



SURREY

Supporting Pupils with Medical Conditions

Surrey Guidance
January 2016

Please note

This guidance is based upon school-specific advice previously issued. The wording and the advice may, therefore, appear biased towards schools although the working party has tried to make it applicable to other settings dealing with administering medicines to children / young people. All settings, other than schools where SCC is the employer, must check that their own governing bodies or management groups endorse this guidance as their own and accept that SCC cannot accept liability for their actions.

Confidentiality

The responsible person should always ensure all information is kept confidentially. The responsible person should agree with the child / young person where appropriate, or otherwise the parent, who else should have access to records and other information about the child / young person. It is essential that relevant staff are informed on a strictly need to know basis and it is in the best interests of the child / young person.

Surrey County Council is committed to making Surrey a better place for everyone and would like to ensure that services are accessible and tailored to individual needs.

Developing and Implementing Policy

Please note that this guidance now reflects [statutory changes](#) (Children and Families Act 2014) regarding the role of governing bodies, in effect from 1 September 2014.

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. In addition, Governing bodies may wish to seek advice from any relevant healthcare professionals when developing the policy.

In developing a schools policy, governing bodies should ensure consideration is given to the following:

- reference to the Local Authority (LA) guidelines Procedure (s) for agreeing and recording the setting's role for individual children / young people
- statements regarding staff responsibilities
- right of staff to decline to administer medicines
- requesting information from parents about child / young person's health needs
- information and support arrangements from health professionals
- statements to parents that they are responsible for ensuring that their child / young person is well enough to attend school/setting
- encouraging parents to administer medication where possible, or in appropriate cases self-administration by the child / young person
- information to parents who bring (prescribed) medicines into school/setting, including who to give them to, labelling, instructions, etc
- parental consent requirements
- parental responsibility for provision of accurate contact details and relevant medical information
- who will administer medication
- where/how medicines are kept
- arrangements for providing information and training to staff and others needing it
- arrangements for record keeping (including the maintenance of accurate records)
- action to be taken in the event of emergencies
- arrangements for publicising policy to parents, staff and others needing it
- arrangements/advice for staff transporting children / young people to hospital.
- procedures to be followed whenever a school is notified that a pupil has a medical condition.
- procedures in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change, and arrangements for any staff training or support
- home to school transport. This is the responsibility of the Local Authority, who may find it helpful to be aware of a pupil's individual healthcare plan, and what it contains, especially in respect of emergency situations.

Governing bodies should also ensure that the arrangements they set up include details on how the schools policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing (s) for supply teachers
- risk assessment for school visits, holidays, and other school activities outside of the normal timetable
- Monitoring of individual healthcare plans.

Further information for Early Years and childcare settings can be found in:

[Early Years and childcare settings registered by Ofsted should refer to the childcare facts sheet – giving medication to children in registered childcare \(July/August 2010\)](#)

[Early Years guidance on 'Administering Medicines'](#)

Introduction

This guidance is intended for all types of settings where Surrey County Council has responsibility for the management of medication. However no guidelines can be expected to cover or predict every eventuality, therefore settings will need to consider these in the light of their particular circumstances.

The purpose of this manual is to:

- Define Surrey County Council's policy, organisation and arrangements for cooperating with parents and health professionals to ensure children and young people's health.
- Provide guidance to settings on developing their own policies and management arrangements to achieve this goal.
- Provide information to settings on common health issues and guidance on how to obtain further information and support if necessary.

In particular this manual aims to:

- Help settings to develop policies and procedures which support children and young people's health needs.
- Provide settings with general information about the use, handling, storage and disposal of medicines within settings.
- Clarify responsibilities for the medical care of children and young people.

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1. Supporting pupils with medical conditions in education settings: who is responsible?

It is important that responsibility for children / young people's medication is clearly defined and that each person involved with children / young people with medical conditions is aware of what is expected of them. Close co-operation between settings, parents, health professionals and other agencies is essential to ensure that any necessary medical interventions during setting activities are undertaken safely and correctly. Settings need to agree and record secure arrangements to provide appropriate medical support for each child / young person needing it, via prior discussion with their parents and relevant health professions before commencement.

In most circumstances the administration of medicines is the responsibility of parents and they should be administered at home unless it is essential they are administered during the school/ setting day.

Legislation

The Children and Families Act 2014 changed the way children and young people with special educational needs and disabilities (SEND) are supported.

The new law aims to improve the system by giving more importance to the views, wishes and feelings of children and young people and their families. It is based on these principles:

- **Participation**
 - Local authorities and health partners must work with parent carers and young people to improve services in their area, for example through their local parent carer forum.
- **Outcomes**
 - Local authorities must offer support in a way that enables children and young people with SEND to achieve the best possible educational progress, and helps them do what they want in their lives as they grow up.
- **Joint decisions**
 - Local authorities must make sure that young people and their families get the right information and support to take part in decisions which affect them.
- **Joint working**
 - Education, health and social care services must work more closely together when they are deciding on the support available for children and young people with SEN and disabilities in their area.

The expectation continues to be that all children / young people with SEN but without a Statement of Special Educational Need (SSEN) or Education, Health and Care Plan (EHCP) will be educated in mainstream schools, as will many children / young people with SSEN/EHCPs. The implication therefore is that mainstream schools will be making provision for children / young people with a wide variety of needs, which might include children / young people with medical conditions on a long or short term basis.

Parents, guardians and carers

- 1.1 Parents, as defined in the Education Act 1996, are a child / young person's main carers. They are responsible for making sure that their child is well enough to attend the setting and able to participate in the curriculum as normal. However, General Practitioners (GPs) may advise that children / young people should attend or recommence school / setting while still needing to take medicines. In other cases, to enable children / young people with a chronic illness to lead as normal and happy a life as possible, it may be necessary for them to take prescribed medicines during setting hours.
- 1.2 Settings cannot plan effective support arrangements unless parents provide sufficient information about their child's medical condition and any treatment or special care needed at the setting, at the admission stage, and keep the setting informed of any new or changing needs. If there are any special religious and/or cultural beliefs, which may affect any medical care that the child / young person needs, particularly in the event of an emergency, it is the responsibility of the parent to inform the setting and confirm this in writing. Such information should be kept in the child / young person's personal file at the setting for as long as necessary with updates in consultation with the health nursing team. Parents and setting management need to reach agreement on the setting's role in helping with the child / young person's medical needs. Ideally, the headteacher or responsible person should seek parental agreement before passing on information about the child / young person's health to other setting staff, but it should be acknowledged that sharing information is important if staff and parents are to ensure the best care for a child / young person.
- 1.3 Some parents may have difficulty understanding or supporting their child's medical condition themselves. The School Health Service can often provide additional support and assistance in these circumstances.

The Employer

- 1.4 The Health and Safety at Work Act 1974 requires all employers to define their organisation and arrangements for managing health and safety in a written policy. This guidance note 'Young People's Health & the Administration of Medicines'. Where Surrey LA is not the employer (e.g. in Voluntary Aided or Foundation Schools) the Governing Body is legally responsible for writing the policy. Governing Bodies of such schools in Surrey may adopt the guidance in this Manual as part of their policy.
- 1.5 The employer is also responsible for making sure that all employees involved in implementing this policy have adequate training to undertake the work safely and correctly. This should be arranged in conjunction with the Local School Health Teams in liaison with other health professionals as appropriate. Should a volunteer require training in managing a medical condition of a child / young person, advice can be sought from the School

Health Team. Any specific or general queries can also be directed to the School Health Team for their locality (see Section C).

The employer should be satisfied that any training received by its staff is sufficient for its purpose. The health care professional delivering the training should confirm proficiency of the trainee in medical procedures and recommend a refresher-training period.

- 1.6 It is Surrey County Council Policy to maximise inclusion for children and young people with medical needs in as full a range of educational opportunities as possible. To promote this aim, settings should assist parents and health professionals by participating in agreed procedures to administer medicines when necessary and reasonably practical.
- 1.7 There is no requirement for staff to undertake these responsibilities, unless administering medicines may be included in the contractual duties of some support staff. Consequently, to comply with this policy, settings must secure the services of:
- Volunteers from existing teaching or support staff
 - Employees with specific contractual duties to undertake this work
 - Other persons as agreed in accordance with this guidance.

Conditions of employment are individual to each non-maintained early years setting. The registered person has to arrange who should administer medicines within a setting, either on a voluntary basis or as part of a contract of employment.

- 1.8 Settings unable to secure compliance with this policy using the people and resources at their disposal should seek assistance. (Useful contacts are outlined in Section C).

The governing body

- 1.9 Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child. The governing body should ensure that their arrangements give parents and pupils confidence in the schools ability to provide effective support for medical conditions in school.
- 1.10. Each governing body should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- 1.11 In LA schools the governing body must ensure that local arrangements comply with the Health and Safety policies and procedures produced by the LA as employer. Every setting must have a designated teacher with responsibility for children / young people with medical conditions. The

governing body must ensure that staff who volunteer to administrate medication receive appropriate accredited training to provide the support that pupils need

- 1.12 Governing bodies must make arrangements to ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions.
- 1.13 Governing bodies should ensure that the schools policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

The headteacher

- 1.14 The headteacher is responsible for developing their schools policy and ensuring it is effectively implemented with partners. When staff volunteer to give children / young people help with their medical conditions, the headteacher should, where appropriate, agree to their doing this, and ensure that there are a number of sufficiently trained staff to implement the policy and deliver against all individual healthcare plans. The headteacher is accountable for local decisions about the setting's role in administering medication. Any uncertainties about this role should be referred to the Local Education Officer or in their absence please refer to the contact list at the end of this document.
- 1.15 The headteacher should make sure that all parents are aware of the setting's policy and procedures for dealing with medical conditions. The policy needs to make it clear that parents should keep their children at home if acutely unwell. It should also cover the setting's approach to administering medication at the setting.
- 1.12 For each child / young person with medical conditions, the headteacher will need to agree with the parents exactly what support the setting can provide. Where there is a concern about whether the setting can meet a child / young person's needs, or the expectations of the parents appear unreasonable, the headteacher can seek further advice from the school health team, or the local education officer or in their absence please refer to the contact list at the end of this document.

Staff indemnity

- 1.13 Surrey County Council fully indemnifies all its staff against claims for alleged negligence providing they are acting within the remit of their employment.

As the administration of medicines is considered to be an act of "taking reasonable care" of the child / young person, staff agreeing to administer medication can be reassured about the protection their employer would provide. In practice this means that the County Council, not the employee, would meet the cost of damages should a claim for alleged negligence be successful.

NB: It is important that managers make this clear before asking staff to volunteer.

The indemnity above applies to all Surrey LA Schools (including voluntary aided and foundation schools that buy back into Surrey County Council's insurance package) and also extends to protect volunteers and others who may be authorised and approved by schools.

NB: Settings not maintained by Surrey County Council will need to contact their own insurers to obtain information regarding the above.

Employers **must** take out Employers Liability and Insurance to provide cover for injury to staff acting within the scope of their employment.

- 1.14 Staff should take the same care that a reasonable, responsible and careful parent would take in similar circumstances, while they are responsible for the care and control of children / young people. In all circumstances, particularly in emergencies, staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

2. Medicines

No child / young person should be given medication without written consent from the parents.

Non-prescribed medicines for general use.

- 2.1 Non residential schools are advised not to keep medicines in the setting for general use. The one exception to this is Paracetamol and Salbutamol inhalers. From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies ([see guidance](#)). If the setting decides to keep paracetamol for general use there must be a written protocol in place. This must include circumstances in which it may be administered, records of receipt including quantity, the current quantity stored, administration and disposal

The parent should consent to the administration of Paracetamol in appropriate doses, with written instructions about when the child / young person should take it. The administration protocol must include a check when they had their last dose and ensures the child/ young person has not already had the maximum amount in 24 hours. Paracetamol should not be administered if taken within the last 4 hours and staff must ensure the manufactures instructions and warnings are followed.

This may be necessary to relieve:

For example:

Headache - not associated with head injury

Toothache
Dysmenorrhoea (painful periods)
Sudden rise in temperature

A member of staff should supervise the child / young person taking the medication and notify parents in writing on the day the paracetamol was taken/administered. Administration must be recorded on the appropriate form. Parental consent should be renewed at least annually.

2.2 Residential settings

Registered Care Homes have a statutory obligation to manage all aspects of medication in line with the National Care Standards Act 2000 (Regulation 20 'Health needs of children' & Regulation 21 'Medicine'). The registered person shall promote and protect the health of children / young people and make suitable arrangements for the recording, handling, safekeeping, safe administration and disposal of any medicines received into the care home.

All staff receives appropriate training prior to administering and managing medication.

3. Medicines brought into schools, early years settings and community homes

3.1 Carriage of medicines to settings

- Medicines should be brought to the setting by the parent or other responsible adult, and handed to a responsible named member of staff. Unless it has previously been agreed in writing and a risk assessment carried out, that the child / young person will be responsible for securely keeping their own medicines e.g. inhalers. The exception to this is medicines classed as controlled drugs (See appendix XIII)
- Parents must bring in any equipment required to administer the medicine e.g. medicine spoons, oral syringes, syringes for injections, sharps waste containers,
 - Transport providers must ensure adequate storage containers with fitting lids are available to ensure safe and secure storage during transport.
 - Arrangements must be made for emergency medications (such as adrenaline auto-injector devices e.g. EpiPen / Jext) to be immediately available for administration if required both on and off site.
 - In respect of the carriage of oxygen a risk assessment should be completed by the settings responsible person.

