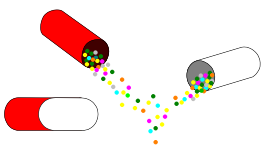
DERBY CITY COUNCIL

ADMINISTRATION OF MEDICINES IN SCHOOLS

DERBY CITY LEA GUIDELINES AND CODES OF PRACTICE

These Guidelines and Codes of Practice are recommended by Derby City LEA for adoption by Governing Bodies



This page should be used to insert the names of useful contacts, e.g. School Health Service, LEA Contact, etc.

Name	Address

CONTENTS

Contacts and Addresses (see opposite)

1. INTRODUCTION

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

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

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

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

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

The following paragraph outlines the Council's position on indemnifying its staff. Schools not within the control of the LEA should clarify their own position regarding indemnifying their staff.

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

This document has been prepared as a result of considerable consultation with health professionals from North and South Derbyshire, West Pennine and Tameside, along with teacher associations, teaching unions and all recognised trade unions associated with education. It supersedes all previous guidance issued by the LEA, including the guidance on administration of medicine contained within the "Control of Communicable Diseases for Schools and Day Nurseries" document.

2. SCHOOL PROSPECTUS - INFORMATION TO PARENTS/GUARDIANS

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

i) suffering from chronic illness or allergy; or

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

Headteachers are advised not to allow children to bring medication into school except as covered by the guidelines in this document and the relevant codes of practice.

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

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

i) be aware that a three-times-daily dosage can usually be spaced evenly throughout the day and does not necessarily have to be taken at lunchtime; and

ii) ask the family doctor if it is possible to adjust the medication to avoid school-time doses.

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

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

Young people may consult the doctor and receive medication without the parents'/guardians' permission/knowledge when the doctor considers they have sufficient age and understanding. There is no fixed age for this (often it is over 16); in this case the school may have to deal directly with the pupil.

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

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

3. PROCEDURE FOR ADMINISTRATION OF MEDICINES IN SCHOOLS

(See Flow Chart - Appendix 3)

The following procedures are recommended as examples of best practice:

3.1 ***WRITTEN INSTRUCTIONS***

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

A form (Appendix 1) should be made readily available to parents.
Each time there is a variation in the pattern of dosage, a new form should be completed.

3.2 ***LABELLING OF MEDICINES***

On the few occasions when medicines have to be brought into schools, the original duplicate container, complete with the original dispensing label, should be used. Normally one day's dosage should be brought to school each day. Exceptionally, where this procedure cannot be followed, then specific arrangements must be drawn up and documented. If necessary, parents/guardians will need to ask the dispensing chemist to provide a suitable container appropriately labelled for taking a daily dose of medicine to school.

The label should clearly state:

i) Name of pupil

ii) Date of dispensing

iii) Dose and dose frequency *(This may read "as directed" or "as before" if this is what is on the prescription. In this case, the form Appendix 1 must give clear instructions).*

iv) Cautionary advice/special storage instructions

v) Name of medicine

vi) Expiry date - where applicable.

The information on the label should be checked to ensure it is the same as on the parental consent form "Appendix 1". Where the information on the label is unclear such as "as directed" or "as before", then it is vital that clear instructions are given on the parental consent form "Appendix 1". If the matter is still not clear, then the medicine should not be administered and the parents should be asked to clarify the problem.

3.3 ***STORAGE***

Medication must at all times be stored in containers as indicated in 3.2 above, even when kept by pupils themselves. (This will assist the school in addressing any problems with substance abuse.)

Medicines should be kept safely and be accessible when required. The headteacher is responsible for ensuring that, when medicines are admitted to

school premises, a system of safe keeping is in place which limits open access by pupils to medicines.

Certain medicines require special storage, e.g. pharmaceutical requirements to be stored away from light or within certain ranges of temperature etc.

Such requirements must be clearly identified in writing to the school on the label and on the form at Appendix 1.

