



Coppice Junior School

# Medical Conditions in School Policy

<b>Committee with oversight for this policy:</b>	Full Board
<b>Policy ratified and adopted by Full Governing Body:</b>	October 2022
<b>Review frequency:</b>	Annually
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Headteacher                      Mark Knowles

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Date

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Chair of Governors              Jo Bromige

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Date

# Medical Conditions in School Policy

**This policy is implemented in conjunction with the Administration of Medicines in Schools and Settings Policy issued by the Heart of England NHS Foundation Trust and Solihull MBC.**

## Coppice Junior School

Coppice is an inclusive community that welcomes and supports pupils with medical conditions.

This school provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they left school.

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

The named member of school staff responsible for this medical conditions policy and its implementation is: Mark Knowles.

Complaints by parents or others should be discussed initially, as appropriate, with the class teacher or head teacher. It is desirable that complaints should be dealt with informally, but if that is not possible, then a written, formal complaint should be registered with the head teacher, unless it is a matter concerning the head teacher, when it should be directed to the chair of governors.

Parents may request a copy of the full complaints procedure from the school office.

### **1 This school is an inclusive community that supports and welcomes pupils with medical conditions.**

This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

This school will listen to the views of pupils and parents.

Pupils and parents feel confident in the care they receive from this school and the level of that care meets their needs.

Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.

All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

The whole school and local health community understand and support the medical conditions policy.

This school understands that all children with the same medical condition will not have the same needs.

The school recognises that duties in the Children and Families Act and the Equality Act relate to children with disability or medical conditions.

## **2 This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.**

Stakeholders include:

- NHS School Nurse Team
- Local Education Authority
- Relevant health care services.

## **3 The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.**

Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels for example the school website and letters home.

## **4 All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.**

All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.

All staff receive training in what to do in an emergency and this is refreshed at least once a year.

This school will, in partnership with parents and health care professionals, give careful consideration to whether an individual healthcare plan (IHP) is appropriate or proportionate. The development of a plan will be led by the School Nurse.

A pupil's individual healthcare plan will explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

## **5 All staff understand and are trained in the school's general emergency procedures.**

All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.

If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

## **6 This school has clear guidance on providing care and support and administering medication at school.**

This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.

This school will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child.

This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.

This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances.

When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents will be informed. This school will not give a pupil under 16 aspirin unless prescribed by a doctor.

This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

This school will not require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.

Parents at this school understand that they should let the school know immediately if their child's needs change.

If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's managing substance related incidents/behaviour/disciplinary procedures are followed.

### **7 This school has clear guidance on the storage of medication and equipment at school.**

This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if it is appropriate.

Emergency medication/equipment is stored in the medical room.

This school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.

This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.

Medication will be stored in the staff room.

This school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

Parents are asked to collect all long-term medications/equipment at the end of the school year and to provide new and in-date medication at the start of each term. Once a course of short-term medication is completed, it should be collected by parents to dispose of appropriately.

This school will dispose of needles and other sharps to be collected by the appropriate service if required. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They would be collected and disposed of appropriately by parents.

### **8 This school has clear guidance about record keeping.**

Parents at this school are asked if their child has any medical conditions when they start or as the need arises.

Where appropriate and proportionate, this school uses an IHP (Individual Health Care Plan) to record the support an individual pupil's needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.

This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.

IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.

The pupil (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.

This school makes sure that the pupil's confidentiality is protected.

This school seeks permission from parents before sharing any medical information with any other party.

This school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.

This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

This school makes sure that all staff providing support to a pupil have received suitable training and on-going support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent.

The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence (where appropriate), and this school keeps an up-to-date record of all training undertaken and by whom.

**9 This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.**

This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.

This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

This school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.

This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.

This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition. This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/Additional Learning Needs Co-ordinator/Special Educational Needs Advisor who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.

All pupils at this school learn what to do in an emergency.

This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

**10 This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating health and safety risks and has a written schedule of reducing specific triggers to support this.**

This school is committed to identifying and reducing triggers both at school and on out-of-school visits.

School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks e.g. if a pupil has a severe nut or food allergy, staff/parents of other children are asked not to bring in peanut butter sandwiches or other food items, as necessary.

The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

**11 Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.**

This school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

The relevant parties are:

- Head teacher
- Governors
- Teachers and other staff
- Trained designated staff
- SENCO/Additional Needs Co-ord, Inclusion Manager
- School nurse

**12 The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.**

In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer.

The views of pupils with medical conditions are central to the evaluation process.

