



## Stokes Wood Primary School

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

Please read together with Administration of Medicines and Healthcare Needs Health and Safety Management Standard Issue 3 December 2019.

### Introduction

- THIS POLICY is a statement of the aims, principles and strategies for caring for children with specific medical needs.
- THIS POLICY was developed through a process of consultation with staff, governors and parents and advice from the above mentioned document.
- THIS POLICY will be reviewed annually or as required.
- THIS POLICY SUPPORTS and relates to our School Mission 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: 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
  - Standards Inspector visits
  - Ofsted Inspection

Reviewed April 2024

THIS POLICY WILL BE DISSEMINATED through providing a summary in the School Prospectus and Key Stage Handbooks 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**

Stokes Wood 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 and emotional 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 staff room, office, kitchen and other appropriate places.

- There are specially equipped areas in the school which incorporate a toilet and changing facility for disabled or incontinent children. ( In disabled toilet at reception)
- 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. ( Use the yellow bins)

## 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, the Head teacher, deputy in her absence, or nominated person 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 the school office on these occasions and the necessary forms completed and signed by the parents/carers. Parents with English as a second language or with literacy needs may require support with this.

**Over the counter medicines will only be administered according to the dosage recommended on the container or box. Wherever possible parents or carers should administer these over-the counter medicines. Recent LA guidance states that: 'A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.'** -The necessary forms should be completed by parents/carers as for prescribed medicines. **If a doctor has advised ibuprofen but you have not been given a prescription, please ask for a signed note if you will need a member of staff to administer it.**

**All medication must be clearly labelled with the child's name and method of administration. It is the parents'/carers' responsibility to update school staff and maintain an indated supply of medication.**

### '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

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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 member of staff 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 Headteacher is the named person responsible for medicines in school together with named alternatives (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.

If a child refuses to take medicine, staff should not force them to do so but should note it in the records and follow agreed procedures in respect of the individual child. Parents should be informed.

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 cupboard or drawer in teacher's desk clearly marked with the green and white medical **+** in each classroom. For example: inhalers and epipens.

Reviewed April 2024

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. Large amounts of medication should not be stored at school.

**All first aid boxes and bags are checked regularly by a designated person.** (Named TA for each department, playground. Lead TA to monitor this) All boxes and bags will contain a minimum stock as listed below:

- A leaflet giving general guidance on first aid (for example HSE leaflet 'Basic Advice on First Aid at Work)
- Twenty individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the type of work (dressings may need to be of a detectable type for food handlers);
- Two sterile eye pads
- Four individually wrapped triangular bandages (preferably sterile);
- Six safety pins
- Six medium sized individually wrapped sterile unmedicated wound dressings - approximately 12 cm x 12 cm
- Two large sterile individually wrapped unmedicated wound dressings - approximately 18 cm x 18 cm
- One pair of disposable gloves
- One pair blunt ended scissors
- Where mains tap water is not readily available for eye irrigation, at least a litre of sterile water or sterile normal saline (0.9%) in sealed, disposable containers should be provided. Once the seal has been broken, the containers should not be kept for reuse.
- In addition the boxes may contain hypo-allergenic tape and individually wrapped wipes.
- micropore

Ice packs are kept in the school office **and in the fridge in the staff room.**

#### 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 xx**). This is carried out to the best of the named person's ability. Parents/Carers should be informed of medication given by phone/email or in person where it is different from a regular daily dose.

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.** Medical information for all children can be found on the SEN/FSM ETC Data base on the Teacher drive. Staff should familiarise themselves with this information and ensure they have all the necessary details and forms about medication required by their pupils. It is the class teacher's responsibility to ensure that other team members are aware of the medical needs and procedures for these children. Photographs of children with chronic illnesses or certain allergies are attached to the list but also displayed in the staffroom, school office and kitchen and department areas. 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.

There are certain conditions e.g. diabetes mellitus, bleeding disorders or hormonal disorders which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, and where this is not possible, they should be given by their parents/carers or a qualified nurse (i.e. someone **currently employed in a nursing capacity**). Staff are given the necessary training to supervise these injections or give them in an emergency after agreement with parents/carers and health professionals.