3.4 *ADMINISTRATION OF MEDICINES*

There are three general situations which apply to the Administration of Medicines in schools, these are as follows:

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

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

3.4.2 *The Pupil-Self Administers the Medication but someone Supervises the Pupil*

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

i) access to the medication at appropriate times. Where schools supervise self-administration, appropriate measures should be taken to ensure the medicine is appropriately stored to prevent any unsupervised self-administration of the medicine, as per the guidance on storage.

ii) the medication belongs to the named pupil and it is within the expiry date;

iii) a record is kept in the appropriate form “Appendix 2” noting that session was supervised but clearly indicating that medication was self-administered by pupil.

3.4.3 *A Named and Trained Volunteer at the School Administers the Medicine*

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

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

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

All staff who participate in administering medication must receive appropriate information and training for specified treatments in accordance with the code of

practice. In most instances, this will not involve more than would be expected of a parent or adult who gives medicine to a child. Training should be arranged through the School Health Service, who will liaise as appropriate with those doctors responsible for the management and prescription of treatment, particularly in complex cases.

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

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

Each and every person who administers medication must:

i) receive a copy of these guidelines and code of practice;

ii) read the written instructions/parental consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication;

iii) confirm the dosage/frequency on each occasion, and consult the medicine record form (Appendix 2) to ensure there will be no double-dosing;

iv) be aware of symptoms which may require emergency action, e.g. those listed on an individual treatment plan where one exists;

v) know the emergency action plan and ways of summoning help/assistance from the emergency services;

vi) check that the medication belongs to the named pupil and is within the expiry date;

vii) record on the medication record form "Appendix 2" all administration of medicines as soon as they are given to each individual; this should be checked by a second adult.

viii) understand and take appropriate hygiene precautions to minimise the risk of cross- contamination;

ix) ensure that all medicines are returned for safe storage;

x) ensure that they have received appropriate training/information. Where this training has not been given, the employee must not undertake administration of medicine and must ensure the headteacher is aware of this lack of training/information.

4. INDIVIDUAL TREATMENT PLANS

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

In some circumstances school nurses may have a specific responsibility for an individual child's medical management in school. Appropriate information and training is available from the School Health Service to support school staff.

5. EDUCATIONAL VISITS

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

6. SPECIAL SCHOOLS, ENHANCED RESOURCE SCHOOLS AND PUPIL REFERRAL UNITS

The principles contained in these guidelines and code of practice apply equally in special and enhanced resource schools and pupil referral units. Any specialised or complex procedures will be addressed in individual treatment plans for pupils.

7. RESIDENTIAL SCHOOLS

The Social Services Medicine Code produced in conjunction with Southern Derbyshire Health Authority may be suitably adapted to meet the needs of Special Residential Schools. If School Health Nurses are based in Special Residential Schools, they will provide medical support. Schools may have an existing medicines policy which should be reviewed in light of this guidance.

8. EMPLOYEE MEDICINES

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

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

9. EMERGENCY AID

Where children have conditions which may require rapid intervention, parents must notify the headteacher of the condition, symptoms and appropriate action following onset. The headteacher may wish to discuss this with the School Health Service.

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

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

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

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

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

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

10. UNUSUAL OCCURRENCES, SERIOUS ILLNESS OR INJURY

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

It is vital to have not only the pupils' home telephone numbers, but parents'/guardians' daytime numbers and other emergency numbers such as those of relatives, in order to make contact.

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

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

11. NOTIFIABLE DISEASES

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

12. DISPOSAL OF MEDICINES

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

12.2 Medicines which have passed the expiry date should be returned to parents/guardians for disposal. Parents should be advised that the medicines are out of date and should be asked to collect them. Parents should also be advised

that out-of-date medicines can be returned to the pharmacy for safe disposal. Out-of-date medicines should not be sent home with pupils.

12.3 Provision for safe disposal of used needles will require appropriate special measures, e.g. a “sharps box”, to avoid the possibility of injury to others. This “sharps box” must be kept secure with no access for pupils or unauthorised persons. This should be disposed of in a safe way using a specialist licensed contractor. The Environmental Health Officer should be able to advise on the collection and disposal of clinical waste.

Environmental Health, Celtic House - ☎ 01332 716264.