3.2 Child / young persons own non-prescribed medicines

Settings cannot be expected to take responsibility for any non-prescribed medicines parents may bring or send into the setting.

3.3 Prescribed medicines

Medicines should only be administered in settings when essential; that is where it would be detrimental to a child / young person's health if the medicine were not to be administered during the school or setting 'day'. Schools and settings should only accept medicines that have been prescribed by an authorised prescriber e.g. doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines must always be provided in the original container as dispensed by a pharmacist and be clearly labelled (See section 4.3).

- 3.4 A child / young person under 16 should only be given aspirin or medicines containing ibuprofen if prescribed.

4. Storage of medicines in settings

4.1 Medicines should be locked away in a lockable cabinet or non portable container, with the key being readily available to appropriate named members of staff to ensure access in case of emergency. The exceptions to this may be:

- a) Medicines for use in emergency situations such as; asthma, anaphylaxis, diabetes and epilepsy, when immediate access would be essential.
- b) Medicines needing refrigeration.

The refrigerator should itself be in a secure location to compensate for the impracticability of locking it. If this is not possible, medicines should be kept in a locked box in the refrigerator.

4.2 Advice on safe storage, temperatures, light, life span etc. can be obtained from the manufacture's information or Community Retail Pharmacists (local chemists).

4.3 Medicines must be kept in the container supplied and labelled by the pharmacist which states:

Name of the child / young person	This is normal pharmacy procedure when issuing all medicines.
Name of the medicine	
Strength	
Formulation	
Dose/frequency of administration	
Instructions for administration	
Date of dispensing	
Cautionary advice	
Quantity of the medicine	
Expiry date (if short dated)	

4.4 It should be made clear to parents that they will be responsible for ensuring medicines do not exceed their expiry date. Instructions regarding any specific requirements for the disposal of equipment/waste product, e.g. syringes, gloves, should be kept with the medication and equipment.

NB: Under no circumstances should any medicine be transferred into another container for keeping / storage.

5. Arrangements for administering medicine in settings

5.1 Practical arrangements for administering medicines in settings may vary according to particular circumstances. There must be an assessment of the risks to the health and safety of staff and others, and measures put in place to manage any identified risks.

5.2 Self-administration by child / young person

Children / young people who are competent should be encouraged to take responsibility for managing their own medicines and procedures. If this is the

case it must be part of the written agreement / individual healthcare plan between the child / young person, their parents and the setting. The written agreement should include whether administration requires supervision. In addition to parental consent, medical advice with regard to self-administration by the child / young person should be available and noted in the written agreement. However, it cannot be taken as an alternative to parental consent.

Where a child / young person requests this – a suitable location for administering the medicine should be made available.

5.3 Administration by staff

Staff must not administer medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or administering medicines.

Staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so unless it is within their contract of employment.

5.4 Staff with responsibility for administering medicines must be familiar with the identity of the child / young person receiving the medicine. If the child / young person is not known to the member of staff then a second member of staff who does know the child / young person must be available, and as a second check, there must also be a mechanism in place to enable staff to identify the child / young person at the time of medicine administration e.g. a recent photograph attached to the consent form or medicine administration record, or by asking the child / young person their name and date of birth.

5.5 Unless it is an emergency situation, medicines must be administered in a location where privacy and confidentiality of the child / young person may be maintained. Facilities should be available if the child / young person needs to rest and recover.

Medicines must be administered and documented for one child / young person at a time and completed before the next child / young person is seen.

Staff must wash their hands before and after administering medicines.

5.6 Before administering a medicine staff must check:

- The identity of the child / young person
- The written parental consent form for administration of the medicine(s)
- That the written instructions received from the parent and the medicines administration record match the instructions on the pharmacy dispensed label of the medicine container i.e. name of the medicine, formulation, strength and dose instructions. For non-

prescribed paracetamol for 'general use' the manufacturer's information must be followed as there will be no pharmacy label.

- For prescribed medicines the name on the pharmacy dispensed label matches the name of the child / young person that the medicine is to be administered
 - Any additional or cautionary information on the label which may affect the times of administration, give information on how the medicine must be administered, or affect performance e.g. an hour before food, swallow whole do not chew, or may cause drowsiness. For paracetamol for 'general use' the manufacturer's information must be followed.
 - The medicine administration record to ensure the medicine is due at that time and it has not already been administered
 - The expiry date of the medicine (if one is documented on the medicine container or the pharmacy dispensed label). Some medicines once their container is opened will have a shortened expiry date from the date it was opened. If this is the case the manufacturer's information or pharmacy label will state this. For these medicines the date opened and the shortened expiry date, calculated from the pharmacy or manufacturer's information, must be written on the label. It must be written as 'date opened' and 'expiry date' to distinguish the two dates.
 - All the necessary equipment required to administer the medicine is available e.g. medicine spoon, oral syringe, injecting syringe.
- 5.7 If there are concerns or doubts about any of the details listed above the member of staff must not administer the medicine. They must check with the child / young person's parent or a health professional before taking further action. All advice and actions must be documented, signed and dated.
- 5.8 If the member of staff has no concerns the medicine can be administered to the child / young person.
- 5.9 Staff involved with the administration of medicines should be alert to any excessive requests for medication by children / young people or by parents on their behalf. In any cases of doubt advice may be obtained from the School Health Team.
- 5.10 Staff's own views/attitudes to medication should not override the instructions provided by the child / young person's GP or Consultant Paediatrician. In cases where there is such a possibility, those staff should be advised not to be involved.
- 5.11 The medicine formulation must not be interfered with prior to administration (e.g. crushing a tablet) unless there are written instructions on the pharmacy label and information provided from the parent and advice from a health professional. This advice and information must be documented.
- 5.12 Immediately after the medicine has been administered the appropriate written records must be completed, signed and dated.

5.13 If for any reason the medicine is not administered at the times stated on the medicine administration record the reason for non administration must be recorded, signed and dated. Parents must be informed as soon as possible on the same day.

5.14 **Children and young people refusing medication**

If a child / young person refuses to take a medicine they must not be forced to do so, but this must be documented and agreed procedures followed. The procedures may either be set out in the policy or in an individual child / young person's individual healthcare plan. Parents must be informed of the refusal as soon as possible on the same day. If the refusal to take the medicine could result or does result in an emergency then the emergency procedure for the setting must be followed.

6. **Record keeping**

6.1 The following is a summary of the records, which settings **must** keep in connection with the administration of medicines:

- Names of trained and competent staff responsible for medicines storage, including access, and medicines administration.
- Names of trained and competent staff responsible for storage, including access of controlled drugs and their administration.
- A completed (in-date) individual healthcare plan for a child / young person with long term conditions such as diabetes, epilepsy.
- An action plan for an individual child / young person for a medical emergency. This should form part of the healthcare plan if the child / young person has one.
- A completed written parental consent form (see appendix II) each time there is a request for a medicine to be administered in the setting. A new form must be completed if a new medicine is to be administered or if there are changes to the existing medicine(s) e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.
- For children / young people who are self administering, as well as written parental consent, there must be a written agreement with the child / young person's parent and the setting to allow this. The written agreement must include whether the child / young person will require supervision. A risk assessment must be done to decide whether the child / young person can keep the medicine securely on themselves or in lockable storage. Medicines classed as controlled drugs cannot be kept by the child / young person (see appendix XIII).

- All medicines administered in the setting must be accompanied by written instructions (see appendix II) from a parent and/or prescriber specifying the medicine, strength, formulation, dose, the times (or frequency) and/ or circumstances it is to be given. A new form must be completed if there are any changes eg different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.
- If staff are responsible for administering the medicine(s) a record of administration should be kept. The record should include;
 - the name of the child / young person
 - date of birth
 - medicine details (name, formulation, strength)
 - dose administered
 - date & time of administration
 - name of the person administering the medicine.
(see appendix III)
- If the child / young person is self administering and requires supervision the above record should be kept. It should be clearly indicated on the record that the member of staff is supervising the medicine administration.
- Reasons for non-administration of medicines must be recorded and the parent/carer must be informed as soon as possible on the same day.
- The quantity of medicines received by staff and the quantity of medicines returned to the parent. This must be signed and dated by a member of staff.
- In exceptional circumstances where members of staff return medicines to a community retail pharmacy (local chemist) for disposal, details of the medicine and the quantity returned and the name of the pharmacy the quantity must be recorded. This must be signed (and names printed) and dated by the member of staff and if possible by the pharmacist (chemist).
- If the setting keeps a supply of non prescribed paracetamol for general use, written parental consent and written instructions (this should be renewed at least annually), records of receipt into the setting, the quantity received and currently kept in the setting, administration details, as above, and records of disposal including quantity should be kept. Records must be signed and dated.

6.2 All early years settings must keep written records of all medicines administered to children / young people, and make sure that parents sign the record book when collecting the child to acknowledge the entry.

Although there is no similar legal requirement for schools to keep records of medicines given to the child / young person, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that staff have followed agreed procedures.

In addition, early years settings and residential settings may have additional requirements for record keeping and the appropriate guidance for these settings must be followed.

7. Disposal of medicines

Setting staff should not normally dispose of medicines, including controlled drugs when no longer needed, but should return to parents. Parents are responsible for disposal of date-expired or no longer required medicines. However, in exceptional cases where this may not be possible, settings are advised to take them to a local pharmacy for disposal. Note that community retail pharmacies will not receive sharps for disposal. Records must be made, see section 6 record keeping.

8. Intimate or invasive treatment

In some settings, staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. It would be appropriate for parents to ask their child's consultant whether a different treatment, which is less intimate or invasive, could be used. Parents and responsible person must respect such concerns and should not put undue pressure on staff to assist in treatment. Wherever possible for schools of secondary age children / young people to arrange for two adults, one of whom should be the same gender as the child / young person, to be present for the administration of intimate or invasive treatment – this will often ease practical administration of treatment as well as minimise the potential for accusations of abuse. Staff should protect the dignity of the child / young person as far as possible.

9. Training of staff

Initial validated training with certification must be provided and regular updating from qualified professionals must be given to staff that volunteer to administer all medicines including those for diabetes, epilepsy, and anaphylaxis or to meet any unusual needs. In some cases this may be provided by specialist liaison nurses, but in all cases, requests should be addressed initially to the School Health Team. A record should be kept of the following: trainers, provenance, those trained, date trained, date of expected update of training and date carried out. A risk assessment should be carried out to establish the number of members of staff, which should be trained. A setting checklist may help settings to record key personnel. (See appendix IV).

10. Educational visits and associated travel

- 10.1 It is good practice for settings to encourage children / young people with medical needs to participate in setting trips, and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, whilst allowing for enough flexibility for all children to participate according to their own abilities and with any

reasonable adjustments. The setting may need to take additional safety measures for such visits. Staff are advised to refer to Surrey County Council Guidelines for Educational Visits and Outdoor Education Activities (Part 1, Section 3) for further guidance. In any cases of doubt advice can be obtained from the Head of Strategic Risk Management at County Hall (see Section C).

10.2 Journeys abroad and exchange visits

It is helpful to have one copy of the parental consent form in the language of the country visited. Where a child / young person requires and has a particular medical action plan, this should be available in the host language. This is particularly important if children / young people stay with host families during an exchange visit.

Parents should be requested to check what rules apply to taking their child's medicine out of the UK, and into the country the child is going to or passing through. Different countries have different rules and regulations about the types of medicine they allow to be taken into their country and the maximum quantity that can be taken in. Some medicines available over the counter in the UK may be controlled in other countries.

10.3 Sporting activities

Most children / young people with medical conditions can participate in the Physical Education (PE) curriculum and extra curricular sport. The setting should be sufficiently flexible for all children / young people to take part in ways appropriate to their own abilities. Any restrictions on the child's / young person's ability to participate in PE should be clearly identified and incorporated in their Individual Healthcare Plan.

10.4 Emergency travel

When emergency medical treatment is required, an ambulance should be called by dialling 999. Staff should not take children / young people to hospital in their own car.

10.5 Young people on work experience

The headteacher should ensure that the placement is suitable for a young person with a particular medical condition and relevant medical information shared with employers.

11. Management of medical conditions

11.1 Settings management plan

Where a child / young person or children / young people have known medical needs, it is important that the setting prepares an individual healthcare plan before a medical emergency arises.

The plan should be completed and agreed between:

1. the relevant medical experts
2. the school or setting
3. the parent and, where appropriate, the child / young person.

The plan needs to be tailored to the particular circumstances of the setting and child / young person but should include the following -

- a communication system for alerting trained setting staff (e.g. use of adrenaline auto-injector device etc)
- a system for calling an ambulance where necessary
- contacting parents
- evacuating other children / young people from the room (i.e. in the event of a seizure)
- first aid provisions.

11.2 Headteachers and managers must realise that medical emergencies, whether illness or injury, make significant emotional demands upon those involved. It is important that support is available to them – which might include a sympathetic listener and time to compose themselves.

11.3 Some children / young people suffer from chronic medical conditions, which may require urgent action to prevent a possible life-threatening situation from developing. Specially appointed support staff may not be available to carry out these tasks. Where there are other willing staff they may do so, exercising their duty of care.