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. Ideally injections should not be given in school unless on a school trip which extends outside school hours.

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 Residential Policy**), which will include pupils who need regular medication and those who may need it; those pupils with allergies, asthma inhalers etc. **A register of children who require medication at a certain time each day should be taken and a member of staff should be appointed to ensure this register is adhered to.**

**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.<br>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.   |



Reviewed April 2024

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**~~THIS IS NOT IN THE COUNCIL PACK~~**

**Appendix A**

**REQUEST FOR ADMINISTRATION OF MEDICINES  
(GENERAL CARE PLAN)**

To: Headteacher of Stokes Wood Primary School

From: Parent / Guardian/Carer of \_\_\_\_\_ Full Name  
of Child

DOB \_\_\_\_\_

My child has been diagnosed as having: \_\_\_\_\_ (name of  
condition/illness)

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

\_\_\_\_\_ (name of medication/medicine)

I ~~consent~~allow / do not ~~consent~~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) Strength of medication \_\_\_\_\_

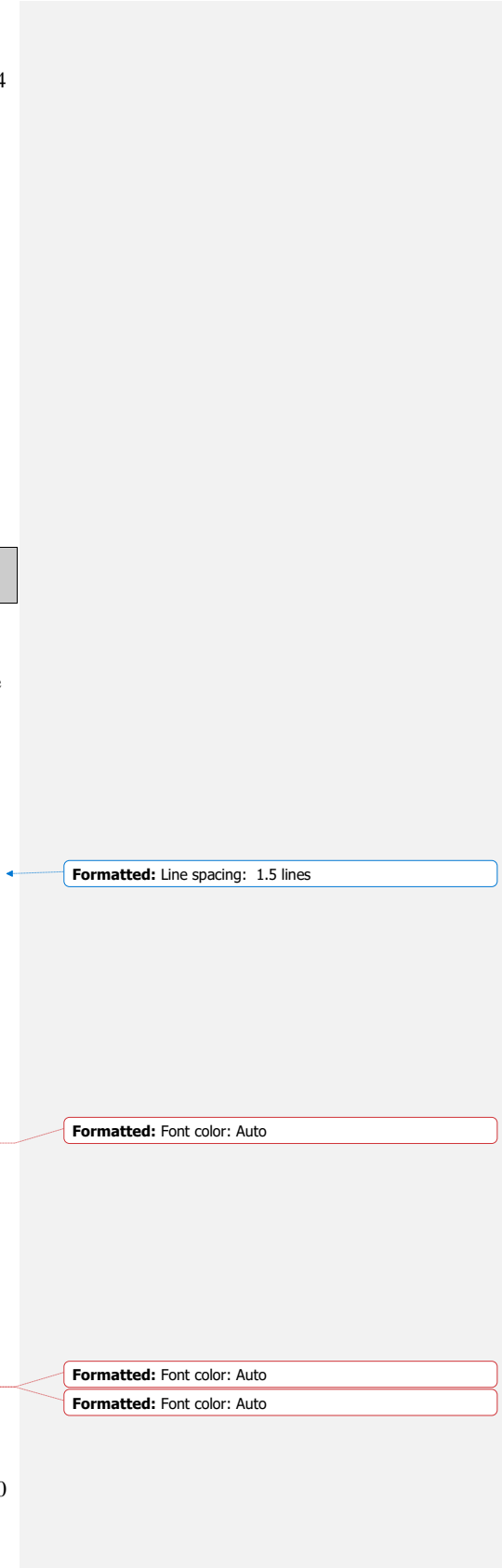
with effect from \_\_\_\_\_ (date)

to \* \_\_\_\_\_ (date) \* (\*delete if long term medication) Until advised  
otherwise

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

\_\_\_\_\_ (Delete as appropriate)

I ~~consent~~ / do not ~~consent~~ 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.



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

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

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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~~ will be acting in the best interests of \_\_\_\_\_ (Childs Name) whilst administering medicines to children.

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent / Guardian Parent / Carer

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\_\_\_\_\_ (please print)

Contact Details:- Telephone No.

(home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Headteacher (PRINT NAME)

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Or Healthcare – Social care Professional

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**Appendix B** ~~—NO CHANGES~~

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**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 .....