13. CODES OF PRACTICE

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

Each individual code is set out in a similar format.

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

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

a) detailed guidance and sources of further information, and

b) at-a-glance “what to do” in an emergency guides where appropriate.

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

CODE OF PRACTICE

FORMAT

1. Types of Treatment

2. Written Instructions

3. Labelling

4. Storage and Access

5. Administration of Medicines

6. Overdose/Misuse

7. Further Information

8. “What To Do” Guide where appropriate

CODE OF PRACTICE

ASTHMA

1. Types of Treatment

2. Written Instructions

3. Labelling

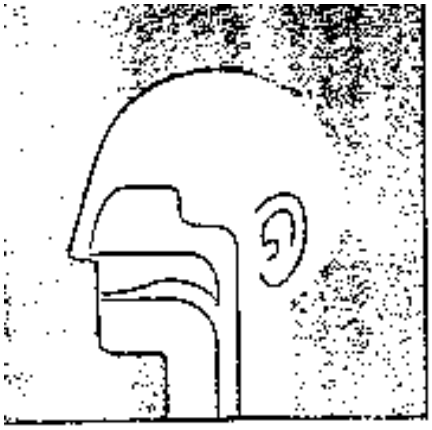
4. Storage and Access

5. Administration of Medicines

6. Overdose/Misuse

7. Further Information

8. “What To Do” Guide



CODE OF PRACTICE

ASTHMA

1. TYPES OF TREATMENT

1.1 There are two types of treatment for asthma:

1. "***Relievers"***
   Treatments which give **immediate relief,** called bronchiodilators since they open up narrowed air passages.

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

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

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

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

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

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

2. WRITTEN INSTRUCTIONS

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

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

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

3. LABELLING

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

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

4. STORAGE AND ACCESS

4.1 Asthmatic children must have immediate access to "reliever" inhalers at all times.

4.2 It is not necessary to lock the inhalers away for safety reasons. Where possible, children of junior school age and above should carry their own inhalers.

4.3 Younger children should be encouraged to do so. However, some parents, after consultation with the headteacher, may request that inhalers are kept with the supervising teacher for safe-keeping and ease of access.

4.4 Inhalers should be taken to swimming lessons, sports, cross-country, team games, etc and on educational visits and used accordingly.

5. ADMINISTRATION OF MEDICINES

5.1 Self-administration is the usual practice. Staff need to be aware of possible over-use of inhalers and the headteacher should inform parents/guardians as appropriate.

5.2 In circumstances where staff assist a pupil to use an inhaler, the individual treatment plan, where one exists, should be followed. A record should be made in the School Medicine Record Form - Appendix 2.

5.3 Staff involved in helping a child during an attack should:

- stay calm
- do things quietly and efficiently
- speak reassuringly and listen carefully
- ensure access to "reliever" inhaler
- be aware of any specific relaxation techniques which may assist.

6. OVERDOSE/MISUSE

6.1 No significant danger to health results from occasional overdose/misuse of inhalers. Staff, however, should be vigilant for inhaler abuse as there is evidence nationally that children are selling use of their inhalers to friends in the mistaken belief that it will induce some sort of high.

6.2 "INTAL" capsules are not harmful if swallowed.

Other capsules, e.g. "VENTOLIN" will have no side effects UNLESS MORE THAN 10 ARE SWALLOWED.

6.3 In all suspected cases, note the School Medicine Record and note the action taken to seek medical advice and advise parents.

7. FURTHER INFORMATION

7.1 Schools should have a copy of the National Asthma Campaign Pack issued in 1993/94. Further copies can be obtained from:

The National Asthma Campaign
Providence House
Providence Place
London N1 ONT

This organisation is funded by voluntary donations.

7.2 Further advice and guidance can be obtained from:

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

THE ASTHMA ATTACK - WHAT TO DO

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

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

1. **Keep calm.** It's treatable.

2. **Let the pupil sit down** in the position they find most comfortable. Do not make them lie down.