11.4 Settings should ensure they have contingency plans in case for any reason the normal routine for treatment breaks down, e.g. the trained staff members are absent. This should be included in the Individual Treatment Plan for the child / young person and is likely to include calling for an ambulance.

11.5 Medic alert – bracelets / necklaces

Medic alert bracelets / necklaces are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, consideration should be given, in appropriate circumstances, to their temporary removal and safe keeping by the person in charge of the activity. In such cases staff will need to be alerted to the significance of these bracelets / necklaces and be clear whom they belong to when taking charge of them.

12. Emergency assistance

12.1 As part of general risk management processes all settings should have arrangements in place for dealing with emergency situations. This could be part of the settings first aid policy and provision. Other children / young people should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency

services. Guidance on calling an ambulance is provided in Appendix I. All staff should know who is responsible for carrying out emergency procedures in the event of need. A member of staff should **always** accompany a child / young person taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

- 12.2 Normally when a child / young person becomes unwell at a setting or is injured in an accident, (other than minor cuts or bruises), settings will arrange for them to be looked after in a quiet, comfortable place and arrange for the parent to collect them as soon as possible. It will then be the responsibility of the parent to accompany the child / young person to their GP surgery or hospital outpatients department as appropriate.
- 12.3 In some situations, however, it may be necessary for professional medical care to be sought immediately, e.g. suspected fractures, all eye injuries, serious head injuries, acute illness or other serious medical conditions (after using pre-loaded adrenaline injection) that will not respond to first aid treatment. Settings must have clear procedures for summoning an ambulance in such cases and for communication with parents.
- 12.4 Where a child / young person has to be transported to hospital and it has not been possible to arrange for a parent to accompany them, a member of staff should attend with the child / young person and remain at the hospital with them until a parent arrives. Headteachers should ensure they have clear guidance for staff should they be called upon to transport children / young people in their own vehicles. Consent is generally not required for any life saving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes i.e. blood transfusions, which should be communicated to the medical staff for due consideration. In the absence of the parents to give their expressed consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. The member of staff accompanying the child / young person cannot give consent for any medical treatment, as he/she does not have parental responsibility for the child / young person.

13. Unacceptable Practice

- 13.1 The school's policy should set out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

For recommended further reading and information see:

- Department of Health Chart ["Guidance on Infection Control in Schools and other childcare settings"](#)

- “Health and Safety in Schools” leaflet (NUT Sept 1989).
- Circular 199/96 (Health and Safety) “Supporting Children with Medical Needs” (NUT Nov 1996).
- DfEE Guidance “Supporting Children with Medical Needs.”
- “Guidance for the Management of Meningococcal Disease in Surrey” Surrey Communicable Disease Control Service
- Administration and Control of Medicines in Care Homes and Children’s Services
- [Early years guidance on administering medicines](#)

APPENDIX I

Contacting Emergency Services

Request for an Ambulance

Dial 112 or 999, ask for ambulance and be ready with the following information. 112 is generally the preferable number to use as it is an EU wide emergency number, and due to enhanced E112, if calling from a mobile phone it gives an approximation of your position.

1. Your telephone number

2. Give your location as follows (*insert school/setting address*)

3. State that the postcode is

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

5. Give your name

6. Give name of child / young person and a brief description of child's/young person'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

Put a completed copy of this form by the telephone

**APPENDIX II
CHILD / YOUNG PERSON MEDICATION REQUEST**

Setting name and address: _____

Child / young person's name: _____

Parent's surname if different: _____

Home address: _____

Condition or Illness: _____

☎ Parent's Home no: _____

☎ Parent's Work no: _____

GP Name: _____ Location: _____ ☎ _____

Please tick the appropriate box

My child will be responsible for the self-administration of medicines as directed below.

With supervision

Without supervision

I agree to members of staff administering medicines/providing treatment to my child as directed below.

Name of medicine	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine
Special Instructions:				
Allergies:				
Other prescribed medicines child / young person takes at home:				

NOTE: Where possible the need for medicines to be administered at the setting should be avoided. Parents/Guardians are therefore requested to try to arrange the timing of doses accordingly.

I agree to update information about my child's medical needs held by the setting and that this information will be verified by GP and/or medical Consultant.

I will ensure that the medicine held by the setting has not exceeded its expiry date.

Signed and agreed:

Child / Young Person

Signature: _____ Date: ____/____/____

Print Name: _____

Parent / Guardian

Signature: _____ Date: ____/____/____

Print Name: _____

School / Setting Representative Agreement:

Signature: _____ Date: ____/____/____

Print Name: _____ Job Title _____

APPENDIX III

Record of medicine administered to an individual child / young person

Name of school/setting

Name of child / young person

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Dose and frequency of medicine

Quantity returned to parent

Date returned to parent

Staff signature _____

Signature of parent _____

Date

Time given

Dose given

Name of member of staff

Staff initials

Continued

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

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

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

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

APPENDIX IV

Record of Paracetamol administered to all children / young people from the setting stock

Name of school/setting Date received into settings

Name of medication
 Strength and Formulation Quantity Received Expiry Date

Date	Time	Child / young person's name	Consent obtained Yes / No	Consent obtained from whom	Date consent obtained	Dose given	Print Name	Signature of staff	Any reactions	Quantity Remaining
/ /										
/ /										
/ /										
/ /										
/ /										
/ /										
/ /										
/ /										

Disposal details (return to community retail pharmacy (local chemist))

Date Quantity Signature of staff and print name :

Name of pharmacy, signature of pharmacy staff, and print name:

APPENDIX V: Asthma care

In the first instance, all healthcare professionals in Surrey should use the [following resource](#).

Asthma UK has also produced up to [date resources available](#) for schools on supporting children and young people with asthma that you may wish to consult.

Resources include:

- School asthma pack
 - School policy guidelines
 - How to use the school asthma pack
 - Asthma awareness for school staff
 - Asthma resources for pupils
- School asthma card

The school card is a convenient resource designed to help both primary and secondary schools keep a central record at the school that is available to all staff.
- Under 5's action plan template
- My asthma plan for children aged 6-11 years
- My asthma medicines postcard

A postcard for parents and other carers which records the medicines the child is on and what to do if their asthma gets worse.

Please Note: In addition to this, the government has [produced guidance](#) on the use of emergency salbutamol inhalers in school to reflect new regulations which means schools can buy salbutamol inhalers, without a prescription, for use in emergencies.

Asthma Care

What is Asthma?

Asthma is an allergic response within the lungs causing difficulty in breathing due to narrowing of the tiny airways. There are many triggers. About one in seven children / young people have Asthma diagnosed at some time, and one in twenty children / young people have Asthma requiring regular medication.

Recognition / symptoms

Asthma varies enormously. There are those that rarely suffer an attack and need very little preventative treatment and then others who require a lot of preventative care and are still prone to severe attacks.

Symptoms vary widely too. Staff will need to rely on child/parent guidance as to each child / young person's condition. Very cold dry weather or prolonged energetic exercise may require preventative measures for some children / young people. Signs and symptoms of worsening asthma or the onset of an attack can include:

- increased coughing
- wheezing
- feeling of tightness in the chest
- breathlessness- indrawing of ribcage
- blueness of lips (CAUTION - a very late sign!).

Preventers - (usually come in brown, white or green containers e.g. Intal, Becotide, Pulmicort & Flixotide). N.B. Preventers are no use in an attack.

Relievers - Help open up the airways quickly (often in blue containers e.g. Atrovent, Ventolin, Bricaryl).

Longer acting - e.g. Serevent relievers,
There are various devices that simply deliver the same drugs in different ways (e.g. 'spacers', dry powder devices, aerosols and nebulizers).

Management of an acute attack

Staff should:

1. Stay calm and reassure the child / young person
2. Ensure the reliever medicine is taken promptly and properly
3. Listen to the child / young person: they often know what they need
4. Encourage child / young person to sit and lean forward but without squashing the stomach
5. Loosen tight clothing and offer sips of water (not cold) to keep mouth moist
6. If there are any doubts about the child / young person's condition, for example, if child / young person is unable to talk, is distressed, the reliever has not worked within 5-10 minutes, or the child / young person is exhausted, an ambulance should be called
7. If the child / young person's attack does respond quickly to treatment, the child / young person may continue in the setting.

The parents must be informed of what has taken place that day.

Day-to-day management issues

- A child / young person with asthma **MUST** have easy/ready access to their medication (ideally on their person). NB: The medical kit for the setting could include a spacer to be used in conjunction with inhalers.
- It is helpful if parents provide settings with a spare reliever (Blue) inhaler device. All inhalers should be clearly labelled with the child / young person's name and stored safely. Children / young people should not take medication which has been prescribed for another child / young person. However, generally speaking, no damage will be caused through taking Asthma medication by mistake (either by a child / young person that did not need it or by an asthmatic taking too much).
- Remind children / young people to take the reliever inhaler as a preventative measure prior to exercise, if appropriate.
- Remind children / young people to take devices on educational trips or out onto the playing field if necessary.
- If children / young people are having problems taking medication, report back to parents.
- Be vigilant for signs of attack.

- Encourage children / young people to participate in all activities and not to 'opt out' because of their Asthma.
- The professionals meeting should identify the severity of the child / young person's Asthma, including individual symptoms and any known particular triggers, such as exercise or cold air.

SPECIFIC INFORMATION

For further information contact the Asthma UK Advice line: Tel 08457 010203 who are open Monday 9.00 a.m. to 5.00 pm - Website: www.asthma.org.uk

APPENDIX VI

Allergy and Anaphylaxis care

General Information

What is Anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction due to an abnormal sensitivity, which requires *immediate* medical attention.

Causative factors

It can be triggered by a variety of allergens.

- food (peanut, nuts, egg, dairy products, shellfish)
- medicines (Penicillin)
- venom of stinging insects (bees, wasps, hornets)

Recognition / symptoms

Symptoms usually occur within minutes of exposure to the allergen. A combination of symptoms can be present at any one time, such as:

- itching/tingling sensation
- swelling of throat and tongue
- difficulty in swallowing/breathing
- generalised flushing of skin
- abdominal cramps / nausea / vomiting
- sudden feeling of weakness/floppiness
- collapse and unconsciousness

Medication

Treatment is urgent and essential to prevent progression of a severe anaphylactic reaction.

Diagnosis is usually made by the child / young person's GP or consultant. Sometimes skin tests can further confirm the diagnosis.

Two main types of medication are available for treatment of an acute allergic reaction:

- 1) Antihistamines (e.g. Piriton / Zirtec)
- 2) Preloaded adrenaline injection (e.g. EpiPen, JEXT)

There should be no serious side effects even if the above medication is given repeatedly or is misdiagnosed.

Relapse of an acute allergic reaction is possible after apparent recovery. Ring 999 if a pre-loaded adrenaline injection has been given. Medical attention must be sought in every case.

Day-to-Day

1) Food management

Meal times - An agreement between the setting and parents is required about setting dinners. Packed lunches are an alternative. Awareness of lunchtime supervisors and catering organisations is essential. However, it should be noted that it is not always possible to prevent the child / young person coming into contact with allergens. Hand-washing should be encouraged to mitigate this.

Setting journeys/outings - Careful pre-planning and awareness amongst peers and staff is essential.

Cookery and Science experiments - Suitable alternatives should be agreed.

2) Support for setting staff

Staff indemnity is provided by Surrey County Council (for those schools/settings buying into Surrey County Council Insurance) for emergency medicine administration.

Regular comprehensive training of setting staff is usually available from the School Health Team/Community Nursing Team. In some areas, local hospital allergy clinics may undertake this training.

Ongoing advice and support is usually available from the School Health Team.

3) Emergency management

Preloaded adrenaline injection should be used immediately in a severe reaction (see child / young person's Individual Healthcare Plan for details). If in doubt about the severity of an allergy reaction, use preloaded adrenaline injection anyway.

Call an ambulance immediately.

SPECIFIC INFORMATION

Further information available from:

Anaphylaxis Campaign Helpline: 01252 542029
<http://www.anaphylaxis.org.uk/>

Address:

The Anaphylaxis Campaign
PO Box 275
Farnborough
Hampshire
GU14 6SX

Allergy and Anaphylaxis

Individual Healthcare Plan

This child / young person is at risk of Anaphylaxis

Name: _____

DOB: _____

Current Year/Class: _____

GP/Local Hospital No: _____

(Name) _____ may suffer from an anaphylaxis reaction

if he/she is exposed to _____

(Name) _____ also has (other medical conditions)

His/her usual allergic symptoms are:

--

Procedures

In the event of an acute allergic reaction, staff will follow this procedure:

- ◆ Contact Ambulance Service – dial 112 or 999

- ◆ One adult will inform the headteacher immediately of action taken

- ◆ Then inform the following contact numbers in order of priority

Contact No 1

Name: Telephone No: <u>Relationship:</u>
--

Contact No 2

Name: Telephone No: <u>Relationship:</u>
--

Contact No 3

Name:

Telephone No:

Relationship:

- ◆ One adult should stay with the child / young person to assess the severity of symptoms and in case of:
 - Itchiness
 - Tingling of lips and face
 - Tummy cramps
 - Vomiting
 - Blotchiness of skin

Give _____ (Oral Antihistamine) ___ml at once

In cases of:

- Wheeziness
- Swelling of face and throat
- Difficulty in breathing/swallowing
- Feeling faint

Place child / young person on floor in recovery position (Safe Airway Position)

Give preloaded adrenaline injection to outer thigh
(this can be administered through light clothing).