<b>Date</b>			
Time Given			
Dose Given			
Name of Staff Member			
Staff Initials			
Witness			

<b>Date</b>			
Time Given			
Dose Given			
Name of Staff Member			
Staff Initials			
Witness			

**Appendix D - DIFFERENT FORM IN THE PACK BUT WE GET CERTIFICATES WHEN TRAINING COMPLETED**

**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 NOT IN COUNCIL PACK**

**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.**

**THIS IS NOT IN THE PACK 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)

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

<b>HEAD OF ADMINISTERING SCHOOL</b>	
NAME .....	
Signature .....	Date .....

**VOLUNTEERS TO ADMINISTER PRE PREPARED ADRENALINE INJECTION**

NAME (Block Capitals) .....

Signature .....

Date .....

NAME (Block Capitals) .....

Signature .....

Date .....

NAME (Block Capitals) .....

Signature .....

Date .....

NAME (Block Capitals) .....

Signature .....

Date .....

NAME (Block Capitals) .....

Signature .....

Date .....



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

**PRE-PREPARED ADRENALINE INJECTION**

**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**

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**REPORT FORM**

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

NAME OF CHILD:	Date of allergic reaction: //
	Time reaction started: : hrs
Date of birth:	Time 1st dose adrenalin given: : hrs
	Time 2nd dose adrenalin given: : hrs* *If prescribed
<i><b>NB - Please copy this form and send to hospital with child if possible.</b></i>	Time ambulance called: : hrs
	Time ambulance arrived: : hrs

<b>Trigger for reaction (i.e. food type / bee-sting)</b>	
<b>Description of symptoms of reaction:</b>	
<b>Any other notes about incident (e.g. child eating anything, injuries etc.)</b>	
<b>Witnesses to incident: (Position in setting)</b>	
Please circle the prescribed device used:	Adrenalin given by:
Emerade 150    Epipen Auto-injector 0.3mg	Site of injection:
Emerade 300    Epipen Jr Auto-injector 0.15mg	Problems encountered:
Emerade 500    Jext 300mcg	
Jext 150mcg	
<b>FORM COMPLETED BY:</b>	
NAME (print): .....SIGNATURE: .....	
Job title: .....Telephone no: .....	
DATE:	
<p><b>Please complete this Report Form, giving clear account of events and fax it to 0116 2586694 or email to <a href="mailto:childrensallergy@uhl-tr.nhs.uk">childrensallergy@uhl-tr.nhs.uk</a></b></p> <p><i>Please keep original copy in setting records and give copy to parent</i></p>	

**INDIVIDUAL CARE PLAN (ICP 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 1 – TO BE COMPLETED BY A PRESCRIBER (CLINICIAN), PARENT THE HEAD OF THE ADMINISTERING SETTING AND THE AUTHORISED PERSON.~~

~~2 – THE HEAD OF THE SETTING AND PARENT MUST FACILITATE A REVIEW OF THIS ICP WITH THE PRESCRIBER AFTER 12 MONTHS FROM THE PRESCRIBER'S LAST SIGNATURE. THIS MUST OCCUR WITHIN 30 DAYS OF THE INTENDED REVIEW DATE.~~

NAME OF CHILD: ..... DOB: .....

HOSPITAL NUMBER: .....

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ADDRESS:

.....  
.....

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

..... \*lasting .....mins

..... Or \* repetitive over ..... Mins

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

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

\*lasting ..... minutes  or \* repetitive over .....minutes   
..... without regaining consciousness

\* delete as appropriate

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

**The dose of rectal diazepam should be ..... tube containing .....mgs.**

This should be administered by a named individual (see over) in accordance with the procedure endorsed by the indemnifying agency. The dose of Rectal Diazepam should be ..... Mg(s)

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

**The normal reaction to this dose is the seizure should stop in 5 to 10 minutes. If required, further actions to take are (e.g. second dose):** 1 **The normal reaction to this dose is that the seizure should stop.**

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2 **This should occur in 5-10 minutes.**

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

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4 **Particular things to note are: respiratory depression in which case phone 999 for ambulance**

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

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~~it will be necessary to phone 999 for an ambulance. Remember to tell the ambulance or hospital staff the exact time and dose 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~~ **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.~~ Copies should go with the child to the Emergency Department and the parent. The original should be kept by the administering agency.