3. **Let the pupil take their usual reliever treatment -** normally a blue inhaler. If the pupil has forgotten their inhaler, and you do not have prior permission to use another inhaler:

    - Call the parents/guardians
    - Failing that, call the family doctor
    - Check the attack is not severe - see below

4. **Wait 5-10 minutes.**

5. **If the symptoms disappear,** the pupil can go back to what they were doing.

6. **If the symptoms have improved,** but not completely disappeared, call the parents and give another dose of inhaler while waiting for them.

7. If the normal medication has had **no effect,** see severe asthma attack below.

WHAT IS A SEVERE ASTHMA ATTACK?

Any of these signs mean severe:

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

HOW TO DEAL WITH A SEVERE ATTACK

Either follow your school protocol or:

1. **Call an ambulance or the family doctor** if they are likely to come immediately.

2. Get someone to **inform the parents.**

3. **Keep trying with the usual reliever inhaler every 5/10 minutes** and don't worry about the possibility of overdosing.

    If the pupil has an emergency supply of oral steroids (prednisolone, prednesol), give them the stated dose in accordance with the parental consent form and individual treatment plan (if one exists).

CODE OF PRACTICE

ANAPHYLAXIS (Allergy Shock Syndrome)

1. Types of Treatment

2. Written Instructions

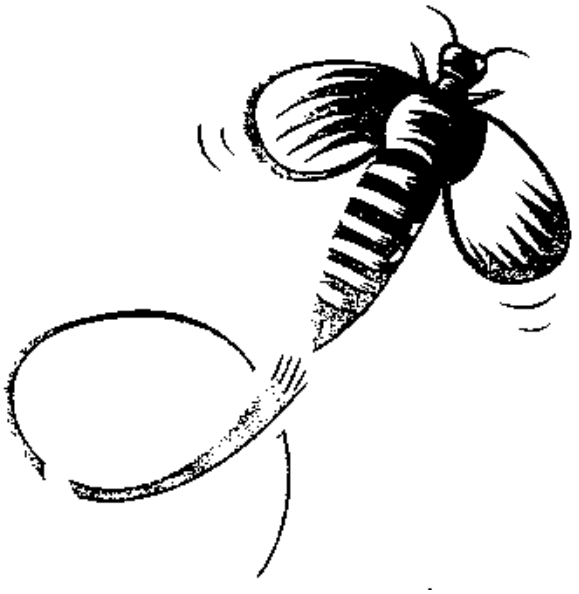
3. Labelling

4. Storage and Access

5. Administration of Medicines

6. Overdose/Misuse

7. Further Information



CODE OF PRACTICE

ANAPHYLAXIS
(ALLERGY SHOCK SYNDROME)

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

1. TYPES OF TREATMENT

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

1.1 An **anti-histamine** may be prescribed according to the severity of the reaction.

1.2 Use of an **adrenaline inhaler** may be prescribed if respiratory symptoms appear.

1.3 An **adrenalin** injection "should be immediately administered" as a life-threatening situation develops quickly.

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

2. WRITTEN INSTRUCTIONS (INDIVIDUAL TREATMENT PLANS)

2.1 An Individual Treatment Plan must be drawn up by the Consultant Paediatrician or the General Practitioner.

2.2 In addition to the written instructions, a form of indemnity must be signed by the parents which would indemnify staff in respect of their agreeing to undertake the task of administering an adrenalin injection where an acute allergic condition is known. (Copy attached.)

2.3 The parent/guardian must agree in writing to be responsible for ensuring that the school is kept supplied with injections which are "in date".

2.4 The parent/guardian is responsible for providing the school with names and telephone numbers of persons who can be contacted in a matter of emergency.

2.5 The headteacher, through the employer, must ensure appropriate training is given to staff. The School Health Service, following consultation with the prescribing paediatrician, is responsible for arranging the appropriate information and training for a minimum of two responsible persons who have volunteered to administer adrenalin. It may be necessary for the headteacher to arrange for the teachers and other staff in the school to be briefed about a pupil's condition and about the arrangements contained in the written instructions. If there are no volunteers to administer the medication, then an ambulance must be called should a child suffer a reaction.