- ◆ If no breathing/pulse, initiate basic life support (CPR).
- ◆ If there is no improvement to above action within 10 minutes and there are symptoms of weakness/floppiness pallor then:

Repeat preloaded adrenaline injection once more if 2nd preloaded adrenaline injection is available

- ◆ Hand over child / young person's care to Ambulance Team/parents on their arrival
- ◆ Handover preloaded adrenaline injection to ambulance staff or if this hasn't been done, safely dispose of it.
- ◆ Record all medication given with date and time of administration

Awareness

The headteacher will arrange for the staff in the setting to be briefed about his/her condition and about other arrangements contained in this document.

The setting staff will take all reasonable steps to ensure that _____ (Name) does not eat any food items unless they have been prepared/approved by his/her parents.

_____ (Name) parents will remind their child regularly of the need to refuse any food items, which might be offered to them by other children / young people.

In particular, _____ (Name) parents will provide for him/her the _____ following _____ food _____ items:

Medication/Staff training

The setting will hold, under secure conditions, appropriate medication, clearly marked for use by designated staff or qualified personnel and showing an expiry date.

It is the parents' responsibility to ensure the setting has appropriate up-to-date medication.

The following volunteers from the school have undertaken to administer the medication. A training session was attended by:

Name _____ Date/s _____

Name _____ Date/s _____

Further advice is available to setting staff at any point in the future where they feel the need for assistance. The medical training will be repeated on _____.

If there are proposals, which mean that, he/she may leave the setting site, prior discussions will be held between the setting and his/her parents to agree appropriate provision and safe handling of his/her medication.

STAFF INDEMNITY

The County Council provides a staff indemnity for any setting staff (of those settings buying into Surrey County Council Insurance) who agree to administer medication to a child / young person given the full agreement of the parents and the setting.

AGREEMENT AND CONCLUSION

A copy of these notes will be held by the setting and the parents. A copy will be sent to the GP for information.

Any necessary revisions will be the subject of further discussions between the setting and parents.

Signed and agreed:

Child / Young Person

Signature: _____ Date: ____/____/____

Print Name: _____

Parent / Guardian

Signature: _____ Date: ____/____/____

Print Name: _____

School / Setting Representative Agreement:

Signature: _____ Date: ____/____/____

Print Name: _____ Job Title _____

APPENDIX VII

Diabetes Care

General information

What is Diabetes?

Children / young people with diabetes mellitus are unable to produce enough insulin, which the body produces normally to make use of sugar for energy production. Without enough insulin every cell in the body lacks energy, blood sugar levels become too high and dangerous life-threatening chemicals accumulate. Treatment is with regular insulin injections and attention to diet and exercise whilst checks are made of finger prick blood glucose levels.

Recognition / symptoms

Low sugar levels (hypoglycaemia) - caused by too little to eat and/or too much insulin and/or too much exercise. Rapid onset of symptoms (minutes); hunger, sweating, drowsiness, pallor, agitation, glazed eyes, shaking, mood changes or lack of concentration, unconsciousness.

High sugar levels (hyperglycaemia) - caused by too much to eat and/or too little insulin and/or being unwell. Gradual onset of symptoms (hours-days); tiredness and general malaise, excessive drinking, excessive urination. Later symptoms include rapid/deep breathing, reduced consciousness and some people are able to smell an odour, like nail-polish remover, on the breath.

Hypoglycaemia

Urgent treatment required. If possible confirm your suspicion by doing a blood glucose test but do not delay treatment. Give fast-acting sugar. All diabetics should carry with them either Dextrosol or jellybeans or glucose gel (hypostop). Alternatives are Lucozade, coke, tango etc. (not diet drinks), chocolate, honey, jam, and fresh fruit juice. After recovery give slower acting sugar e.g. milk and biscuits, sandwich. Exact quantities will depend upon the size of the child / young person and will be in the setting pack.

Hyperglycaemia

Symptoms are gradual and you should have plenty of warning. Check blood glucose and if child / young person is breathing hard or you notice the odour of nail-polish remover on the breath contact family immediately. Allow the child / young person to drink as much water as the child / young person wishes.

General principles

If in doubt assume the child / young person is hypoglycaemic and give fast-acting sugar. If the child / young person is unconscious rub hypostop, jam or honey on the inside cheek and gums. Do not try to force an unconscious child / young person to drink. Place child / young person in recovery position (Safe Airway Position). Call ambulance and parents.

Day-to-day management issues

Remember to allow time in the day for insulin injections and blood tests. Meals should be eaten 10 minutes after insulin injection if possible. Many children / young people require a snack half way through the morning and again half way through the afternoon (or sometimes before exercise). Setting should ask their setting nurse about obtaining a setting pack from the British Diabetic Association. This pack should contain details for an Individual Healthcare Plan. It is usual for the specialist nurse for Diabetes to attend settings, especially in a case of a child / young person recently diagnosed as having Diabetes and will be able to provide further support to the setting staff in management if necessary.

Off-Site visits and residential journeys

Particular care must be given to a child / young person with diabetes during off-site visits and residential journeys. Staff should ensure that the child / young person eats appropriately, bearing in mind that the food offered might be different from that at home and that the level of activity might be considerably higher than usual.

This should not be a reason for excluding a child / young person from a visit or journey.

SPECIFIC INFORMATION

Further information is available from:

Diabetes UK Care Line Tel: 0845 120 2960 (Monday to Friday 9.00 a.m. to 5 p.m.)

www.diabetes.org.uk



PHOTO

Insulin Pump Therapy Care Plan for Children & Young People with Type 1 Diabetes

PERSONAL INFORMATION:

Name: _____ DOB: _____

School: _____ Class/Form: _____

Date Completed: ____/____/____ Review Date (As Required): ____/____/____

CONTACT INFORMATION:

Family Contact 1:

Family Contact 2:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Tel: (Home): _____ Tel: (Home): _____

(Work): _____ (Work): _____

(Mobile): _____ (Mobile): _____

Clinic / Hospital Contact:

G. P. Contact:

Name: _____

Name: _____

Title: _____

Practice: _____

Tel. No.: _____

Tel. No.: _____

OTHER MEDICAL CONDITIONS OR ALLERGIES:

Description of Condition:

This child has Type 1 Diabetes which develops if the body is unable to produce the life-essential hormone insulin. This type of Diabetes is treated with insulin injections or insulin pump therapy daily, for life. Diabetes treatment is a balance of insulin injections, carbohydrate and activity.



Insulin + (Carbohydrate) + Activity
Diet

What is insulin pump therapy?

Insulin pump therapy is when small continuous amounts of insulin are delivered into the body 24 hours a day, via a small device called an insulin pump. Extra insulin must be given at meal times as a bolus through the pump. The amount of the insulin bolus is determined by the number of carbohydrates in the snack/meal. A bolus of insulin may also be used to correct high blood glucose levels.

Daily Care Requirements
(Monitoring, Diet, Insulin and Activity)

Monitoring:

The purpose of blood glucose testing at school is to provide blood glucose values to help determine the correct prescription for the child, as decided by the diabetes team and family. In young children these tests also help determine snack timing and size. Parents / Guardians should be informed daily of any blood results.

Recommended blood glucose levels during the school day are:
Between 4.1 and 13.9 mmol/L.

Blood glucose monitoring is done at the following times:

.....

- This pupil is able to:
- Self test
 - Needs supervision when testing
 - A trained member of staff to do blood glucose testing

For school staff, attention need only be paid to values below **4mmol/L** (see next page for treatment) or above **13.9mmol/L**.

Parents / Guardians should be informed daily of any 'adverse' events as agreed with child / young person, family and diabetes team.

Low blood glucose reading (HYPO):

Low blood glucose readings are **below 4.0 mmol/L**. See Hypoglycaemia Treatment Guide page 4.

'4 IS THE FLOOR'

The main causes of a hypo are:

- Missed, delayed or inadequate snacks / meals
- More exercise / activity than planned
- Too much insulin

Symptoms the child may express / show:

Hungry

Sweaty

Glazed eyes

Pale

Wobbly / Shaky

Headache / Tummy ache

Mood Changes

Tearful / Weepy

Grumpy / Irritable

CHILD MAY NOT SHOW ANY SIGNS

Hypo Box to be provided by parents / carer, checked and restocked regularly at least half termly.

Hypo Box is stored: _____

Hypo Box Contains: _____

Guide to Hypoglycaemia (Hypo) Treatment in Schools

MAIN CAUSES:

- Missed, delayed or inadequate snacks / meals
- More exercise / activity than planned
- Too much insulin

SYMPTOMS:

- Hungry
- Wobbly / Shaky
- Headache
- Mood changes
- Pale
- Grumpy / Irritable
- Stomach ache
- Tearful / Weepy
- Sweaty
- Glazed eyes

*****PUPILS MAY NOT SHOW ANY SIGNS*****

TREATING A HYPO

Blood glucose level below 4 mmol/L

**URGENT ACTION IS REQUIRED
DO NOT LEAVE PUPIL ALONE**

TREATMENT:

- (a) Pupil to have 15 grams of fast acting carbohydrates i.e. sugary drink, Glucotabs x 3 or dextrose tablets x 5
 - (b) Wait 15 minutes then retest blood glucose level
 - (c) If blood glucose level remains below 4, repeat (a) and (b) until blood glucose is 4.1 mmol/L or above
- If blood glucose fails to reach 4.1mmols/L after 2 treatment cycles, suspend insulin pump therapy, inform parents and repeat (a) and (b) until blood glucose above 4.1mmols/L**

Can the pupil eat and drink independently?

Yes

No

Is the pupil conscious but needs help to eat and drink?

Yes

No

Is the pupil unconscious?
(can lead to seizure)

Yes

TREATMENT:

Child will need assistance to treat – give treatment as above
If pupil uncooperative **but conscious** use Glucogel*
IF CONDITION DETERIORATES DIAL 999

Using *Glucogel:

- ✓ Twist off Lid
- ✓ Place dispenser tip in the mouth
- ✓ Direct the gel between the gums and both sides of the cheeks
- ✓ Massage cheeks (externally) to aid absorption
- ✓ Can use the whole tube of gel gradually or continue with step 1, 2 and above when pupil is cooperating

Must never be given to an unconscious child due to the risk of choking



****RECOVERY POSITION****

TREATMENT:

- Recovery position**
- Nil by mouth
- Dial 999
- Inform parent / carer



1. Kneel next to the person. Place the arm closest to you straight out from the body. Position the far arm with the back of the hand against the near cheek.



2. Grab & bend the person's far knee



3. Protecting the head with one hand, gently roll person toward you by pulling the far knee over & to the ground



4. Tilt the head slightly so that the airway is open. Make sure that the hand is under the cheek. Stay close until help arrives.

High Blood Glucose Reading (Hyperglycaemia):

High blood glucose readings are over **13.9** mmol/L

Causes may include: lack of insulin, too much food, stress, anxiety, changes in the weather, feeling unwell.

If C/YP has higher blood glucose levels they may need to use the toilet more frequently. They may feel thirsty, therefore please allow them to drink water freely.

Illness:

If the pupil is unwell, check blood glucose level and contact the family as agreed. If the blood glucose reading is high, **refer to high blood glucose guidance for pump therapy on next page.**

Diet:

The C/YP will be carbohydrate counting for all drinks and food . Insulin will be taken according to the number of grams of carbohydrate eaten. It is the family's responsibility to calculate the insulin to carbohydrate ratio and update the school with any changes.

Carbohydrates must be counted as insulin is delivered through the pump according to carbohydrate intake.

The diet should be healthy and routinely avoid high sugar foods / drinks.

Sport / Exercise / Activity:

Please do NOT allow the child / young person to partake in sports or exercise if blood glucose is higher than **13.9 mmol/L. (Refer to hyperglycaemia guidelines).**

Pupil should take blood monitor and supplies for treatment of hypo's to any activity:

INSULIN PEN SHOUL DBE AVAILABLE IN SCHOOL SHOULD PUMP FAIL.

Pen and Insulin are kept

**Emergency Guidelines for Children on insulin pump therapy.
Management of high and low blood glucose levels**

HYPERGLYCAEMIA

If the blood glucose is above 13.9 mmol/L, follow the ABCC for high blood glucose

Assess

Was a food bolus given within the last 90 minutes?
If so, do nothing and retest blood glucose level again in 1 hour.
Is the pump running?
Is the needle/ (tubing) cannula ok?



Bolus

Give a correction dose of insulin using the bolus advisor



Check

Check blood glucose level 1 hour after this bolus has been given
If blood glucose level is lower than the previous value, no further action is required



Change

If blood glucose level is equal to or higher than the previous value, contact parents immediately and agree further action which may include pen injection and cannula change.

HYPOGLYCAEMIA

If the blood glucose is less than 4 mmols/L, follow the '15' rule

If blood glucose is less than 4 mmols **do not** suspend the pump as the first line treatment.



Give 15 grams of dextrose (e.g. Glucotabs x 3 or dextrose tablets x 5)
Do not give any snack containing long acting carbohydrate at this time as will delay uptake of sugar.



