3** At least two persons should be trained to perform and supervise CIBC. Training could be available from the school health service or voluntary agency continence adviser (ASBAH Association for Spina Bifida and Hydrocephalus). Training should only be given by professionals.
- 2.4** Specific consideration needs to be made for education visits out of school to ensure pupils are not disadvantaged from lack of trained staff.

3. LABELLING

All equipment and catheters should be labelled for the sole use of the child.

4. STORAGE AND ACCESS

- 4.1** All equipment should be stored in a cupboard easily accessible to child and carer during catheterisation.
- 4.2** Toilet facilities must be easily accessible to the children with the advice of continence adviser and occupational therapist and be of sufficient size to allow procedures to take place easily but with sufficient privacy to preserve dignity and independence.
- 4.3** Facilities should be clean, secure, and private and, if not for sole use, be accessible as required.

5. ADMINISTRATION OF PROCEDURE

- 5.1** At Least two suitably trained members of staff should be able to assist (perform) CIBC to cover sickness leave. Training should be provided by a nurse either through the School Health Service or voluntary agencies (e.g. ASBAH).
- 5.2** It is the role of the school to supervise and support rather than carry out procedures wherever possible to aid the independence of the child.
- 5.3** The child will require ongoing supervision. Skills may appear to have been lost during extended holidays, but increased levels of supervision early in the term to aid settling in should restore efficiency.
- 5.4** Staff inset training should be updated by School Health or ASBAH at regular intervals.
- 5.5** Staff will require additional training in lifting and handling for children with additional mobility problems.



APPENDIX 1

RAVENSDALE JUNIOR SCHOOL

Ravensdale Junior School are unable to give your child medicine without all details on this form being completed

NB MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY

	COMPLETED BY PARENT	STAFF INITIALS
Name of child		
Date of birth		
Class		
Medical condition/illness		
Course of medication completed/reviewed on		
Name of medicine (as described on container)		
Expiry date		
Dosage and method		
Timing		
Special precautions/instructions		
Side effects to be considered by school staff		
Self-administration YES/NO		
Emergency procedures		
Name and relationship to child		
Daytime telephone number		
Address		

I understand that I must deliver the medicine personally to the office

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to Ravensdale Junior School administering medicine in accordance with the Administration of Medicines in School Policy. I will inform the school of any changes, in writing, if any details on this form change or the medicine is stopped.