2.6 The instructions may include detailed arrangements for meals and that steps are taken to ensure that the pupil does not eat any food other than items prepared/approved by the parents/guardians as far as is reasonably practicable.

2.7 Appropriate arrangements must be agreed with parents/guardians for provision and safe handling of medication during educational visits away from the school.

2.8 For each child the symptoms which indicate the onset of an acute allergic reaction may be different. It is the parents'/guardians' responsibility to ensure, in conjunction with the GP, that the list of symptoms which indicate onset are notified to the school within the written instructions.

2.9 In the event of the child showing any of the physical symptoms, staff are instructed to follow the agreed emergency procedure.

2.10 The instruction must clearly indicate the stage at which various medications must be administered and the order of priority in contacting parents/doctor/guardians.

2.11 If adrenalin is administered, then the emergency services/hospital must be informed of the dose administered.

3. LABELLING

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

4. STORAGE AND ACCESS

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

4.2 The location and access to a second syringe which may be provided as a reserve should be clearly known to the responsible persons.

5. ADMINISTRATION OF MEDICINES

5.1 The syringe carries a small needle which only needs to be placed against an area of fatty tissue before the plunger is depressed, e.g. side of the thigh. If a second injection is administered, it must be in different site on the thigh.

5.2 Although the administration of injections is considered to be a matter for medical staff, the advice is that this process can be carried out with confidence after appropriate training. Training would be provided by the School Health Service and legal liability assured by the LEA.

6. OVERDOSE/MISUSE

6.1 The adrenalin must only be used for the "named" pupil/child.

6.2 Any injection held in reserve must not be administered to another child - even if symptoms similar to an acute reaction are presented.

6.3 An acute reaction not previously known must only be dealt with as a medical emergency and no medication administered.

7. FURTHER INFORMATION

7.1 Further advice and guidance can be obtained from:

(i) The Local School Health Service, Wilderslowe, 121-123 Osmaston Road, Derby, DE1 2GA, ☎ 01332 363371, ext 231.

(ii) The author of the Individual Treatment Plan.

DERBY CITY COUNCIL

FORM OF INDEMNITY

In consideration of staff at School agreeing to administer an injection of adrenalin to (name of child) in the event of the said (child) suffering from an anaphylactic reaction whilst at School, we, the parent(s)/guardian(s) of the said (child), hereby indemnify the Derby City Council, its servants or employees against all proceedings, costs, liabilities and damages incurred as a result of any injury or damage caused to the said (child) by the administration of an injection of adrenalin, provided always that this indemnity shall not include injury resulting from or caused by or materially attributable to the negligence of the Derby City Council, its servants or employees or the failure of the Derby City Council to perform their common law or statutory duties and liabilities.

Dated this day of 200

Signed.....

Parent(s)/Guardian(s)

CODE OF PRACTICE

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

1. Types of Treatment

2. Written Instructions

3. Labelling

4. Storage and Access

5. Administration of Medicines

6. Overdose/Misuse

7. Further Information

CODE OF PRACTICE

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

Epilepsy is a tendency to have recurrent seizures and there are many different types of seizure. One isolated seizure is not epilepsy.

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

1. TYPES OF TREATMENT

1.1 Administration of **prescribed dosage of diazepam** rectally.

1.2 Use of **prescribed anti-convulsants** where further fits are "anticipated".

1.3 Intravenous injection of diazepam **administered by a doctor.**

1.4 Treat the onset of symptoms as a medical emergency and summon the named doctor/ambulance services.

2. WRITTEN INSTRUCTIONS

2.1 There must be an individual treatment plan for each child approved specifically by the Prescribing Paediatrician, the child's parents/guardian and the school staff who will be administering the medication. The instructions must be reviewed at least annually.

2.2 The instructions must be in the approved form and signed by the parents/guardian and consultant. (Appendix 1 to this Code of Practice.)

2.3 In the event that there are no volunteers, alternative emergency 999 procedures will operate. Details of where contact can be made with parents/guardians or child's doctor must be made available to the school.

2.4 Parents/guardians are asked to inform the school of seizures occurring out of school hours so that an accurate record is available at the school in the event of an emergency.