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The parent/~~carer will be responsible for:~~s 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,~~ **adequate and in-date supply of medication at the setting**
3. ~~seeking renewal, on expiry of this care plan,~~ **Notifying the setting if there are any changes to medication dose/type**
- 3-4. ~~sorting out the review of the Individual Care Plan (ICP)~~

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

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GP / CONSULTANT PRESCRIBER (CLINICIAN)

Name ..... Tel No. ....

Signature ..... Date .....

PARENT / CARER / GUARDIAN

Name ..... Tel No. ....

Signature ..... Date .....

OLDER CHILD / YOUNG PERSON

Name ..... Tel No. ....

Signature ..... Date .....

HEADTEACHER OF ADMINISTERING SCHOOL / HEAD OF ADMINISTERING SETTING

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- THE CONSULTANT AND THE ADMINISTERING SETTING, AND THE HEALTH PROFESSIONAL- THE ADMINISTERING SCHOOL RETAINS THE ORIGINAL**

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**REPORT FORM FOR THE ADMINISTRATION OF RECTAL DIAZEPAM**

<b>NAME OF CHILD:</b>		<b>DOB:</b>	
<b>DATE OF SEIZURE / CONVULSION:</b>			
<b>TIME SEIZURE / CONVULSION STARTED:</b>			
<b>ACTIVITY WHEN SEIZURE / CONVULSION BEGAN:</b>			
<b>DESCRIPTION OF SEIZURE / CONVULSION:</b>			
<b>TIME RECTAL DIAZEPAM GIVEN</b>	<b>DOSE GIVEN</b>	<b>MG</b>	<b>GIVEN BY</b>
<b>ANY DIFFICULTIES IN ADMINISTRATION:</b>			
<b>TIME SEIZURE / CONVULSION STOPPED:</b>			
<b>TIME CHILD TAKEN TO HOSPITAL:</b>			
<b>ANY OTHER NOTES ABOUT THE INCIDENT (e.g. injuries to child or other parties, child sleepy):</b>			
<b>FORM COMPLETED BY (AUTHORISED PERSON):</b>			
<b>NAME (print):</b>		<b>SIGNATURE:</b>	

<b>JOB TITLE:</b>	<b>CONTACT TEL. NO.</b>
<b>DATE:</b>	
<b>WITNESS:</b>	
<b>NAME (print):</b>	<b>SIGNATURE:</b>

Original to Child's School Record

- cc Hospital with child (where possible)
- Parent/Carer
- Other (specify) **THIS IS NOT ON THE NEW FORM**

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**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 over .....minutes   
 \_\_\_\_\_ without regaining consciousness

\* delete as appropriate

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

The dose of buccal midazolam should be ..... ml(s) in volume of .....mg(s) in .....ml(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 .....~~

<b>HEADTEACHER OF ADMINISTERING SCHOOL</b>	
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**

<b>NAME OF CHILD:</b>		<b>DOB:</b>
<b>DATE OF SEIZURE / CONVULSION:</b>		
<b>TIME SEIZURE / CONVULSION STARTED:</b>		
<b>ACTIVITY WHEN SEIZURE / CONVULSION BEGAN:</b>		
<b>DESCRIPTION OF SEIZURE / CONVULSION:</b>		
<b>TIME BUCCAL MIDAZOLAM GIVEN:</b>		
<b>DOSE GIVEN:</b>	..... ml(s) of ..... mg(s) in ..... ml(s) ..... *liquid ..... *solution	
<b>GIVEN BY:</b>		
<b>ANY DIFFICULTIES IN ADMINISTRATION:</b>		
<b>TIME SEIZURE / CONVULSION STOPPED:</b>		
<b>TIME CHILD TAKEN TO HOSPITAL:</b>		
<b>ANY OTHER NOTES ABOUT THE INCIDENT (e.g. injuries to child or other parties, child sleepy):</b>		



<b>FORM COMPLETED BY (AUTHORISED PERSON):</b>	
NAME (print): _____	SIGNATURE: _____
JOB TITLE: _____	CONTACT TEL. NO. _____
DATE: _____	
<b>WITNESS:</b>	
NAME (print): _____	SIGNATURE: _____

~~\*Delete as appropriate~~

Original to Child's School Record  
 ee \_\_\_\_\_ 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.