**Appendices**

- 1) Asthma policy and protocol
- 2) Diabetes Guidelines Supporting the Management
- 3) Eczema Guidelines for Management
- 4) Medication and Procedures
- 5) Sun Safety
- 6) Forms

Taken from Medicines in School and Setting - Solihull MBC  
Health and Wellbeing - Solihull MBC

## Appendix 1: Asthma

### **Guidelines for Managing Asthma**

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. Staff who have volunteered to assist children with inhalers, will be offered training from the school nurse/other appropriate health professional.

Schools are now able to hold salbutamol inhalers for emergency use. For further information and guidance, please see Guidance on the use of emergency salbutamol inhalers in schools, DfE, September 2014.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Appropriate training is available from the school nursing service.

Schools/settings may wish to include a separate appendix within their general medicines policy outlining their procedures around supporting children with asthma including provision of the emergency inhaler if appropriate.

1. If school/setting staff are assisting pupils with their inhalers, a consent form from parent/carer should be in place. Schools may wish to keep a register of children in school with asthma. Individual care plans need only be in place if pupils have severe asthma which may result in a medical emergency. Schools/settings may wish to request that all pupils with asthma complete and 'asthma card' as suggested by Asthma UK.
2. Inhalers MUST be readily available when children need them. Pupils of year 3 and above should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place. Individual circumstances need to be considered, e.g. in small schools; inhalers may be kept in the school office.
3. It would be considered helpful if parent/carer could supply a spare inhaler for pupils who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the pupil loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
4. All inhalers should be labelled where possible with the following information:-
  - Pharmacist's original label
  - Child's name and date of birth
  - Name and strength of medication
  - Dose
  - Dispensing date
  - Expiry date

5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. School/setting staff should take appropriate disciplinary action, in line with the school/settings Behaviour and Managing Substance Related Incidents policies, if the owner or other pupils misuse inhalers.
7. Parent/carer is responsible for renewing out of date and empty inhalers.
8. Parent/carer should be informed if a pupil is using the inhaler excessively.
9. Physical activity will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **MUST** be available during PE and games. If pupils are unwell they should not be forced to participate.
10. If pupils are going on offsite visits, inhalers **MUST** still be accessible.
11. It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent/carer.
12. Asthma can be triggered by substances found in schools/settings e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these is advised not to have contact with them.



## Appendix 2: Diabetes

### **Guidelines for Supporting the Management of Diabetes**

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both. There are two main types of diabetes:

**Type 1 Diabetes** develops when the pancreas is unable to make insulin. The majority of children and young people have Type 1 diabetes. Children with type 1 diabetes will need to replace their missing insulin either through multiple injections or an insulin pump therapy.

**Type 2 Diabetes** is most common in adults but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough or it does not work properly.

### **Treating Diabetes**

Children with Type 1 diabetes manage their condition by the following:

- Regular monitoring of their blood glucose levels
- Insulin injections or use of insulin pump
- Eating a healthy diet
- Exercise

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a pupil may need to do this at least once while at school/setting.

### **Insulin Therapy**

Children who have Type 1 diabetes may be prescribed a fixed dose of insulin; other children may need to adjust their insulin dose according to their blood glucose readings, food intake and activity. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

### **Insulin pens**

The insulin pen should be kept a room temperature but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. Parents should ensure enough insulin is available at all times including on trips.

Older pupils will probably be able to independently administer their insulin; however, younger pupils may need supervision or adult assistance. The pupil's individual health care plan should provide details regarding their insulin requirements.

### **Insulin pumps**

Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage their pump independently,

while others may require supervision or assistance. The child's individual health care plan should provide details regarding their insulin therapy requirements.

### Appendix 3: Eczema

#### **Guidelines for Managing Eczema**

Eczema (also known as dermatitis) is a dry skin condition. It is a highly individual condition which varies from person to person and comes in many different forms. It is not contagious so you cannot catch it from someone else.

In mild cases of eczema, the skin is dry, scaly, red and itchy. In more severe cases there may be weeping, crusting and bleeding. Constant scratching causes the skin to split and bleed and also leaves it open to infection. In severe cases, it may be helpful and reassuring for all concerned if a Care Plan is completed.

Eczema affects people of all ages but is primarily seen in children. In the UK, one in five children have eczema.