3. LABELLING

3.1 Diazepam should be stored in original containers and must **always** indicate the child's name, dosage, date of issue and expiry date.

3.2 It is the parents'/guardians' responsibility to ensure that the medication is correctly labelled in consultation with the dispensing chemist.

4. STORAGE AND ACCESS

4.1 Appropriate amounts only must be kept in secure storage.

4.2 Access to the prescribed medication must only be available to the named volunteers who have been appropriately trained.

4.3 Any movement in and out of storage must be signed for in the Drugs Record Book.

4.4 Arrangements must be agreed with the parents/guardians to cater for trips off school premises.

5. ADMINISTRATION

5.1 Only in accordance with **specific** instructions and protocols received from the paediatrician.

5.2 Ideally, a minimum of two volunteer members of staff should be trained so cover can be provided should one be away. During the administration, a second person should be present to provide witness support to the person administering the medication. The training must:

5.2.1 include aspects of storage of the drug and completion of records;

5.2.2 be updated annually;

5.2.3 eradicate all "as and when" decisions, and each case must include clear protocols for the timing of events in sequence.

5.3 Details of all training must be kept in a file specifically for the purpose.

5.4 Maximum privacy should be ensured during the administration of rectal valium and where appropriate the views of the pupil regarding the use of rectal valium in schools should be sought.

5.5 The time, date and duration of seizures (or the onset of symptoms) must be logged with details of action taken. The time lapse between calling for and arrival of an ambulance will be noted.

5.6 Any staff and prescription changes indicate a need for a review of the instructions and procedures for administering the medication.

6. OVERDOSE/MISUSE

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

7. FURTHER INFORMATION

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

Appendix 1

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

INSTRUCTIONS FOR THE ADMINISTRATION OF RECTAL VALIUM

Name of Child: _____

Date of Birth: _____

School Attended: _____

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

Name of Consultant Paediatrician: _____

Signature of Consultant: _____

Date: _____

CODE OF PRACTICE

DIABETES IN SCHOOLS

1. Types of Treatment

2. Written Instructions

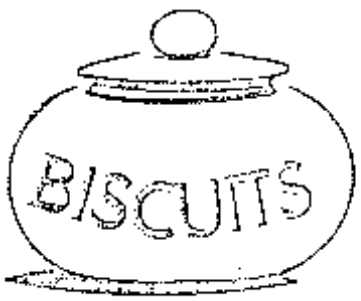
3. Labelling

4. Storage and Access

5. Administration of Medicines

6. Overdose/Misuse

7. Further Information



CODE OF PRACTICE

DIABETES IN SCHOOLS

The commonest problem encountered is **Hypoglycaemia (Hypo's)** when the blood sugar level goes too low. Hypoglycaemia (Hypo's) come on in minutes, untreated the child may go unconscious in minutes.

The child may recognise the symptoms him/herself which include: feeling faint, unsteadiness, sweating, pallor, argumentative, irrational and aggressive behaviour.

Much more rare is the problem of **Hyperglycaemia (Hyper's)** which can lead on to diabetic coma. This develops slowly over two or more hours. Symptoms include drowsiness, thirst and vomiting.

1. TYPES OF TREATMENT

1.1 For **Hypoglycaemia** give one glass of Lucozade or other glucose drink **(NB: not diet varieties)** or three glucose tablets to chew. After emergency treatment, give a snack (two to four biscuits, plus a glass of milk, orange juice etc).

1.2 For **Hyperglycaemia** call parents or guardian immediately: if they are not available call emergency services.

1.3 If in doubt whether **Hypoglycaemia or Hyperglycaemia,** give one glass of Lucozade or other glucose drink and contact parents or guardians immediately. If they are not available, contact emergency services.

2. WRITTEN INSTRUCTIONS

2.1 Hypoglycaemia may occur during or after exercise; children should be advised to take an extra snack before PE or games. They will also need to have snacks mid-morning and mid-afternoon on a regular basis. The written instructions should include this and allowances should be made for them to do this at a time of their choosing.

2.2 The written instructions should also include the fact that if a child says he/she needs to eat because they are feeling *Hypo*, then the child needs to be allowed to do so immediately.

2.3 The timing of lunch is often fairly critical as unaccustomed delay in eating lunch may precipitate a *Hypo*. This should be included in written instructions.

2.4 The written instructions will need to be discussed and drawn up between the parent and the GP and the practicalities discussed with the school to finalise them. Where health authorities have a diabetic liaison nurse, they can be involved in any consultations.

3. LABELLING

Supplies of Lucozade or other glucose drink should be appropriately labelled with the name of the pupil to prevent them being used by other people.

4. STORAGE AND ACCESS

Emergency supplies of Lucozade or other glucose drink should be kept in the classroom and staffroom. Care should be taken to ensure that they are "in date" and are stored in such a way that they can be readily accessed if required. These supplies must not be used for any other purpose than dealing with a diabetic condition.

5. ADMINISTRATION OF MEDICINE

Self-administration is normal. If a child is unconscious, do not try to administer fluids/tablets by mouth, call and wait for the emergency services to arrive.

6. OVERDOSE/MISUSE

Supplies of Lucozade or other glucose drink/glucose tablets should not be used for refreshment/other purpose and must be available for emergencies.

7. FURTHER INFORMATION

Further advice and guidance can be obtained from

(i) The School Health Service
Child Health Service
Wilderslowe
121-123 Osmaston Road
Derby DE1 2GA

☎ 01332 363371 ext 231

(ii) Local Diabetic Liaison Service where available

National Office:

British Diabetic Association
10 Queen Ann Street
London W1

☎ 0171 3231531

Local support group:

Diabetes Resource Centre
Derbyshire Royal Infirmary
London Road
Derby

Advice Line 01332 254610

CODE OF PRACTICE

CONTINENCE MANAGEMENT
THE USE OF CLEAN INTERMITTENT CATHETERISATION (CIBC)

Introduction

1. Types of Treatment

2. Written Instructions

3. Labelling

4. Storage and Access

5. Administration Procedure

6. Further Information

CODE OF PRACTICE

CONTINENCE MANAGEMENT
THE USE OF CLEAN INTERMITTENT CATHETERISATON (CIBC)

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

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

1. Full assessment by a continence adviser.

2. A toileting regime designed to accommodate the demands of the school day.

3. A positive rewarding approach.

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

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

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

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

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

All children will require:-

1. Regular medical and nursing supervision

2. Private and accessible toilet facilities

3. Accessible cupboard to store equipment

4. Disposal facility for soiled pads and catheters

5. Assessment of welfare support needs

6. Independence training plan

7. Access to specialist counselling as and when required

1. TYPES OF TREATMENT

1.1 ***REGULAR TOILETING***

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

1.2 ***MEDICATION***

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

1.3 ***CATHETERISATION (CIBC)***

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

2. WRITTEN INSTRUCTIONS

2.1 There must be a written care plan on every child drawn up by a continence adviser/ community paediatric nurse in conjunction with the consultant paediatrician or surgeon. The care plan should be reviewed at least annually.

2.2 The instructions must be approved and signed by the parents/guardians and health professional responsible.

2.3 At least two persons should be trained to perform and supervise CIBC. Training could be available from the school health service or voluntary agency continence adviser (ASBAH Association for Spina Bifida and Hydrocephalus). Training should only be given by professionals.

2.4 Specific consideration needs to be made for education visits out of school to ensure pupils are not disadvantaged from lack of trained staff.

3. LABELLING

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

4. STORAGE AND ACCESS

4.1 All equipment should be stored in a cupboard easily accessible to child and carer during catheterisation.

4.2 Toilet facilities must be easily accessible to the children with the advice of continence adviser and occupational therapist and be of sufficient size to allow

procedures to take place easily but with sufficient privacy to preserve dignity and independence.

4.3 Facilities should be clean, secure, and private and, if not for sole use, be accessible as required.

4.4 Large schools need to consider the need for more than one facility to allow the child access to all facilities on site and access to the curriculum. Clearly this is essential for split-site schools.