Repeat blood glucose test after 15 minutes



If blood glucose still below 4 mmols, give a further 15 grams of dextrose



Repeat blood glucose test after 15 minutes



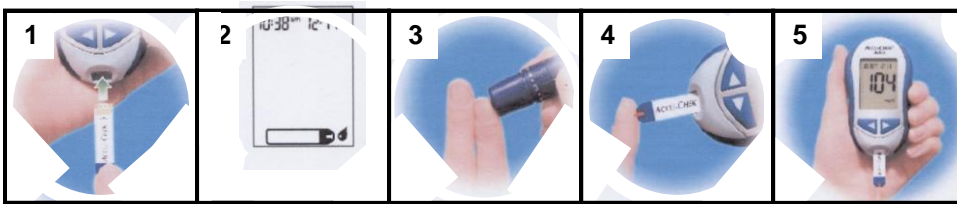
If still low 'suspend' the pump (or disconnect)



Wait until blood glucose level has risen above 4 mmols before reconnecting the pump. Some children may be hungry and request a snack which can be given with a bolus of insulin through the insulin pump.

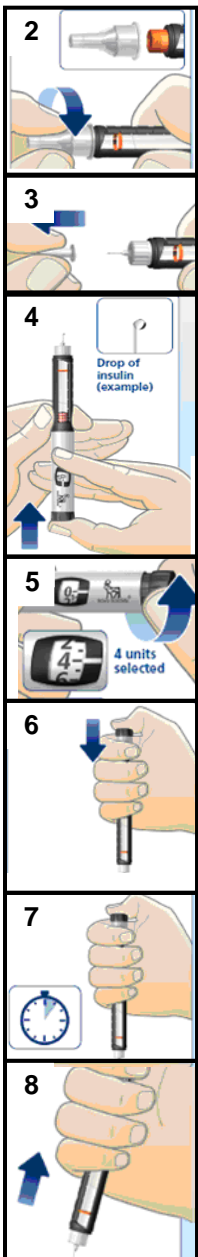
TECHNIQUE FOR TESTING BLOOD GLUCOSE

- ✓ Wash and dry hands
- ✓ Insert test strip into meter (**fig 1**) – the meter will turn on automatically and do a quick self-check prompting you to apply a drop of blood (**fig 2**)
- ✓ Apply the finger pricking device firmly against the side of the finger - press the fire / release button (**fig 3**)
- ✓ Gently squeeze the finger and obtain a droplet of blood
- ✓ Touch the tip of the test strip onto the drop of blood (blood will be 'sucked-up') (**fig 4**)
- ✓ The meter will count down and display a result on the screen (**fig 5**)
- ✓ Record the result
- ✓ Remove the used test strip – dispose of strip in sharps container - the meter will switch off automatically

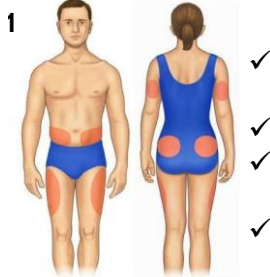


*****PLEASE NOTE*****

Child may be using a different blood glucose meter which will differ in design / shape to pictures shown – principles are same



Injection technique: Insulin can be injected into the front and sides of both thighs top of buttocks, back of the upper arms and abdomen (**fig 1**)



- ✓ Remove the protective tab from a needle. Screw the needle tightly onto the coloured cap (**fig 2**)
- ✓ Remove cap and needle cover from the insulin pen device (**fig 3**)
- ✓ Prime the insulin pen by dialling 2 units and ensuring that a drop of insulin appears at the tip of the needle (**fig 4**)
- ✓ Dial the number of units of insulin that is required by turning the dial selector (the pen will click and a number will appear in the dosage window) (**fig 5**)
- ✓ Hold Insulin Pen device (**fig 6**), fully insert the needle into the skin at right angles
- ✓ Do **NOT** squeeze skin before injecting insulin
- ✓ Press the delivery button on the top of the insulin pen to inject the insulin – the dosage dial will return to zero. Hold needle in skin for 6-10 seconds (**fig 7**)
- ✓ Withdraw the needle at right angles (**fig 8**)
- ✓ Remove needle using needle remover (as previously taught)
- A droplet of blood may form on the skin after the needle is removed. If this is noted – apply a little pressure with a tissue to the injection area.

EXTRA:

(already in the Surrey County Council Medicines Management in schools handbook) – found in all Surrey schools.

This is the information in the file that is a resource / policy folder for all Surrey schools.

- **What is Diabetes**
- **Recognition / Symptoms**
- **Management of an acute episode of hyperglycaemia**
- **Day to day management issues**
- **General principles**
- **Specific Information/resources**
- **Recognition / Symptoms**
- **Management of an acute episode of hyperglycaemia**
- **Day to day management issues**
- **General principles**

All children with Type 1 Diabetes will be treated with insulin.

Signed and agreed:

Parents / Carer and Child Agreement:

I agree that the medical information contained in this plan may be shared with individuals involved with _____ care (this includes emergency services). I understand that I must notify the school of any changes in writing.

Child

Signature: _____ Date: ____/____/____

Print Name: _____

Parent / Guardian

Signature: _____ Date: ____/____/____

Print Name: _____

School Representative Agreement:

This arrangement will continue until any changes are made to the health care plan when it is reviewed annually or when informed of necessary changes by parent/carer in writing.

Signature: _____ Date: ____/____/____

Print Name: _____ Job Title _____

Healthcare Professional Agreement:

I agree that the information is accurate and up to date.

Signature: _____ Date: ____/____/____

Print Name: _____ Job Title _____



Children & Young People's Health Care Plan for Type 1 Diabetes



PERSONAL INFORMATION:

Name: _____ DOB: _____

School: _____ Class/Form: _____

Date Completed: ____/____/____ Review Date (As Required): ____/____/____

CONTACT INFORMATION:

Family Contact 1:

Family Contact 2:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Tel: (Home): _____ Tel: (Home): _____

(Work): _____ (Work): _____

(Mobile): _____ (Mobile): _____

Clinic / Hospital Contact:

G. P. Contact:

Name: _____

Name: _____

Title: _____

Practice: _____

Tel. No.: _____

Tel. No.: _____

OTHER MEDICAL CONDITIONS OR ALLERGIES:

Name: _____ DOB: ____/____/____ NHS Number: _____

Description of Type 1 Diabetes:

This child or young person (CYP) has Type 1 Diabetes which develops if the body is unable to produce the life-essential hormone insulin. This type of Diabetes is treated with insulin injections or insulin pump therapy daily, for life. Diabetes treatment is a balance of insulin injections, carbohydrate and activity.



Insulin + (Carbohydrate) + Activity
Diet

Diabetes does not exclude pupils from participating in any activities or school trips.

Daily Care Requirements
(Monitoring, Diet, Insulin and Activity)

Monitoring:

The purpose of blood glucose testing at school is to provide blood glucose values to help determine the correct prescription for the CYP, as decided by the diabetes team and family. In young children these tests also help determine snack timing and size. Parents / Guardians should be informed daily of any blood results.

**Recommended blood glucose levels during the school day are:
Between 4.1 and 15 mmol/L.**

Blood glucose monitoring is done at the following times:

This pupil is able to:

- Self test
- Needs supervision when testing
- A trained member of staff to do blood glucose testing

For staff, attention need only be paid to values below **4mmol/L** (see next page for treatment) or above **15mmol/L** (page 5)

Parents / Guardians should be informed daily of any blood glucose results.

Name: _____ DOB: ____/____/____ NHS Number: _____

Low blood glucose reading (HYPO):

Low blood glucose readings are **below 4.0 mmol/L.**

'4 IS THE FLOOR'

See Hypoglycaemia Treatment Guide (page 4)

The main causes of a hypo are:

- Missed, delayed or inadequate snacks / meals
- More exercise / activity than planned
- Too much insulin

Possible symptoms:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Sweaty | <input type="checkbox"/> Glazed eyes |
| <input type="checkbox"/> Pale | <input type="checkbox"/> Wobbly / Shaky | <input type="checkbox"/> Headache / Tummy ache |
| <input type="checkbox"/> Mood Changes | <input type="checkbox"/> Tearful / Weepy | <input type="checkbox"/> Grumpy / Irritable |

*****NOTE*** THERE MAY NOT BE ANY SIGNS**

Hypo Box to be provided by parents / carer and updated regularly.

Hypo Box is stored: _____

Hypo Box Contains: _____

Name: _____ DOB: ____/____/____ NHS Number: _____

High Blood Glucose Reading (Hyperglycaemia):

Causes for hyperglycaemia are lack of insulin, too much food, stress, anxiety and changes in weather.

If the blood glucose level is high and the CYP is well – no further action is required. However, the CYP may need to visit the toilet more frequently and may become thirstier.

Please do NOT make the CYP perform extra exercise without prior consent from the family as this can make them unwell.

High Blood Glucose Reading (Hyperglycaemia):

High blood glucose readings are over _____ mmol/L

If CYP has higher blood glucose levels they may need to use the toilet more frequently. They may feel thirsty, therefore please allow them to drink water freely.

Illness:

If the CYP is unwell, check blood glucose level and contact the family (follow normal school procedure). If the blood glucose reading is high, refer to high blood glucose guidance above.

Comments:

Diet:

The diet should be healthy and routinely avoid high sugar foods / drinks. It is important that carbohydrates are eaten regularly. If snack, or meal times are changed, or if food activities are planned please give parent / carer prior notice in order to plan for this.

A starchy snack is required at: _____ and normally consists of:

Lunch is at: _____ daily and the CYP has **packed lunch / cooked meal**

Sport / Exercise / Activity:

CYP should take blood monitor and supplies for treatment of hypo to any activity:

Comments:

Name: _____ DOB: ____/____/____ NHS Number: _____

Insulin Injections – During Day:

Rapid acting insulin works within 5–10 minutes and is given immediately before or immediately after eating meals / snacks. **After giving insulin the CYP MUST eat within 10 minutes. Under NO circumstances should there be any delay.**

CYP must have access to a private space with hand washing facilities made available.

THE PUPIL SHOULD NOT BE MADE TO USE THE TOILET TO GIVE INSULIN INJECTIONS.

- CYP: Does not inject in school
 Injects rapid acting insulin daily
 May inject rapid acting insulin
- CYP does: Not require supervision
 Require supervision
 Need a trained staff member to do pen injection (follow guidance attached in Appendix)
- CYP will: Keep their insulin pen at school
 Carry their insulin pen with them
 Keep a 3ml penfill / disposable pen in fridge at school

(Insulin loaded into an insulin pen lasts for 4-6 weeks)

It is recommended that pupils own clinical sharps box **IS** used. Provision and disposal will be arranged by parent / guardian

If the child is carbohydrate counting at home, insulin will be given according to the number of grams of carbohydrate eaten.

It is the family's responsibility to calculate this insulin to carbohydrate ratio and update the school with any changes.

Parents will inform school at beginning of each term how much insulin is required before lunch is eaten. This amount may need to be increased if blood glucose is already high.

EXTRA insulin to be added onto **NORMAL** dose of insulin as follows:

Blood glucose 10 -15mmol/L = _____ units of fast-acting insulin
 Blood glucose 15 -20mmol/L = _____ units of fast-acting insulin
 Blood glucose 20+mmol/L = _____ units of fast-acting insulin

Name: _____ DOB: ____/____/____ NHS Number: _____

Signed and agreed:

Parents / Carer and CYP Agreement:

I agree that the medical information contained in this plan may be shared with individuals involved with _____ care (this includes emergency services). I understand that I must notify the school of any changes in writing.

Child & Young Person

Signature: _____ Date: ____/____/____

Print Name: _____

Parent / Guardian

Signature: _____ Date: ____/____/____

Print Name: _____

Agency Representative Agreement:

This arrangement will continue until any changes are made to the health care plan when it is reviewed annually or when informed of necessary changes by parent/carer in writing.

Signature: _____ Date: ____/____/____

Print Name: _____ Job Title _____

Healthcare Professional Agreement:

I agree that the information is accurate and up to date.