Atopic eczema is the most common form. We still do not know exactly why atopic eczema develops in some people. Research shows a combination of factors play a part including genetics (hereditary) and the environment. Atopic eczema can flare up and then calm down for a time, but the skin tends to remain dry and itchy between flare ups. The skin is dry and reddened and may be very itchy, scaly and cracked. The itchiness of eczema can be unbearable, leading to sleep loss, frustration, poor concentration, stress and depression.

There is currently no cure for eczema but maintaining a good skin care routine and learning what triggers a pupil's eczema can help maintain the condition successfully, although there will be times when the trigger is not clear. Keeping skin moisturised using emollients (medical moisturisers) is key to managing all types of eczema with topical steroids commonly used to bring flare ups under control.

Common problems:

- Dealing with allergies and irritants e.g. pets, dust, pollen, certain soaps and washing powders;
- Food allergies can create problems with lunches and the cook having to monitor carefully what the child eats;
- Needing to use a special cleaner rather than the school/setting soap, they may also need to use cotton towels as paper towels can cause a problem;
- Changes in temperature can exacerbate the condition, getting too hot (sitting by a sunny window) or too cold (during PE in the playground);
- Wearing woolly jumpers, school uniforms (especially if it is not cotton) and football kits can all exacerbate eczema;
- Applying creams, a need for extra time and privacy;
- Needing to wear bandages or cotton gloves to protect their skin;
- If the eczema cracks they may not be able to hold a pen;
- Eczema may become so bad that the child is in pain or is absent, due to lack of sleep, pain or hospital visits;
- Sleep problems are very common. A nice warm cosy bed can lead to itching and therefore lack of sleep;
- Grumpiness and lack of concentration can result due to tiredness.

#### Appendix 4: Medication and procedures

School/setting staff may be asked to perform the task of giving medication to children but they may not, however, be directed to do so. The administering of medicines in schools/settings is entirely voluntary and not a contractual duty unless expressly stipulated within an individual's job description. In practice, many school/setting staff do volunteer. If a decision is made that medication is not going to be given, the school/setting will need to consider what other measures are to be taken when children have long term health conditions or otherwise need medication. These measures must not discriminate and must promote the good health of children. Policies must be made clear to parents. Further advice can be sought from your Trade Union or Professional Association.

The Early Years Foundation Framework stipulates that:

*Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).*

This is also advised for schools.

#### Analgesics (Painkillers)

Written permission must be given before any medication, prescription or non-prescription, is given. Once written permission has been given for a specific medication, it does not have to be provided on each occasion administered. Early years providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable. This is also good practice for schools.

For children who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school/setting. It is recommended that schools/settings do not keep stock supplies of analgesics e.g. paracetamol, for potential administration to any child. However there are rare circumstances when an individual school/setting feels it is absolutely necessary to keep stock supplies. In this case a clear policy must be in place detailing under what circumstances the analgesic will be given and a risk assessment linked to its storage completed. Parent/carer consent must be in place. More information is available from the school nurse/health visitor.

Children under 16 should never be given medicines (including teething gels) containing aspirin or ibuprofen unless prescribed by a doctor.

## Antibiotics

Parent/carers should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school/setting hours wherever possible.

Most antibiotic medication will not need to be administered during school/setting hours. Twice daily doses should be given in the morning before school/setting and in the evening. Three times a day doses can normally be given in the morning before school/setting, immediately after (provided this is possible) and at bedtime. It should normally only be necessary to give antibiotics in school/setting if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent/carers must complete the consent form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school/setting in the morning and taken home again at the end of each day by the parent/carer. (Older pupils may bring in and take home their own antibiotics if considered appropriate by the parent/carer and teachers.)

Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent/carer.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing and be in their original container.

In the school/setting, the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so, this will be stated on the label. Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent/carer.

The appropriate records must be made. If the pupil does not receive a dose, for whatever reason, the parent/carer must be informed that day.

## Emergency Medication

Separate guidelines are in place for emergency medication (see below links). Anyone caring for children including teachers, other school and day care staff in charge of children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicines and/or taking action in an emergency. New or temporary staff must be made aware of any pupil with specific medical needs. In general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. This type of medication must be readily accessible in a known location, because in an emergency, time is of the essence.

The emergency medication which might be used includes:-

- Buccal Midazolam
- Rectal Diazepam
- Adrenaline (Epipen/Anapen)
- Glucose (dextrose tablets or Hypostop)
- Inhalers for asthma

Training will be given by South Warwickshire Foundation Trust nurses or appropriate specialist nurses to all staff for emergency situations including the school/setting staff who have volunteered to administer emergency medication.