5. ADMINISTRATION OF PROCEDURE

5.1 At least two suitably trained members of staff should be able to assist (perform) CIBC to cover sickness leave. Training should be provided by a nurse either through the School Health Service or voluntary agencies (e.g. ASBAH).

5.2 It is the role of the school to supervise and support rather than carry out procedures wherever possible to aid the independence of the child.

5.3 The child will require ongoing supervision. Skills may appear to have been lost during extended holidays, but increased levels of supervision early in the term to aid settling in should restore efficiency.

5.4 Staff inset training should be updated by School Health or ASBAH at regular intervals.

5.5 Staff will require additional training in lifting and handling for children with additional mobility problems.

6. FURTHER INFORMATION

USEFUL CONTACTS

South Derbyshire

Mavis Blockley
Special Needs Care Programme
(School Nursing)
Wilderslowe
121-123 Osmaston Road
Derby DE1 2GA
☎ 01332 363371 ext 231

ASBAH - Association for Spina Bifida and Hydrocephalus

National Address:-
ASBAH House
42 Park Road
Peterborough
Cambs PE21 2UQ
☎ 01733 555988

Local Address:-
New Masson House
56 Derby Road
Matlock Bath
Derbyshire DE4 3PY
☎ 01629 580297

Videos and a list of useful books are available on request.

Appendix 1

PARENTAL CONSENT
ADMINISTRATION OF MEDICINES IN SCHOOL

TO BE COMPLETED BY THE PARENT/GUARDIAN OF ANY CHILD REQUESTING THAT DRUGS ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF OR WHERE A CHILD IS BRINGING MEDICINE INTO SCHOOL WHICH THEY WILL SELF-ADMINISTER.

If you need help to complete this form, please contact the school.

Please complete in BLOCK CAPITALS

Name of Child _____ Date of Birth _____

Address _____ Class _____

_____

Doctor's Name _____

If more than one medicine is to be given, a separate form should be completed for each.

NON-PRESCRIBED MEDICINES / PRESCRIBED MEDICINES (Delete as applicable)

My child requires the following medicine to be given between the following dates

___ / ___ / ___ and ___ / ___ / ___ OR until further notice. (Delete as applicable)

1. Name of drug or medicine to be given._____
2. When? (e.g. lunchtime?)_____
3. How much? (e.g. half a teaspoon? 1 tablet? 2 drops?)_____
4. Route, e.g. by mouth or in each ear_____
5. Any special storage instructions?_____

PLEASE NOTE- The collection of a child's medicine at the end of the day is the responsibility of the parent / carer.

(Child's Name) _____

can administer his/her own medication*/requires supervision to administer his/her own medicine*/requires assistance in administering his/her medicine*.

_____

_____

I request that the treatment be given in accordance with the above information by a named member of the school staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out-of- school activities, as well as on the school premises.

I undertake to supply the school with the drugs and medicines in the original duplicate labelled containers, provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I can be contacted at the following address/telephone number during school hours:

Name_____ Name _____

Contact Address _____ Contact Address _____

_____ _____

_____ _____

Phone no;_____ Phone no;_____

Signed _____

Date _____

*Delete that which does not apply

THIS FORM SHOULD BE DISCARDED/DESTROYED WHEN THE MEDICATION IS COMPLETED OR CHANGED.

Appendix 2

SCHOOL MEDICINE RECORD

Both sides of form must be completed

Child's Name	
Class	
Name of Medicine	
How much to give (i.e. dose)	
When to be given	
Storage instructions	
Tel No of parent or adult contact	
Parent's signature obtained via parental consent form	Held / Out for authority (Delete as appropriate)

If more than one medicine is to be given,
a separate form should be completed for each

ADDITIONAL COMMENTS

SCHOOL STAFF NOTE – If a child requests a non-prescribed medicine, a phone call to a parent / carer is required prior to administering it.

Appendix 2

SCHOOL MEDICINE RECORD

Date					
Time given					
Staff Initials					

Date					
Time given					
Staff Initials					

Date					
Time given					
Staff Initials					

USE OF MEDICATION IN SCHOOL **Appendix 3**

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