Signature: _____ Date: ____/____/____

Print Name: _____ Job Title _____

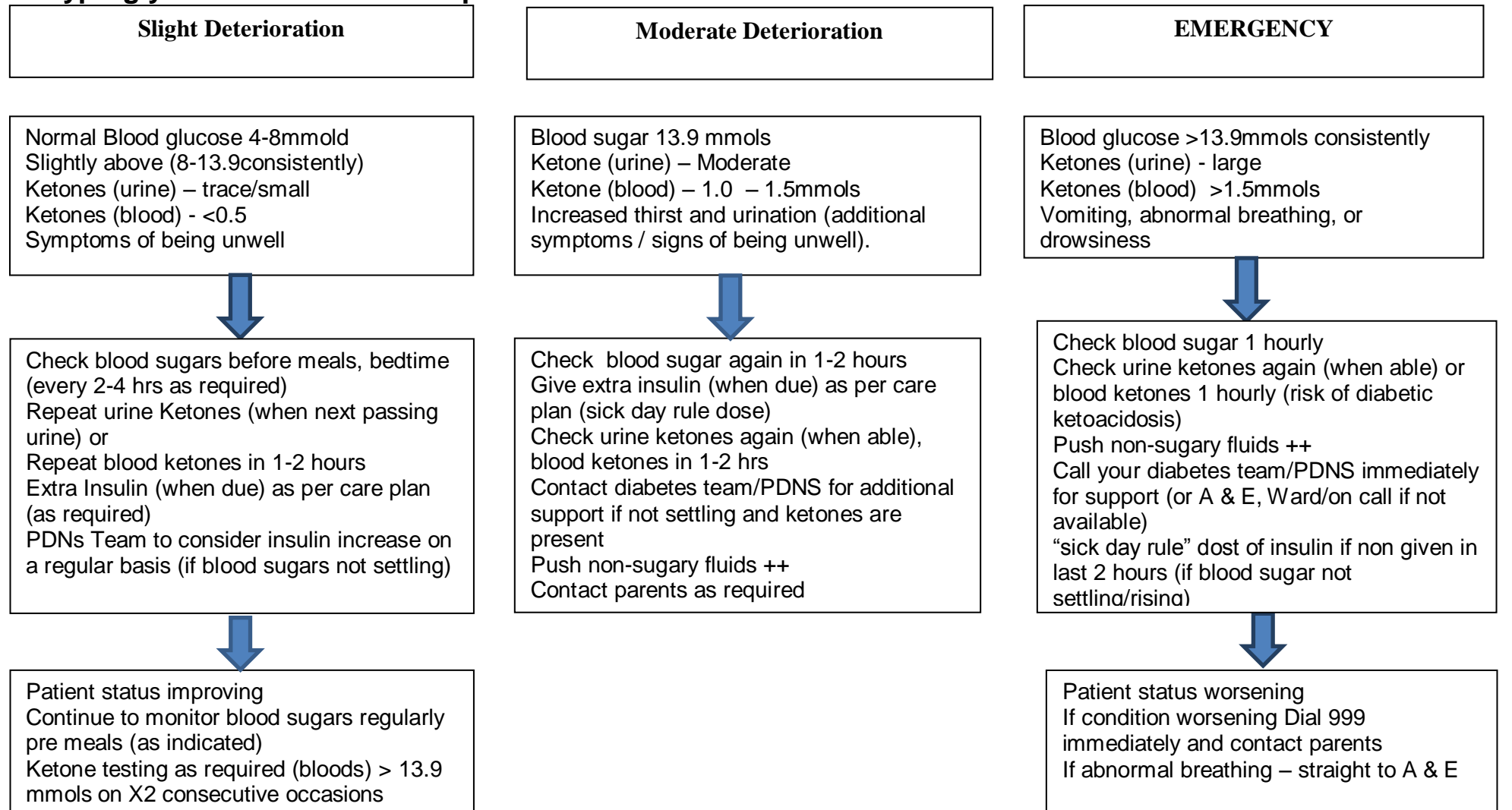
FORM COPIED TO:

Designation

Named Contact Point

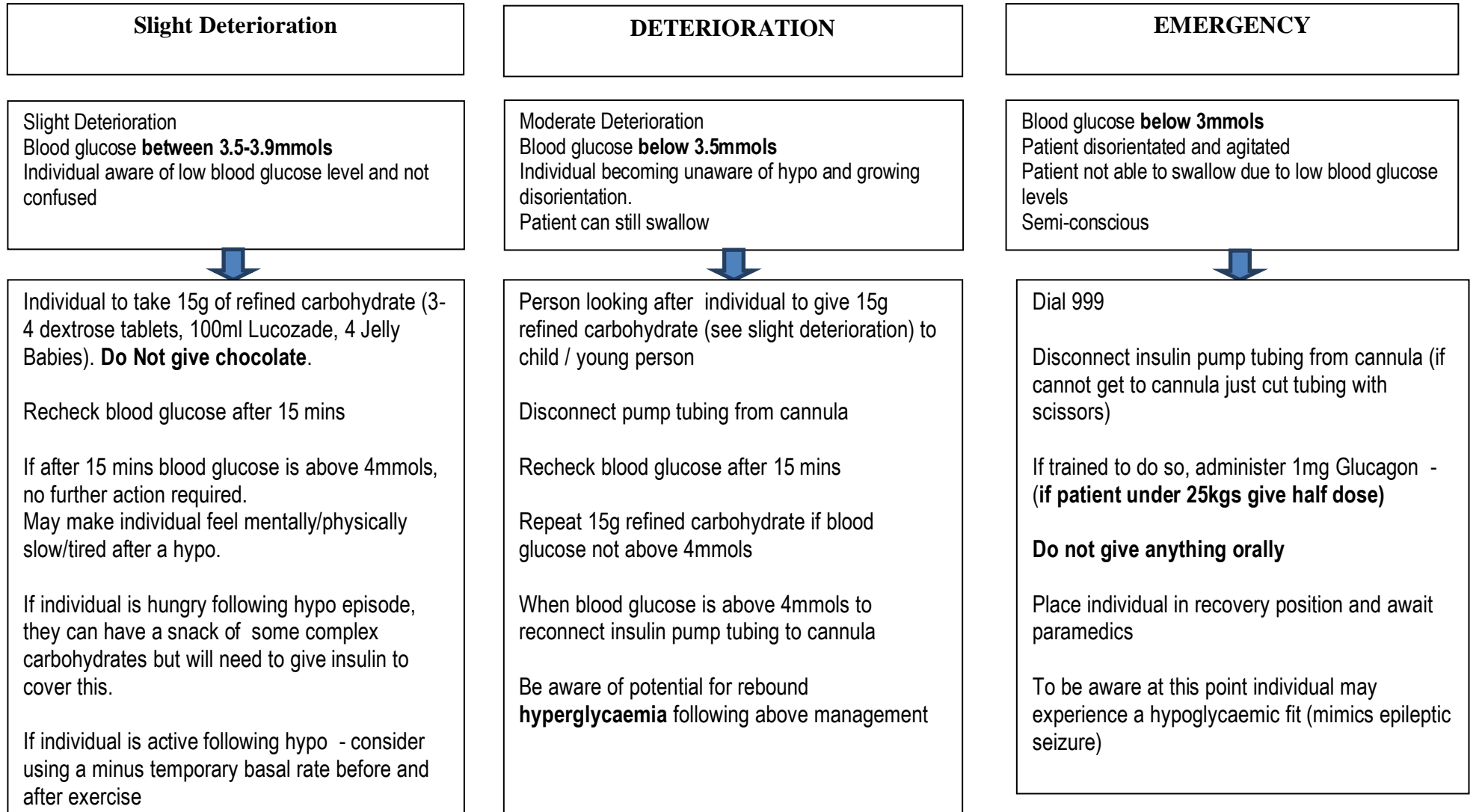
- 1) Parent / Guardian
- 2) School
- 3) Diabetes Team
- 4) School Nurse
- 5)

Hyperglycaemia in Insulin Pump Patients **CLINICAL ESCALATION PLAN**



Name:	Position:
Signed:	Date:

Hypoglycaemia in Insulin Pump Patients Clinical Escalation Plan



Name:	Position:
Signed:	Date:

APPENDIX VIII

Epilepsy Care

General information

What is Epilepsy?

Epilepsy is a common disorder, resulting from a sudden excessive electrical discharge from the brain cells giving rise to physical manifestations. In many cases it can be adequately controlled with medication. About 1 in 130 children/ young people in the UK have Epilepsy and about 80% attend mainstream schools.

Types of Epilepsy

There are different types of epilepsy. Broadly it can be divided in to 2 main types:

- Generalised epilepsy (e.g. Tonic-Clonic, Absences, Myoclonic)
- Partial epilepsy (e.g. Frontal/Occipital/Temporal lobe epilepsy where epileptic activity is initially limited to part of brain, although the epileptic activity may spread to the whole of the brain).

Recognition / symptoms

These may include:

Tonic-Clonic epilepsy - Body stiffens followed by a fall; this may be preceded by a cry. Jerky body movements then begin, incontinence or dribbling of saliva can occur. At the cessation of the seizure child may be sleepy for some time.

Absences - Episodes of staring or blankness lasting for a few seconds or longer. May be associated with slight twitching or blinking. Consciousness is lost but is brief.

Myoclonic jerks - Sudden jerky movements of limbs, at times violent in nature.

Temporal lobe epilepsy - may start with an "Aura" or warning. Child / young person may appear conscious but may not respond. Abnormal movements like plucking, fidgeting, smacking of lips can occur. Aimless wandering can occur after the episode.

Diagnosis

- Usually made by the child / young person's Consultant Paediatrician or the General Practitioner.
- Regular attendance at hospital out patients and/or GP surgery may be required initially following the diagnosis.

Medication

Usually given on a daily basis over a period of years.

Most medications are given twice daily avoiding the need for administration during setting hours, however medication can be given, once or three times daily.

Emergency Medication:

There are a number of different medications that can be used to treat a seizure, (i.e. to try and terminate a seizure).

The most common medication currently used is Buccal Midazolam; however there will be some children on other forms of medication such as Rectal Diazepam, or even Paraldehyde. All children who require Emergency Medication will require an Emergency Medication Plan; see the following pages. In some cases a personalised Emergency Medication Plan drawn up by the prescriber will need to be in place.

SPECIFIC INFORMATION

Further information is available from:

Epilepsy Society Helpline: Tel: 01494 601 400 (Monday to Friday 10.00 am to 4.00 pm)

British Epilepsy Helpline – Free phone 0808 800 5050 (Monday to Thursday 9.00 am. to 4.30 pm).

www.epilepsy.org.uk

Appendix IX SEIZURE ESCALATION PLAN -MIDAZOLAM TREATMENT

	Seizure Description	EMERGENCY
<p>Name DOB NHS number</p> <p>Parents contact details</p> <p>GP- Consultant Paediatrician-</p> <p>Epilepsy Nurse (if there is one)-</p> <hr/> <p><u>Medical conditions or allergies</u></p>	<p>Seizure Type 1</p> <p>Usual duration.....</p> <p>Seizure Type 2</p> <p>Usual duration.....</p> <p>IMMEDIATE ACTIONS</p> <p>Follow epilepsy first aid as per training Time the seizure Protect from injury Do not move unless in immediate danger Do not restrain</p>	<p>1. Give midazolam if: seizure type 1 lasts longer than 5 minutes</p> <p>2. Give Buccolam- Buccal midazolam i.e 2.5mg/0.5 mls</p> <p style="padding-left: 40px;">2.5 mg (milligrams) 0.5 ml (millilitre) of midazolam liquid.</p> <p>Call 999 for emergency help:</p> <p>1. The first time midazolam is given 2. If the seizure continues for over 2 minutes after the Midazolam has been given 3. If midazolam cannot be given for any reason 4. As per school policy</p> <p><u>Actions when seizure has stopped with or without midazolam</u></p> <p>Placein the recovery position when movements have stopped and if practical</p> <p>Allowto sleep but stay with her/him and regularly check that she/he is rousable until fully recovered.</p> <p>Monitor for any further seizure activity</p>
<p>Date for review.....</p> <p>Date.....Signature..... Name.....Position.....</p>		



Parents / Carer and CYP Agreement:

I agree that the medical information contained in this protocol may be shared with individuals involved with’s care (this includes emergency services). I understand that I must notify the school/ other organisation of any changes in writing.

Child & Young Person

Signature: _____ Date: ____/____/____
Print Name: _____

Parent / Guardian

Signature: _____ Date: ____/____/____
Print Name: _____



SEIZURE ESCALATION PLAN Appendix X

	Seizure Description	EMERGENCY
<p>Name DOB NHS number</p> <p>Parents contact details</p> <p>GP- Consultant Paediatrician- Epilepsy Nurse (if there is one)</p> <hr/> <p><u>Medical conditions or allergies</u></p>	<p>Seizure Type 1</p> <p>Usual duration.....</p> <p>Seizure Type 2</p> <p>Usual duration.....</p> <p>Seizure Type 3</p> <p>Usual duration.....</p>	<p>IMMEDIATE ACTIONS</p> <p>Follow epilepsy first aid as per training Time the seizure Protect from injury Do not move unless in immediate danger Do not restrain</p> <p>Call 999 for emergency help on the onset of a seizure <u>Or (depending on school policy)</u> If seizure type continues for 5 minutes call 999 for emergency help</p> <hr/> <p><u>Actions when seizure has stopped</u></p> <p>Placein the recovery position when movements have stopped and if practical</p> <p>Allowto sleep but stay with her/him and regularly check that she/he is rousable until fully recovered.</p> <p>Monitor for any further seizure activity</p>
<p>Date for review.....</p>		



Name:	Position:	Signed:	Date:
Name:	Position:	Signed:	Date:

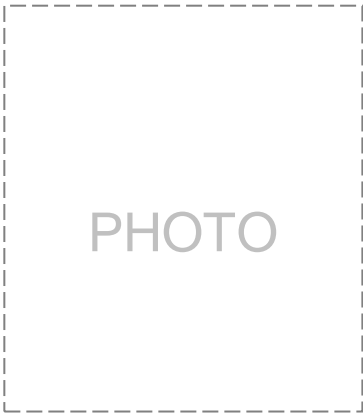
I agree that the medical information contained in this protocol may be shared with individuals involved with’s care (this includes emergency services). I understand that I must notify the school/ other organisation of any changes in writing.