## Buccal Midazolam

### **Guidelines for the Administration of Buccal Midazolam. Buccal Midazolam is a treatment for convulsions, and it is administered orally**

Buccal Midazolam can only be administered by a member of the staff who has volunteered and has been designated as appropriate by the head teacher/provider and who has been assessed as competent by the named school nurse. Training of designated staff will be provided by an appropriate medical professional and a record of the training undertaken will be kept by the head teacher/provider. Training will be updated at least once annually.

The prescription and consent form should reflect the specific requirements of each case and advice should be sought from specialist nurses/Consultant/GP.

1. Buccal Midazolam can only be administered in accordance with an up-to-date written prescription sheet from a medical practitioner and the signed consent form. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the child's records.
2. The prescription sheet and Care Plan should be renewed yearly. The school nurse/health visitor will check with the parent/carer that the dose remains the same.
3. The consent form, prescription sheet and Care Plan must be available each time the Buccal Midazolam is administered; if practical it should be kept with the Buccal Midazolam.
4. Buccal Midazolam can only be administered by designated staff who have received training from an appropriate medical professional . A list of appropriately trained staff will be kept.
5. The consent form, prescription sheet and Care Plan must always be checked before the Buccal Midazolam is administered.
6. It is recommended that the administration is witnessed by a second adult.
7. The child should not be left alone until fully conscious.
8. The amount of Buccal Midazolam that is administered must be recorded on the child's Buccal Midazolam record card. The record card must be signed with a full signature of the person who has administered the Buccal Midazolam, dated and parents/carers informed if the dose has been given in an emergency situation.
9. Each dose of Buccal Midazolam must be labelled with the individual child's name and stored in a locked cupboard, yet readily available. The keys should be readily available to all designated staff.
10. School/setting staff must check expiry dates of Buccal Midazolam each term. In Special Schools the school nurse / doctor may carry out this responsibility.

It should be replaced by the parent/carer at the request of school/setting or health staff.

11. All staff who are designated to administer Buccal Midazolam should have access to a list of children who may require emergency Buccal Midazolam. The list should be updated at least yearly, and amended at other times as necessary.

## Epipen/Anapen

### **Guidelines for the Administration of Epipen/Anapen by Staff**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours.

An Epipen/Anapen can only be administered by staff who have volunteered and have been designated as appropriate by the head teacher/setting lead or manager and who has been trained by the appropriate health professional. Training of designated staff will be provided by the appropriate health professional and a record of training undertaken will be kept by the head teacher/setting lead or manager. Training will be updated at least once a year.

An Epipen/Anapen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen/Anapen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one device used correctly in accordance with the care plan. The Epipen/Anapen should only be used for the person for whom it is prescribed.

1. Where an Epipen/Anapen may be required there should be an individual care plan and consent form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent/carer, school/setting staff and doctor/nurse.
2. The Epipen/Anapen should be readily accessible for use in an emergency and where pupils are of an appropriate age the Epipen/Anapen can be carried on their person. It should be stored at room temperature, protected from heat and light and be kept in the original named box
3. It is the parent's responsibility to ensure that the Epipen/Anapen is in date. Schools have a statutory duty to keep children safe. As such, they may put systems in place whereby expiry dates and discolouration of contents are checked termly. Parents are ultimately responsible for replacing medication as necessary.
4. The use of the Epipen/Anapen must be recorded on the pupil's care plan, with time, date and full signature of the person who administered the Epipen/Anapen.
5. Immediately after the Epipen/Anapen is administered, a 999 ambulance call must be made and then parent's notified. If two adults are present, the 999 call should be made at the same time of administering the Epipen/Anapen. The used Epipen/Anapen must be given to the ambulance personnel.
6. It is the parent/carer's responsibility to renew the Epipen/Anapen before the child returns to school.
7. The Epipen/Anapen must be taken if the child leaves the school site. The child must be accompanied by an adult, who has been trained to administer the Epipen/Anapen.

## Rectal Diazepam

### **Guidelines for the Administration of Rectal Diazepam. Rectal Diazepam is a treatment for convulsions, and it is administered via the rectum.**

The prescription and consent form should reflect the specific requirements of each case and advice should be sought from specialist nurses/Consultant/GP.

Rectal Diazepam can only be administered by a member of the school/setting staff who has volunteered and has been designated as appropriate by the head teacher/setting lead or manager and who has been assessed as competent by the named school nurse. The school nurse/appropriate health professional will provide training of designated staff and the head teacher/setting lead or manager will keep a record of the training undertaken. Training will be updated at least once a year.