<b>Asthma at school – a guide for teachers</b> National Asthma Campaign Summit House 70 Wilson House London EC2A 2DB	Asthma Helpline: 0845 701 0203 Website: <a href="http://www.asthma.org.uk">www.asthma.org.uk</a> Email: <a href="mailto:info@asthma.org.uk">info@asthma.org.uk</a>
<b>Guidance for Teachers concerning children who suffer from fits</b> The British Epilepsy Association New Anstey House Gate Way Drive Yeadon Leeds LS19 7XY	Tel: 0113 210 8800 Website: <a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a> Email: <a href="mailto:epilepsy@epilepsy.org.uk">epilepsy@epilepsy.org.uk</a>
Guidelines for HIV and AIDS Department for <a href="#">Children, Schools and Families</a> <a href="#">Education and Skills</a> Sanctuary Buildings Great Smith Street Westminster London SW1P 3BT	Tel: 0870 000 2288 Website: <a href="http://www.dfesef.gov.uk">www.dfesef.gov.uk</a> Email: <a href="mailto:info@desfes.gsi.gov.uk">info@desfes.gsi.gov.uk</a>
Haemophilia The Haemophilia Society 1 <sup>st</sup> Floor, Petersham House 57a Hatton Garden London EC1N 8JG	Tel: 020 7831 1020 Website: <a href="http://www.haemophilia.org.uk">www.haemophilia.org.uk</a> Email: <a href="mailto:info@haemophilia.org.uk">info@haemophilia.org.uk</a>
Allergy to Peanuts and Other Nuts	Tel: 0116 258 3557

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Asthma & Allergy Research Unit Glenfield Hospital Groby Road Leicester LE3 9QP	
Thalassaemia UK Thalassaemia Society 19 The Broadway Southgate Circus London N14 6PH	Tel: 020 8882 0011 Freephone Helpline: 0800 731 1109 Website: <a href="http://www.ukts.org">www.ukts.org</a> Email: <a href="mailto:office@ukts.org">office@ukts.org</a>
Sickle Cell Disease The Sickle Cell Society 54 Station Road Harlesden London NW10 4UA	Tel: 0208 961 7795 Website: <a href="http://www.sicklecellsociety.org">www.sicklecellsociety.org</a> Email: <a href="mailto:info@sicklecellsociety.org">info@sicklecellsociety.org</a>
Cystic Fibrosis and School (A guide for teachers and parents) Cystic Fibrosis Trust 11 London Road Bromley Kent BR1 1BY	Tel: 0208 464 7211 Website: <a href="http://www.cftrust.org.uk">www.cftrust.org.uk</a> Email: <a href="mailto:enquiries@cftrust.org.uk">enquiries@cftrust.org.uk</a>
Children with Diabetes (Guidance for teachers and schools staff) Diabetes UK Central Office Macleod House 10 Parkway London NW1 7AA	Tel: 0207 424 1000 Diabetes Careline: 0845 120 2960 Website: <a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a> Email: <a href="mailto:info@diabetes.org.uk">info@diabetes.org.uk</a>

**Forms for administration of medicines can be found on Administration of Medicines and Healthcare Needs ;Health and Safety Management Standard Issue 2 January 2018 + on Teacher drive or on Extranet**

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OTHER FORMS INCLUDED IN THE ADMINISTRATION OF MEDICINES GUIDE ARE:

[ADMINISTRATION OF BUCCAL MIDAZOLAM \(10MG/ML\)](#)  
[ADMINISTRATION OF RECTAL PARALDEHYDE](#)  
[ADMINISTRATION OF BUCCOLAM OROMUCOSAL SOLUTION](#)

[AGREEMENT FOR SELF TESTING FOR BLOOD GLUCOSE](#)  
[AGREEMENT TO SELF-INJECT INSULIN](#)  
[INDIVIDUAL CARE PLAN FOR MANAGEMENT OF DIABETES MELLITUS](#)

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