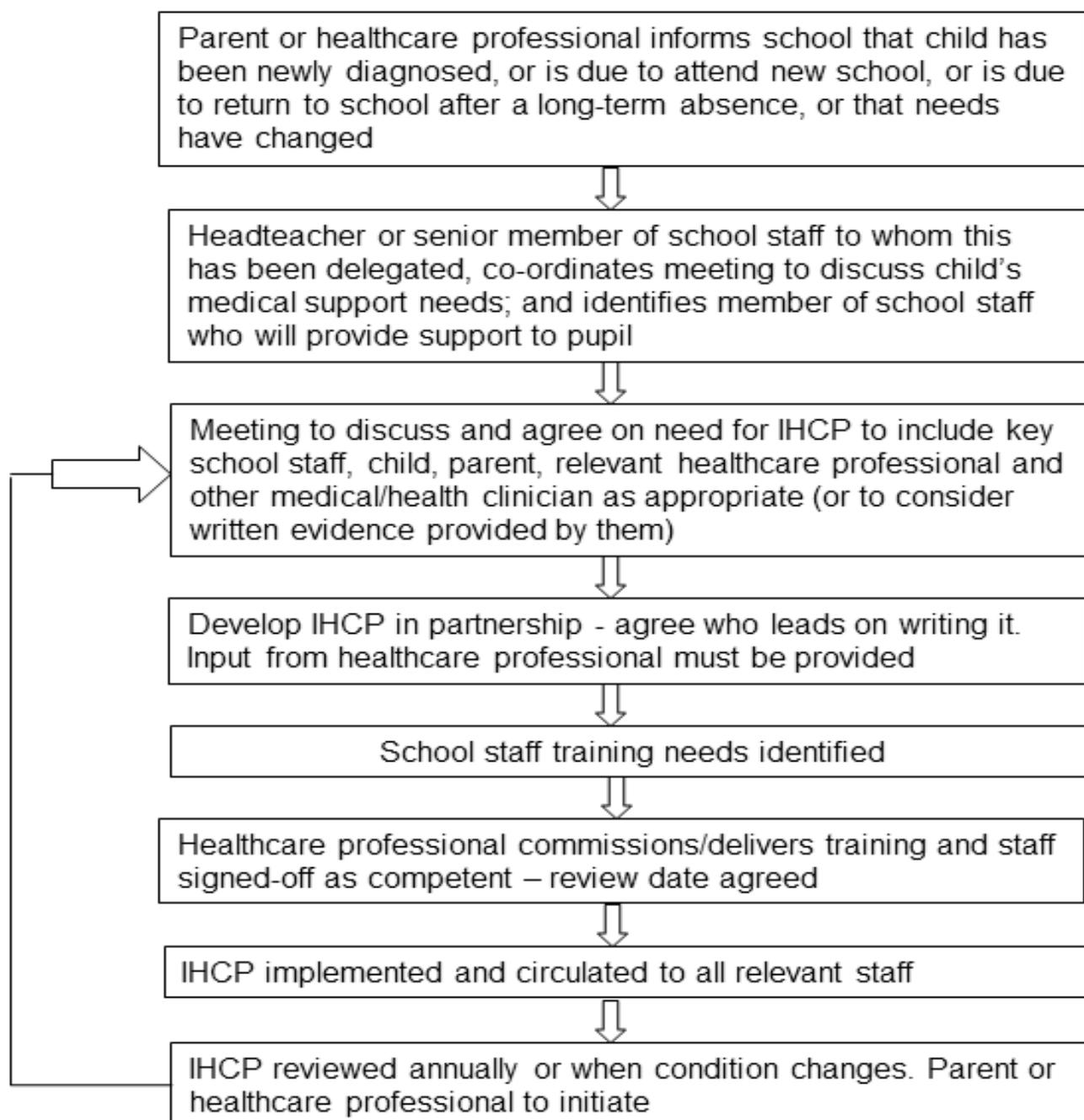
Parent Signature Date

TO BE COMPLETED BY MEMBER OF STAFF DISPENSING MEDICINE

Name of child	
Class	

Date			
Time given			
Dose given			
Staff member name			
Initials			
Date			
Time given			
Dose given			
Staff member name			
Initials			
Date			
Time given			
Dose given			
Staff member name			
Initials			
Date			
Time given			
Dose given			
Staff member name			
Initials			

Model process for developing individual healthcare plans



**RAVENSDALE JUNIOR SCHOOL
INDIVIDUAL TREATMENT PLAN**

Name of School/Setting	RAVENSDALE JUNIOR SCHOOL
Child's name	
Date of birth	Day / Month / Year
Class	
Childs Address	
Medical diagnosis or condition	
Date	
Review Date	

Family Contact Information – First Contact

Name	
Phone Number (work)	
(home)	
(mobile)	
Name	
Phone Number (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone Number	

General Practitioner (G.P.)

Name	
------	--

Phone Number

--

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

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

Follow up care

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

**RAVENSDALE JUNIOR SCHOOL
MEDICATION ERROR/NEAR MISS INCIDENT REPORT**

1.	Level of Error		✓
	(a) Major Error	(Incident resulting in major harm or death)	
	(b) Unresolved Error	(The outcome at present unknown)	
	(c) Minor Error	(No serious harm suffered)	
	(d) Near Miss	(Error was avoided)	
2.	Service details		
	Service name		
	Address		
	Telephone		
	Person in Charge		
3.	Person completing this form – <i>sign and date at end of form</i>		
	Name		
	Job Title		
4.	Person(s) involved in the incident		
	Name 1		
	Job Title		
	Name 2		
	Job Title		
	Name 3		
	Job Title		
5.	Details of the medication error or near miss		
	Name of Child/ Young Person		
	Date and time error occurred		
	Date and time error discovered		
	Details of the error		

6.	Health professionals involved with the child/young person	
	GP	
	Consultant	
	Nurse	
	Pharmacist	

7.	All others staff/persons involved in the incident		
	Name		Job Title

8.	Who was contacted for advice?					
	GP	Yes	No	NHS Direct	Yes	No
	Consultant	Yes	No	H&S Officer	Yes	No
	Nurse	Yes	No	Parent	Yes	No
	Pharmacist	Yes	No		Yes	
	Time of Contact	Advice received:				
	Time of Contact	Advice received:				

9.	Advice and Action		
	By whom - name and contact details		Time
	Advice given		
	Action Taken		
	By Whom		Time
	Advice given		

	Action Taken	
--	--------------	--

10.	Who has been informed about the incident			
				If no, give reasons
	Child/young person	Yes	No	
	Parent/Person with PR	Yes	No	
	Other Carer	Yes	No	
	Manager	Yes	No	
	H&S Officer	Yes	No	
	Head of Quality Assurance	Yes	No	If child/young person is in care
		Yes		

11.	Type of incident	Detail	✓
	Wrong service user		
	Wrong quantity given		
	Wrong strength of medicine administered		
	Wrong form of the medicine		
	Dose omitted		
	Wrong medicine given		
	Medicine out of date		
	Recording error		
	Medicine given at wrong time		
	Medicine refused/staff unable to administer		
	Other		

12.	Cause of incident	Detail	✓
	Unclear labelling caused confusion		
	Unclear instructions caused confusion		

	Wrong service user name		
	Product out of date		
	Interruptions		
	Service user refused		
	Staff/carer unable to administer		
	Other cause		
13.	Immediate action to be taken		✓
	Investigation by manager		
	Investigation by Health and Safety Officer		
	Investigation under complaints procedure		
	Investigation by external body		
14.	Action to prevent a recurrence		✓
	Workplace procedures/systems review		
	Workplace training		
	Wider procedures/systems review		
15.	Additional Notifications – Major Incident Only		✓
	Health & Safety Officer		
	Health & Safety Executive		
Name		Position	
Signed		Date	

RAVENSDALE JUNIOR SCHOOL

STAFF TRAINING RECORD
ADMINISTRATION OF MEDICINES

Name	
Type of Training Received	
Date of Training	
Training Provided by	
Profession and Title	

I confirm that the above named member of staff has received the training detailed above and is competent to carry out any necessary treatment.

I recommend this training is updated in.....(state time period)

I confirm that I have received the training detailed above

Staff signature

Date

↙ This flow chart should be used in conjunction with the accompanying text in the guidance document which gives more information on each section. ↘