See local guidance on [Developing Personal Care in Schools, Nov 2016 \(PDF\)](#).

1. Rectal Diazepam can only be administered in accordance with an up-to-date written prescription sheet from a Medical Practitioner and the signed Consent Form. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the pupil's records.
2. The prescription sheet should be renewed yearly. The school nurse/health visitor will check with the parent/carer that the dose remains the same.
3. The Consent Form and prescription sheet and Care Plan must be available each time the Rectal Diazepam is administered; if practical it should be kept with the Rectal Diazepam.
4. Only designated staff who have received training from an appropriate medical profession can administer Rectal Diazepam. A list of appropriately trained staff will be kept.
5. The Consent Form, the prescription sheet and Care Plan must always be checked before the Rectal Diazepam is administered.
6. It is recommended that the administration be witnessed by a second adult.
7. The child should not be left alone until fully conscious.
8. Consideration should be given to the pupil's privacy and dignity.
9. The amount of Rectal Diazepam that is administered must be recorded on the pupil's Rectal Diazepam Record Card. The record card must be signed with a full signature of the person who has administered the Rectal Diazepam, dated and parents/carers informed if the dose has been given in an emergency situation.
10. Each dose of Rectal Diazepam must be labelled with the individual child's name and stored in a locked cupboard. The keys should be readily available to all designated staff.
11. Staff must check expiry dates of Rectal Diazepam each term. In special schools the school nurse / doctor may carry out this responsibility. The parent/carer should replace medication when requested by school/setting or health staff.
12. All staff who are designated to administer Rectal Diazepam should have access to a list of pupils who may require emergency Rectal Diazepam. The

list should be updated at least yearly, and amended at other times as necessary.

## Appendix 5

### Sun safety

Guidelines from the National Institute for Clinical Excellence (NICE) 2016 state in their recommendations for children and young people that;

*Between March and October in the UK, children and young people need their skin protecting. They should cover up with suitable clothing, be encouraged to spend time in the shade (particularly between 11am and 3pm) and wear sunscreen.*

The Guidelines go on to recommend;

*Managers and staff in early years, education and leisure environments could develop a policy on how to protect children and young people's skin when they are outside for more than a brief period in strong sunlight. This includes those working in preschool settings, primary and secondary schools.*

A comprehensive policy would:

- *Encourage children and young people to cover up with suitable clothing (including a wide-brimmed hat), to spend time in the shade and to wear sunscreen to protect themselves when the sun is strong.*
- *Encourage parents and carers to provide children and young people with suitable clothing, as well as sunscreen. Make it clear that spending time in the shade and wearing suitable clothing are as important as using sunscreen.*
- *Be consistent with child protection and safeguarding policies, for example, by specifying who should help children and young people cover up with suitable clothing or apply sunscreen, and when.*
- *Outline the need to take children and young people's individual characteristics, for example, their skin type, into account. A range of charts are available, such as those produced by [Cancer Research UK](#) or and the [British Association of Dermatologists](#).*
- *Raise awareness of the risks and benefits of sunlight exposure among children and young people, their parents and carers. For example, by making it clear that children and young people should never be allowed to burn and should be made aware of how important it is to protect their skin.*
- *Provide children and young people, their parents and carers with timely information (for example, during the spring and summer holiday season) on the risks and benefits of sunlight exposure in play and leisure environments.*

It is also suggested that sun safety is addressed within the curriculum. The following links and websites will support with these recommendations.

The Health and Safety Executive (HSE) says that legislation does not prevent school staff from applying or helping pupils apply sunscreen. It adds that the Department for Education (DfE) has made it clear that schools are expected to take a sensible approach to this issue.







### Consent Form to Administer Medicines

The school/early years setting staff will not give any medication unless this form is completed and signed.

Dear Head teacher/setting lead or manager

I request and authorise that my child \*be given/gives himself/herself the following medication:  
(\*delete as appropriate)

Name of child		Date of Birth	
Address			
Daytime Tel no(s)			
School/setting			
Class (where applicable)			
Name of Medicine:			
Special precautions e.g. take after eating			
Are there any side effects that the school/setting needs to know about?			
Time of Dose		Dose	
Start Date		Finish Date	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification.

Name of medical professional:	
Contact telephone number:	

I confirm that:

- It is necessary to give this medication during the school/setting day
- I agree to collect it at the end of the **day/week/half term** (delete as appropriate)
- This medicine has been given without adverse effect in the past.
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.

Signed (parent/carer)	
Date	