Child & Young Person

Signature: _____ Date: ____/____/____
Print Name: _____

Parent / Guardian

Signature: _____ Date: ____/____/____
Print Name: _____



**Epilepsy Health Care plan for
Children & Young
People requiring emergency
seizure medication (Rectal
Diazepam)**

PERSONAL INFORMATION:

Name: _____ **DoB:** _____

NHS Number: _____

Date Completed: _____

Expiry Date of Plan: _____

CONTACT INFORMATION

Family contact 1:

Name: _____

Relationship: _____

Tel: (Home) _____

Tel: (Mobile) _____

Tel: (Work) _____

Family contact 2:

Name: _____

Relationship: _____

Tel: (Home) _____

Tel: (Mobile) _____

Tel: (Work) _____

Clinic / Hospital Contact:

Name: _____

Title: _____

Tel No: _____

G. P. Contact:

Name: _____

Practice: _____

Tel No: _____

OTHER MEDICAL CONDITIONS OR ALLERGIES:

Seizure classification and/ or description of seizures which may require rectal diazepam:

Seizure type 1:

Usual duration of seizure:
.....

Seizure type 2:

Usual duration of seizure:
.....

Seizure type 3:

Usual duration of seizure:

IMMEDIATE ACTIONS - Follow epilepsy first aid as per training

Time the seizure

Protect from injury

Do not move unless in immediate danger

Do not restrain – let the seizure run its course

Do not put anything in the mouth

DO NOT GIVE RECTAL DIAZEPAM IF:

1. Rectal diazepam has been given in previous hours
2. The child has sustained a head injury requiring hospital consultation

RECTAL DIAZEPAM TREATMENT PLAN

1. When should rectal diazepam be administered:

2. Initial dose: give milligrams (mg). Record amount and time given.

3. What is the child's usual response / reaction (s) to rectal diazepam:

4. Action to take if there are difficulties in the administration of rectal diazepam e.g. diarrhoea / constipation

Call 112 / 999 for an ambulance if rectal diazepam can not be given for any reason

5. DO NOT GIVE MORE THAN THE PRESCRIBED DOSE

6. When should 112 / 999 be dialled for emergency help:

1. THE FIRST TIME RECTAL DIAZEPAM IS GIVEN
2. If the seizure has not stopped within minutes of having rectal diazepam
3. As per school/ nursery / respite policy

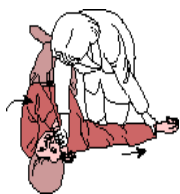
7. Actions when seizure has stopped either with or without rectal diazepam:

Place the child in the recovery position when movements have stopped and if practical

Allow the child to sleep but stay with them and regularly check that they are rousable until fully recovered. Monitor for any further seizure activity

Any concerns di

****RECOVERY POSITION****



1. Kneel next to the person. Place the arm closest to you straight out from the body. Position the far arm with the back of the hand



2. Grab & bend the person's far knee



3. Protecting the head with one hand, gently roll person toward you by pulling the far knee over & to the ground



4. Tilt the head slightly so that the airway is open. Make sure that the hand is under the cheek. Stay close until help arrives.

Signed and agreed:

Registered Healthcare Professionals Agreement:

(Paediatric Consultant, Paediatric Epilepsy Nurse Specialist, Specialist School Nurse)

I agree that the information is accurate and up to date.

Signature: _____ Date: ____/____/____

Print Name: _____ Job Title: _____

Parents / Carer and CYP Agreement:

I agree that the medical information contained in this plan may be shared with individuals involved with’s care (this includes emergency services). I understand that I must notify the school/ other organisation of any changes in writing.

Child & Young Person

Signature: _____ Date: ____/____/____

Print Name: _____

Parent / Guardian

Signature: _____ Date: ____/____/____

Print Name: _____

Agency Representative Agreement:

This arrangement will continue until any changes are made to the health care plan when it is reviewed annually or when informed of necessary changes by parent/carer in writing.

Signature: _____ Date: ____/____/____

Print Name: _____ Job Title _____

FORM COPIED TO:

Designation

Named Contact Point

- | | | |
|----|-------------------|-------|
| 1) | Parent / Guardian | _____ |
| 2) | Setting | _____ |
| 3) | Diabetes Team | _____ |
| 4) | School Nurse | _____ |
| 5) | | _____ |

Name: _____ DOB: ____/____/____ NHS Number: _____



RECORD OF USE OF RECTAL DIAZEPAM ADMINISTRATION

Date of Administration of Rectal Diazepam					
Recorded By					
Seizure Type					
Length and/or Number of Seizures					
Time Dose Administered					
Outcome					
Observations					
Second Dose – Time given (if prescribed)					
Parent / Guardian Informed	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:
Prescribing Medical Practitioner Informed	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:
Other Information					
Witness					
Date of Record:					

Appendix XIII

Controlled Drugs

The supply, possession and administration of some medicines ('controlled drugs') are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children / young people, e.g. methylphenidate.

Any member of staff may administer a controlled drug to the child / young person for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child / young person who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after, store securely, a controlled drug where it is agreed that it will be administered to the child / young person for whom it has been prescribed.

Settings must keep controlled drugs in a locked non portable container and only named staff should have access. Buccal midazolam, for emergency use is the exception and must be stored safely but be readily accessible by a named member of staff to administer.

If it has been agreed that the child / young person can self administer their medicines (see Self Administration by child / young person section 5.2) controlled drugs must be kept in safe custody i.e. in a locked cupboard or non portable container and not by the child / young person. However they can access them if it is agreed that it is appropriate.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). In exceptional circumstances, if this is not possible, it should be taken by a named member of staff to a local pharmacy for disposal. The named member of staff should ask the pharmacist to sign and date the record to indicate that they have accepted the medicine for disposal.

Records of receipt, administration, returning the medicine to the parent or, in exceptional circumstances, taking it to a local pharmacy for disposal must be kept for audit and safety purposes.

Misuse of a controlled drug, such as passing it to another child / young person for use, is an offence. Settings should have clear policies for dealing with this issue which should include informing relevant parents and where necessary, the police.

Appendix XIV

Guidelines on the Dangers of Exposure to the Sun

Sun safety is increasingly becoming an issue for settings. The incidence of skin cancer has doubled in the past 15 years and is now the second most common cancer with 2500 deaths annually. The sun produces UV radiation, which can damage the surface of the skin, the structures inside the skin and the function of skin causing mutations in the DNA skin cells. 80% of most people's exposure to the sun takes place in childhood. Over exposure to the sun's rays causes sunburn. Getting sunburnt as a child leads to a greater risk of skin cancer in later life. It is important that schools take precautions to encourage children / young people to practice sun safe behaviour and to play in the shade when the sun is hottest between 12:00 – 3:00pm. When exposure cannot be avoided a responsible person will need to consider whether outside activities or play are appropriate.

The risk of non-melanoma skin cancer is directly related to cumulative exposure to the sun. Short intense exposure to the sun increases the risk of malignant melanoma. Periods of intermittent exposure to the sun at a young age are more harmful than over exposure in adults.

Clearly, planning and preparation can lessen or prevent harmful and serious effects. In particular, responsible person should consider the following:

- Develop a Sun Safety Policy - This should clearly set out the setting's position on the use of protective clothing and on sunscreen. This policy should be sent to all parents so that it is widely known.
- Weather forecasts – Attention should be given to hot weather warnings and notice taken of the maximum times advised for exposure to the sun.
- Sun Screen/Protective Clothing – Where there is a likelihood of prolonged hot spells; parents must be encouraged to provide sunscreen and a hat for their child.
- Extra Sensitivity - In the case of children and young people with extra sensitivity to the sun extra care should be taken and medical advice sought.
- Provision of shade - Adequate shade must be available at times during the day so that the young people can have a cooler area and are not exposed to UV radiation for excessive periods.
- Liquids – An adequate supply of or access to liquids should be made available. On visits, where the young people provide their own drinks, they must be monitored so that drinks are taken regularly rather than at one go. (This is particularly important for young children).
- Clothing – The children / young people should be encouraged to wear suitable protective clothing – i.e. long sleeves and appropriate headwear.
- Programme – The day's activities may need to be amended so that excessive demands are not made during the hottest part of the day.

Sun creams – Sun creams and screens of a sufficiently high factor should be used. The Health Education Authority recommends the use of a sunscreen with a sun protection factor of 15 or above. The sun safety policy should promote the self-administration of sunscreen by children / young people. Most children / young people, apart from the very youngest and those with special needs, will be able to do so under supervision.

NB: *There has been much concern expressed about supervisors applying sun creams to children / young people. While it is acknowledged that this is a sensitive issue there are occasions, particularly if a child is very young or has special needs, where this will need to be done. In such cases, supervisors should not do this whilst alone with a child / young person and a protocol should be established. It is not an option to leave a child / young person unprotected and exposed to the sun.*

Heat exhaustion and Heatstroke

In extremely hot conditions, the body's heat-loss mechanisms may fail. When the atmospheric temperature equals body temperature it becomes impossible for the body to lose heat. High humidity also causes problems, as sweat will not evaporate well. In these circumstances, particularly during strenuous exercise when extra heat is generated by muscular activity, heat exhaustion or the more dangerous condition, heatstroke, may develop.

The symptoms of heat exhaustion are as follows:

- headache, dizziness and confusion
- loss of appetite and nausea
- sweating, with pale clammy skin
- cramps in the limbs or abdomen
- rapid, weakening pulse and breathing.

Once these symptoms are recognised the main aims are to move the casualty to cool surroundings and to replace lost fluid and salt:

- help the casualty to lie down and raise legs;
- if conscious, help casualty to sip weak salt solution (one teaspoon per litre of water).

If casualty becomes unconscious, place in recovery position and summon an ambulance.

The symptoms of heatstroke are as follows:

- headache, dizziness and discomfort
- restlessness and confusion
- hot, flushed, dry skin
- a rapid deterioration in the level of response
- a full, bounding pulse
- high temperature.

Once the symptoms have been recognised, take the following steps:

- move casualty quickly to cool place and call an ambulance; wrap casualty in a cold, wet sheet and keep it wet. Continue until the high temperature falls and replace the wet sheet with a dry one. Observe casualty carefully.

Appendix XV



Hand-washing technique with soap and water

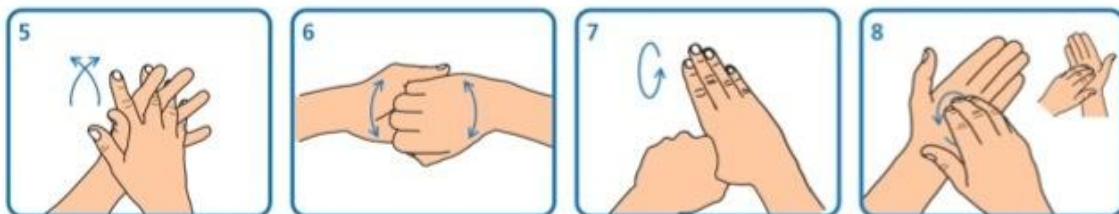


Wet hands with water

Apply enough soap to cover all hand surfaces

Rub hands palm to palm

Rub back of each hand with palm of other hand with fingers interlaced

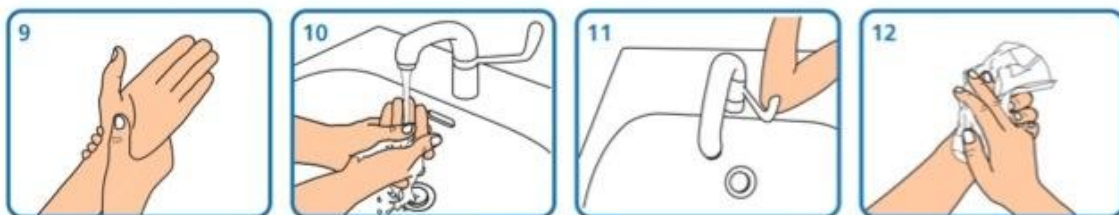


Rub palm to palm with fingers interlaced

Rub with back of fingers to opposing palms with fingers interlocked

Rub each thumb clasped in opposite hand using a rotational movement

Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand

Rinse hands with water

Use elbow to turn off tap

Dry thoroughly with a single-use towel



Hand washing should take 15–30 seconds



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Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*

Section B

CONTROL OF COMMUNICABLE DISEASES

1. Introduction

The best and most up to date information on infection control for settings is available from the Public Health England website: ["Guidance on infection control in schools and other childcare settings"](#).

Its purpose is to give information about prevention. Advice and guidance on meeting the needs of individual children / young people is dealt with in Section A.

Following diagnosis there are two methods of getting advice and support about infectious diseases:

- With regard to food poisoning the first point of contact should be the Environmental Health Officers (EHO) of the relevant Local Authority.
- For other diseases the first point of contact should be the Consultant in The Health Protection Agency (HPA).

Telephone numbers for these services are listed in Section C.

In boarding settings staff should liaise with the School Nurse and Doctor.

Please [see E.Bug](#) for further teaching resources about antibiotics and hygiene.

2. Immunisation

Immunisation does offer protection against some infectious diseases and parents are encouraged to bring their child for vaccination when called at the recommended scheduled time. See <https://www.gov.uk/government/collections/immunisationTable>

SCHEDULE FOR ROUTINE CHILDHOOD IMMUNISATIONS

Table 1

Routine childhood immunisations			from summer 2015	
When	Diseases protected against	Vaccine given and trade name		Usual site ¹
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib)	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccination (PCV)	Prevenar 13	Thigh
	Meningococcal group B (MenB) ²	MenB ²	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Three months old	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	Meningococcal group C disease (MenC)	Men C	NeisVac-C	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Four months old	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	MenB ²	MenB ²	Bexsero	Left thigh
Twelve months old	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR ³	MMR VaxPRO ³ or Priorix	Upper arm/thigh
	MenB ²	MenB booster ²	Bexsero	Left thigh
Two to six years old (including children in school years 1 and 2)	Influenza (each year from September)	Live influenza vaccine	Fluenz Tetra ^{3,4}	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Infanrix IPV or Repevax	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO ³ or Priorix	Upper arm
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-12 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Merweo	Upper arm

¹ Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see Chapters 4 and 11 in the Green Book. All injected vaccines are given intramuscularly unless otherwise stated.

² Only for infants born on or after 1 May 2015

³ Contains porcine gelatine

⁴ If Fluenz is contraindicated and child is in clinical risk group, use inactivated flu vaccine

Selective childhood immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, 1 month old, 2 months old Boost at 12 months old ¹	Hepatitis B	Hepatitis B vaccines (Engerix B / HBVaxPRO)
Infants in areas of the country with TB incidence $\geq 40/100,000$	At birth	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country ²	At birth	Tuberculosis	BCG

¹ Take blood for HBsAg to exclude infection.

² Where the annual incidence of TB is $\geq 40/100,000$ see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/393840/Worldwide_TB_Surveillance_2013_Data_High_and_Low_Incidence_Tables_2.pdf

All vaccines for use in the routine childhood programme are available free of charge at www.immform.dh.gov.uk

Section C

LISTS OF USEFUL CONTACT

Health Contacts

Surrey-Wide Contacts:

Designated Clinical Officer for SEND:

Anne Breaks

NHS Guildford and Waverley Clinical Commissioning Group

E-Mail: <mailto:anne.breaks@nhs.net>

Provides the point of contact for local authorities, schools and colleges seeking health advice on children and young people who may have SEN or disabilities, and provides a contact (or contacts) for CCGs or health providers so that appropriate notification can be given to the local authority of children under compulsory school age who they think may have SEN or disabilities. May support schools with their duties under the 'Supporting Pupils with Medical Conditions' guidance. (3.46 p50 SEND Code of Practice January 2015)

Designated Medical advisor for SEND – Surrey Collaborative CCGs

Dr Cecilia Wylie

E-mail: ceciliawylie@nhs.net / cecilia.wylie@virgincare.co.uk

Sharing overall responsibility with the Designated Clinical Officer, the Lead Medical advisor is responsible for ensuring schools have appropriate health advice and services for children with SEND and those with significant medical conditions. This role is to ensure policies and procedures are in place and to offer clinical supervision in more complex cases. This is for children who are the responsibility of Surrey CCGs.

Schools should contact their school nursing contact in the first instance who can gain additional advice from the school nursing lead in their organisation.

If there are any difficulties with this or the child falls out of the school nursing remit, I am happy to be contacted for additional advice or signposting by both education and health colleagues.

School Nursing Service lead (s)

Virgin Care: Joy Agno E-mail: joy.agno@virgincare.co.uk Website: <http://www.virgincare.co.uk/>

Tel: 01932 569170.

Areas Covered: Surrey Health, Southwest and Northwest Surrey

Clinical Lead for Special Schools and NW Public Health Nursing (mainstream schools). Joy is your first point of contact for Children / young people with additional health needs and will signpost, advise and support you to facilitate access to education for all pupils.

Central Surrey Health:

Areas Covered: Central Surrey including Dorking, Epsom and Esher.

<https://www.cshsurrey.co.uk/>

Ewell Court Clinic
Ewell Court Avenue,
Epsom,
Surrey
KT19 0DZ

Tel: 020 8394 3860

First Community health and care:

Areas Covered: East Surrey including Reigate, Caterham, Oxted and Horley.

<http://www.firstcommunityhealthcare.co.uk/>

2nd Floor
Forum House
41 – 51 Brighton Road
Redhill
Surrey
RH1 6YS
Tel: 01737 775450
E-mail: fhcenquiries@firstcommunitysurrey-cic.nhs.uk

Training Contacts

The Learning Enterprise continues to support knowledge and skills training for Surrey County Council and other external learners to the organisation. This year the emphasis has been on evidencing that the knowledge and skills learnt is demonstrated in practice and collated to our support quality assurance strategy. We work closely with our clinical subject matter experts to deliver a rolling programme for Surrey Schools on behalf of School Nursing which includes a group programme of medicine management in schools, managing asthma and epilepsy awareness. We also deliver annual updates on managing severely allergic pupil in school. All our clinical trainers have either gained or are working towards a teaching accreditation award as a minimum

Schools who wish to purchase additional training can be supported in the above areas.

All new clinical training material since July 14 has been submitted to the University of Surrey for the Recognising Quality in Education and Learning (RQEL) award. This ongoing quality assurance measure ensures quality of delivery and training techniques are evaluated and adapted when necessary to meet changing learner requirements. We also currently work with the CCG's to support children with complex needs in school and this has progressed to support children and families who have complex needs around personal health budgets.

Web: www.learningenterprise.co.uk

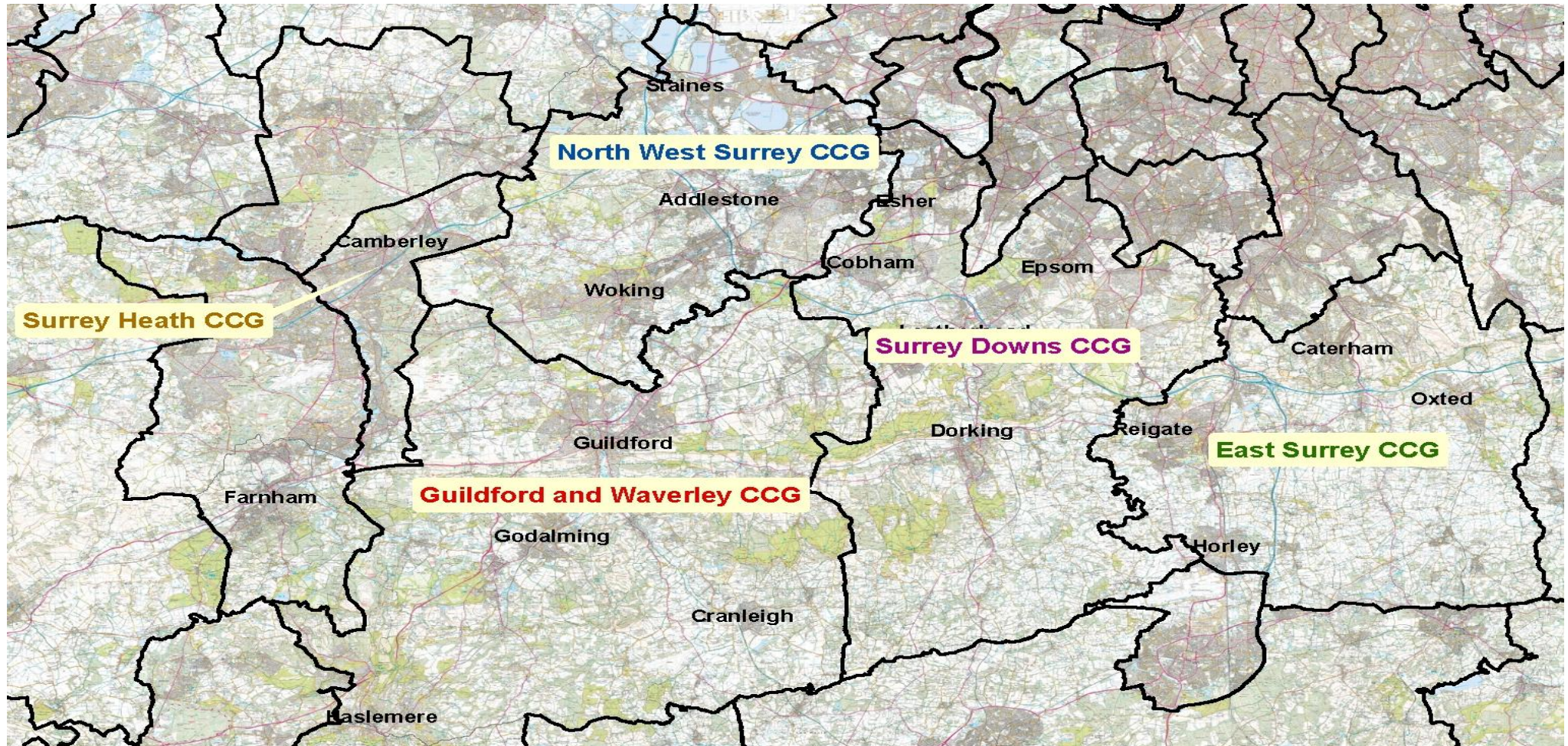
Tel: 0845 504 0594

Surrey Clinical Commissioning Group Areas

Virgin Care covers Surrey Heath, North West and Guildford and Waverley CCGs.

Central Surrey Health covers Surrey Downs CCG.

First Community Health Care covers East Surrey CCG



North West Area Office

*Covering: Runnymede, Woking,
Surrey Heath*

AEO
Quadrant Court
35 Guildford Road
Woking
Surrey
GU22 7QQ

Tel: 01483 518106

North East Area Office

*Covering: Epsom & Ewell, Elmbridge,
Spelthorne*

AEO
Elmbridge Civic Centre
High Street
Esher
Surrey
KT10 9SD

Tel: 01372 833412

South West Area Office

Covering: Guildford, Waverley

AEO
Quadrant Court
35 Guildford Road
Woking
Surrey
GU22 7QQ

Tel: 01483 517835

South East Area

*Covering: Mole Valley, Reigate & Banstead,
Tandridge*

AEO
Consort House
5-7 Queensway
Redhill
Surrey
RH1 1YB

Tel: 01737 737959

**Surrey SEND Information, Support and
Advice Service**

Advice and guidance for parents with a child /
young person who has Special Educational
Needs

Consort House
5-7 Queensway
Redhill
Surrey
RH1 1YB

<http://www.sendadvicesurrey.org.uk/>

Tel No: 01737 737300

Advice and Guidance for Teachers

<http://www.education.gov.uk/>

Local contact (School Health Team)

Name: _____

Telephone: _____

Part 2

For Communicable Diseases

Public Health England (South East) - formerly the Surrey Communicable Disease Control Service (SCDCS) - was established to provide a communicable disease control service for all of Surrey.

PHE South East

Dr Diana Grice, centre director
County Hall North
Chart Way
Horsham
RH12 1XA

Telephone: 0344 225 3861

If you need to any advice or support on issues relating to communicable or infectious diseases, or wider health protection issues, please log on to the website.

Health Protection Agency website: www.hpa.org.uk

Department of Microbiology:
West Park Hospital
Horton Lane
Epsom
Surrey KT19 8PB
Tel: 01372 734707

USEFUL CONTACT NUMBERS:

Asthma / Allergies

Allergy UK
Allergy Help Line: (01322) 619864
Website: <https://www.allergyuk.org/>

The Anaphylaxis Campaign
Helpline: (01252) 542029
Website: <http://www.anaphylaxis.org.uk/>

Asthma UK (formerly the National Asthma Campaign)
Nurses Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)
Website: www.asthma.org.uk

Skin Conditions

National Eczema Society
Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)
Website: www.eczema.org

National Eczema Society
Helpline: 0800 089 1122
Website: <http://www.eczema.org>

Psoriasis Association
Tel: 01604 251621 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 4.15pm)
Website: www.psoriasis-association.org.uk/

Epilepsy

Epilepsy Action
Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)
Website: www.epilepsy.org.uk

National Society for Epilepsy
Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)
Website: <http://www.epilepsysociety.org.uk/>

Diabetes

Diabetes UK
Careline: 0845 1202960 (Weekdays 9am to 5pm)
Website: www.diabetes.org.uk

Governmental Departments

Department for Education
Tel: 0870 000 2288

Website: <http://www.education.gov.uk/>

Department of Health

Tel: (020) 7210 4850

Website: <http://www.dh.gov.uk/>

Health and Safety Executive (HSE)

HSE Info line: 0345 300 9923 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Meningitis

Meningitis Research Foundation

Midland Way

Thornbury

Bristol BS35 2BS

24 hour, free phone helpline 0808 800 3344

Email: info@meningitis.org

Website: www.meningitis.org

National Meningitis Trust

Fern House

Bath Road

Stroud, Glos GL5 3TJ

Tel/minicom: 01453 768000

Fax: 01453 768001

24 hour support line: 0845 6000 800

Email: info@meningitis-trust.co.uk

Website: www.meningitis-trust.org.uk

Other conditions

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: <http://www.shinecharity.org.uk/>

Cystic Fibrosis Trust

Tel: 020 3795 2184. Website: <http://www.cysticfibrosis.org.uk>

Useful Organisations

Council for Disabled Children

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc/

Contact a Family

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Equality and Human Rights Commission

Tel: 0808 800 0082

Website: <http://www.equalityhumanrights.com>

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 539966

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk