The Meadows School

Management of Children with Medical Needs in Education Policy

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Amendment Register

Amendment Number	Date	Detail	Amended By	Approved By
0	July 2020	Initial Issue	S Adams	Headteacher
2	04/01/2021	Reformatted	H Dhingra	Headteacher
3	26/01/2021	Ratified by Governors	H Dhingra	Headteacher

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1. Rationale

This policy has been adopted and written in relation to The Management of Children with Medical Needs in education Policy at The Meadows School and should be read in conjunction with the Las Policies and Procedures and any DfE Policy, Statements and Guidelines.

This is the third revision of the Management of Children with Medical Needs in Schools Guidelines and is in line with a planned update of the document last revised in 2016. The Government's current statutory guidance for governing bodies and proprietors of academies in England, 'Supporting pupils at school with medical conditions' (September 2014 revised December 2015) informs the update and any further updates from the Department of Education will be added as amendments.
It also takes into account the requirements of the 'Code of Practice for children with special educational needs and disabilities (2014) and the information and guidance from the Health Conditions in Schools Alliance http://www.medicalconditionsatschool.org.uk/'.

2. Policy Statement

We are an inclusive community that aims to support and welcome children/young people with medical conditions.

We aim to support empowerment of children/young people with medical conditions to encourage the development of independence and self-management in a safe environment with appropriate support.

We aim to provide all pupils with all medical conditions the same opportunities as others at school, through:

1. The school working with partners to achieve safe support of a child's/young person's medical needs.
2. The school understand the health conditions of their pupils.
3. Staff are allowed adequate time to be trained, competent and confident about any children/young people they may be working with who have complex medical needs supported by an Individual Health Plan (IHP).
4. All staff understand the common medical conditions that affect children/young people at this school.
5. The school understand the importance of medication being taken as prescribed.
6. This school ensures all staff understand their duty of care to children and young people in the event of an emergency
7. All staff feel confident in knowing what to do in an emergency.

3. Introduction

LAs, schools and governing bodies are responsible for the health and safety of pupils in their care. Health authorities also have legal responsibilities for the health of residents in their area. The legal framework for schools dealing with the health and safety of all their pupils is based in health and safety legislation 2018. The law imposes duties on employers.
The statutory guidance, 'Supporting pupils at school with medical conditions 2014 revised 2015' requires '**governing bodies to ensure that all schools develop a policy for supporting pupils with medical conditions** that is reviewed regularly and is readily accessible to parents and school staff.'
The guidelines within this document are in line with the statutory guidance and provide additional advice for schools on the management of children with medical needs. This is important in order to ensure such children are able to access the curriculum when in school, their medical conditions are met and they are not excluded unnecessarily. It is key that children and young people (CYP) with medical needs are supported appropriately to ensure their physical and mental health is not adversely affected.
All schools will, at some time, have pupils on roll with significant medical needs; 'governing bodies should ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.' DfE guidance
Schools may need to know about routine management of a child with a chronic condition or the emergency management of a child with a medical problem. Governing bodies should ensure that all school staff that are required to manage and support pupils with medical conditions are appropriately trained. There will be occasions where school staff may be asked to administer medication either in an emergency situation or to facilitate a child's attendance. **They cannot be directed to do so. The administration of medicines by school staff is voluntary and is not a contractual duty**.

For pupils who have serious medical conditions such as diabetes, epilepsy, severe allergies or severe asthma, or who need regular prescribed medication, for example Ritalin, an Individual Health Care Plan (IHP) (see the end of the relevant section and Appendix 2) should be drawn up. This should be done in collaboration with the child (if appropriate), the parents, school nurse/community nurse/ paediatrician, and the school staff. These should be reviewed annually or if there are changes to the child's medical needs.

Each school should have a policy regarding the management of children with medical needs based on the DfE's statutory guidance 'Supporting pupils at school with medical conditions' September 2014 revised December 2015 for the benefit of their children and to ensure the safety of school staff. This should be developed in collaboration with the school health service and should be communicated to parents.

4. Legal Framework

Section 100 of the **Children and Families Act 2014 places a duty** on governing bodies of maintained schools, proprietors of academies and management of committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

Some children with medical conditions may be considered disabled under the definition set out in the **Equality Act 2010;** where this is the case governing bodies **must** comply with their duties under that Act.

Some children may also have special educational needs (SEN) and may have a statement or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. A child's medical needs should be considered alongside their other needs, as required by the **Special educational needs and disability (SEND) code of practice 2014.**

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated regulations, the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) Provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet.
It **must not** be a teaching accommodation. (Also applies to independent schools and academies under School Standards [England] Regulations 2010.)

Section 19 of the Education Act 1996 provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or part-time as is in the child's best interests because of their health needs.

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school. (For a

full list of safeguarding legislation see page 21 of the, 'Supporting pupils at school with medical conditions', statutory guidance 2014)

There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. **This is a voluntary role**.

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

5. Roles and Responsibilities

5.1 Sandwell Metropolitan Borough Council

Local Authorities (LAs) are commissioners of school nursing for maintained schools and academies. Under section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
LAs should provide support, advice and guidance including suitable training for school staff, to ensure that the support within individual health care plans can be delivered effectively.
LAs should work with schools to support pupils with medical conditions to attend full time.
LA has a duty to make arrangements for pupils who cannot attend full-time because of their health needs when it is clear that a child will be away for 15 days or more across a school year, whether consecutive or cumulative.
https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school
LA maintains appropriate insurance cover for staff in maintained schools who are appropriately trained, as set out in these guidelines. Proprietors of academies should arrange their own insurance cover for staff or ensure that the academy is a member of the DfE's Risk Protection Arrangements (RPA).

5.2 Governing Body

The Governing Body must:

- make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in schools is developed and implemented

- ensure that the policy is appropriately implemented and monitored within the school

- ensure that staff have the appropriate training to support pupils with medical needs; the policy should set out clearly how staff will be supported and how training needs will be assessed and how and by whom training will be commissioned and provided

- ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- liaise with the health services when necessary regarding the policy in general or its application to specific pupils
- ensure that the policy covers arrangements for children who are competent to manage their own health needs and medicine
- ensure that the school's policy is clear about the procedures for managing medicines
- ensure there are written records kept of all medicines administered to children
- ensure that the school's policy sets out what should happen in an emergency situation
- ensure that their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips, visits and sporting activities and not to prevent them from doing so
- ensure that the appropriate level of insurance is in place that appropriately reflects the level of risk

5.3 Head Teacher

The Head Teacher should:

- ensure the school's policy for management of medical needs is developed and effectively implemented with partners
- ensure that staff are appropriately insured and are aware that they are insured and (in maintained schools) sign the indemnity form with each employee administering medications in school (Appendix 7)
- ensure that there is awareness training so that all staff are aware of the school's policy in supporting pupils with medical conditions and their role in implementing that policy
- ensure that all staff who support children with medical needs are appropriately qualified, trained, and supported and that there are sufficient numbers of staff trained; this may involve recruiting a member of staff for the purpose
- ensure that Individual Health Care Plans are developed in agreement with healthcare professionals, school and parent considering appropriateness and evidence provided
- ensure that a school register is maintained of pupils who have Individual Healthcare Plans, including dates that these are to be reviewed.

- ensure procedures are followed and Individual Health Care Plans are reviewed as appropriate, including contingency and emergency situations
- ensure that all staff are familiar with the policy
- ensure that accurate records are kept regarding children with medical needs
- ensure there is liaison with the school health nurse or community children's nurses about the specific medical needs of children in the school including the need for Individual Health Plans and training for staff
- be responsible for making decisions about administering medication in school, guided by the school's policy
- share information with parents to ensure the best care for a pupil
- seek parents' agreement before passing on information about their child's health to other school/health service staff in line with general data protection regulations
- ensure that parents' cultural and religious views are respected
- make sure that all parents are aware of the school's policy and procedures for dealing with medical needs

5.4 Teachers and school staff

School staff responsible for the welfare of pupils should:

- take part in training regarding a child's medical needs if they have volunteered to support the child or administer medication. No member of staff can be required to administer medicines, they have the right to refuse. (This includes supervising pupils who self-administer medication if the school has consented to do this within the guidelines.)
- understand the nature of the condition, where they have pupils with medical needs in their class and be aware of when and where the pupil may need extra attention
- be aware of the likelihood of an emergency arising and what action to take if one occurs
- be aware of the staff who have volunteered and are trained to support the child and the alternative arrangements if responsible staff are absent or unavailable
- be aware of the times in the school day where other staff may be responsible for pupils e.g. in the playground.
- Inform parents when the medication is due to be out of date or to run out. The parents will need at least one week's notice

NB: only the correct paperwork included in these guidelines should be used when devising individual health plans and when administering medication etc. Staff should not devise their own paperwork but amend templates in order to make them compliant with the General Data Protection Regulations for their school.

5.5 Health Commissioners (Clinical Commissioning Group CCG)

Health services have a statutory duty to:

- purchase services to meet local needs
- cooperate with LAs and school governing bodies to identify need, plan and coordinate effective local health provision within available resources
- designate a medical / clinical officer with specific responsibility for children with SEN, some of whom will have medical needs

The CCGs should:

- commission other healthcare professionals such as specialist nurses and specific health care packages
- ensure commissioning is responsive to children's needs, and the health services are able to cooperate with schools supporting children with medical conditions
- comply with their duty to cooperate under Section 10 of the Children Act 2004 i.e. with governing bodies and LAs, to improve the wellbeing of children with regard to their physical and mental health
- strengthen links between health services and schools
- consider how to encourage health services in providing support and advice

5.6 Health Providers

The health service should:

- provide information and communicate effectively with parents and schools to help them understand the child's medical condition
- provide advice and appropriate training to school staff to support pupils with medical needs
- confirm competence of school staff to carry out specific procedures/treatments
- provide guidance on medical conditions and specialist support for children with medical needs
- advise on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease

5.6.1 School Health Nurse – Public Health Nursing

Each school has a designated school health nurse/nursing team. There is also a designated health visitor for each nursery who undertakes the roles shown below for children up to the point they enter the reception year.

The School Health Nurse should:

- be accessible as the school's first point of call for information about medical needs
- liaise with other health professionals if necessary to gather information about a child's medical needs
- Complete Individual Health Plans (IHP) for pupils with medical needs in collaboration with the parents, school, and if necessary other health professionals once notified by parents/school/other health professionals i.e discharge summaries.
- advise on training and support for school staff, who volunteer to support children with medical needs.
- Accepting referrals throughout the academic year for children and young people who require a new care plan or require their care plan amending.
- give advice to parents and staff about health issues

5.6.2 Community Children's Nurse – Special Educational Needs Team (SENT) Short Intervention and Chronic Care Team (SICC)

The Community Children's Nurses provide support and care for children with medical conditions and their families in the community, in special schools and in some cases in mainstream schools.

- ensure that accurate records are kept regarding children with medical needs
- complete Individual Health Plans (IHP) for pupils with medical needs in collaboration with the parents, school and if necessary other health professionals once notified by parents/school/other professionals. i.e. discharge summaries, School Health Nurse
- provide expertise and advice to the school staff and other professionals about the child's medical needs
- provide and advise on training and support for school staff, who volunteer to support children with significant medical needs
- work closely with Consultant Paediatricians and other health professionals to ensure that the child receives the optimum care required to enable them to be in school
- provide advice in an emergency situation as agreed with the school, such as the gastrostomy button falling out

5.6.3 Paediatrician:

A Paediatrician is available to advise schools and School Health Nurses about specific medical conditions/health care plans etc.

The Paediatrician should:

- work closely with the School Health Nurse and notify them when a child is identified as having a medical condition that will require support in school, when they become aware of the child
- provide information about a child's medical needs
- assess/review children with medical needs in school, or in a paediatric clinic if necessary
- work with regard to the general data protection regulations

5.6.4 Community Therapy Services

Children's Therapy Services is an integrated team consisting of Occupational Therapists, Physiotherapists and Speech and Language Therapists. As an integrated service, single or multi-professional interventions maybe offered to children and young people who present with a physical disability; some of those children and young people may have additional medical needs.

Speech and Language Therapy

Speech and Language Therapists provide assessment of swallowing for children who may have a physical difficulty with swallowing. For children who have dysphagia (swallowing difficulties), the Speech and Language Therapists will put together recommendations in liaison with the School Health Nurse or Community Children's Nurse.

Occupational Therapy

Occupational Therapists provide assessment and intervention strategies for children with neurological and physical disabilities that affect their ability to participate in the everyday activities including school productivity.

Physiotherapy

Children's Physiotherapists aim to promote children's function and independence using expert knowledge and skills of child development and disabilities.

5.6.5 General Practitioner GP

The pupil's GP will have an overview of their health needs. The School Health Nurse / Community Children's Nurse will be able to consult the GP about a pupil's medical needs.

The GP should:

- inform the school / School Health Nurse / Community Children's Nurse when asked about a child's medical condition, where consent has been given by the parent or the child
- liaise with the School Health Nurse / Community Children's Nurse (with the parent's consent) when they know of a child with a significant medical problem

5.7 Parents / carers

Parents should:

- provide the head teacher with information about their pupil's medical condition and treatment or special care needed at school (when a child joins the school the parent/carer should be asked to complete form SS12 appendix 1; the form should then be completed on an annual basis).
- agree jointly with the head teacher and School Health Nurse / Community Children's Nurse on the school's role in helping with their child's medical needs
- complete consent forms detailing their child's medical needs

If medication is to be given in school, parents should:

- update the school in writing of any changes in their child's condition or medication
- provide sufficient medication and ensure that it is correctly labelled and in its original packaging; with the exception of insulin pens/pumps as this likely to be presented without original packaging.
- replace supplies of medication as required if this runs out or is out of date
- dispose of their child's unused medication by returning to the issuing pharmacy
- give permission where their child is self-administering medication

5.8 Pupil

- provide information on how their medical condition affects them
- advise parents/carers or a staff member when they are feeling unwell
- adhere with the information and guidance in their Individual Health Plan
- inform school staff of any self-administration

6. Consent

Consent to treatment means a person must give permission before they receive any type of medical treatment, test or examination.

This must be done on the basis of an explanation by a clinician.

It is good practice to explain to a child of any age what is going to happen and why to gain co-operation and an understanding of the "now and next" steps to support their health; emergency, urgent or routine care.

People aged 16 or over are entitled to consent to their own treatment. This can only be overruled in exceptional circumstances.

Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise.

Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent.

Otherwise, someone with parental responsibility can consent for them.

This could be:

- the child's mother or father
- the child's legally appointed guardian
- a person with a residence order concerning the child
- a local authority designated to care for the child
- a local authority or person with an emergency protection order for the child

https://www.nhs.uk/conditions/consent-to-treatment/children/

Consent to share information

Information gathered, stored and shared is done so following the General Data Protection Regulation (GDPR). Pupils have certain rights under GDPR, with parents exercising this right on their behalf if they are too young to do so. This right is transferred to the pupil once they reach the age of 16.

7. Children with personal care needs:

Some pupils will not yet be independent with their personal care needs whilst at school. This could be due to a self-care developmental delay, physical disability or due to complex medical procedures to support personal care needs.

The family must share with school any support needs identified, and strategies used at home. This might require additional time, verbal prompts for developing self-care skills, extra room, specialist equipment or training in support techniques.

Other agencies or partners in care maybe required to support school staff in developing competency and confidence in specialist personal care support skills. Contact with the school nurse / community children's nurse maybe required.

Guidance on supporting all children with continence is available from the links below;

Continence Support Flowchart
Toileting and Continence Policy
Moving and Handling

8. Infection Control

Schools and nurseries are common places for infections to be transmitted and children and young people CYP are particularly susceptible because:

- They have immature immune systems
- They have close contact with other CYP
- Sometimes have no or incomplete vaccinations
- Have a poor understanding of hygiene practices

There is specific guidance from the Department of Education regarding infection control and best practice for this.
DfE Health protection in schools and other childcare facilities

Handwashing

If you do not have immediate access to soap and water then use alcohol-based hand rub if available.

When should you wash your hands?
You should wash your hands:

- after using the toilet or changing a nappy
- before eating or handling food
- after blowing your nose, sneezing or coughing
- before and after treating a cut or wound
- after touching animals, including pets, their food and after cleaning their cages

Washing your hands properly removes dirt, viruses and bacteria to stop them spreading to other people and objects, which can spread illnesses such as food poisoning, flu or diarrhoea.

It can help stop people picking up infections and spreading them to others.

NHS Handwashing

9. Management of medications

When dealing with medications in school head teachers must bear in mind the need for risk assessment as detailed in health and safety guidelines. – Health and Safety

9.1 Arrangements to give medication in school

Medication should only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so
A parental request form should be completed each time there is a request for medication to be administered (Appendix 5). The arrangement must be agreed by the head teacher.
Where a child is self-administering medication there should still be a written request.
If there is any doubt about the need to give a particular medication this should be discussed with the School Nurse / Community Children's Nurse.
A confirmation form, signed by school and parent/carer must be kept on file, with a copy of the confirmation form retained by the parent/carer (Appendix 5).
Changes to instructions should only be accepted when received in writing.
Verbal messages must not be accepted.

9.2 Receiving medication in school

No prescription medication should be accepted into school unless it is clearly labelled with:

- The child's name.
- The name and strength of the medication.
- The dosage and when the medication should be given.
- The expiry date.
- Any special storage arrangements
- The date the medication has been issued by a chemist
- The medicine must be in date

All prescription medication must come into school in the original, labelled, child proof container from the chemist. Where a child requires two types of medication each should be in a separate container. On arrival at school all medication should be handed to the designated member of staff.

If the pupil travels to school via education transport provision, all medication should be handed to the bus driver / escort NOT left in the pupil's school bags.

A few medicines may be needed by the pupils at short notice e.g. asthma inhalers. In most cases pupils must be allowed to carry inhalers with them to ensure easy access. Any medication kept by the child should be recorded (see 9.11 below).

9.3 Storage of medication

Any medication received into school must be stored in a locked wall mounted cabinet and the key kept in an accessible place known to designated members of staff.

The cabinet must be located in a designated area of the school e.g. school office. **This is with the exception of medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens which should always be readily available to children and not locked away**.

Some medication may need to be refrigerated. This should be kept in a designated fridge. This must be in a restricted area of the school that children and young people cannot access.

It is essential that staff involved with a child who may need access to medication are aware of the storage arrangements.

In the case of senior school pupils, it may be appropriate for them to carry emergency medication with them – schools should make such decisions based on individual circumstances in liaison with the family and school health team

In most cases pupils will be allowed to carry asthma inhalers with them to ensure easy access.

9.4 Administering medication

Teachers' conditions of employment do not include the administering of medication or the supervision of pupils who administer their own medication. This is also true of most non-teaching staff found in schools.
Some staff may, however, volunteer to administer medication.
Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.
A pupil who has been prescribed a controlled drug may legally have it in their possession if competent to do so. However, passing it to another child for use is an offence.
A controlled drug will be clearly identified by the School Nurse / Community Child's Nurse on the IHP.
Schools should keep controlled drugs that have been prescribed for a pupil securely stored in a non- portable container and only named staff should have access. In some cases, written instructions from the parent or on the medication container, dispensed by the pharmacist may be sufficient. This is for the school to decide, having taken into consideration the training requirements as specified in a pupil's health care plan.
A first aid certificate does not constitute appropriate training in supporting children with medical conditions. (Para. 27. 'Supporting pupils at school with medical conditions', September 2014)
Children may self-administer medications e.g. asthma inhalers. It should be clear in the forms relating to medications in school whether the child needs supervision or not.
It is good practice to record when a child has a dose of medication even if he or she is self-administering (9.10 below).
It is best practice for pupils who are self-administering to be supervised by a competent member of staff.

9.5 Emergency medication

This type of medication (e.g. Adrenalin auto-injector such as Epi-pen for anaphylactic reactions) must be readily available in an emergency. A copy of the consent form (appendix 5) must be kept with the medication and must include clear, precise details of the action to be taken.
The procedures should identify:

- where medication is to be stored
- who should collect it in an emergency
- who should stay with the child
- when to arrange for an ambulance/medical support
- recording systems
- supervision of other pupils nearby
- support for children witnessing the event

If the child is carrying their own emergency medication a copy of the procedure for administration should also be with the medication.

9.6 Analgesia (pain killers)

It is recognised that pupils may require analgesia at times (eg menstrual pain, headache, etc). This should be undertaken in consultation with parents / carers and/or pupil where appropriate. An IHP is not required for intermittent use of analgesics.
Where pupils regularly require analgesia (e.g. for migraine) it is advisable for them to have a Individual Health Plan detailing under what circumstances they may take analgesics.
An individual supply of their medication should be kept in school and the above guidelines on consent/record keeping etc. should be followed.
It is not good practice to keep general supplies of analgesia e.g. Paracetamol, in school. However, when an individual school feels it is necessary to do this they must have a clear policy in place regarding the circumstances under which they would use it.
Parental consent must always be obtained before giving non-routine doses of analgesic, and the administration should be recorded as below (9.11).
Pupils under the age of 16 years should never be given aspirin or codeine, or any medicines containing aspirin or codeine.

9.7 Generic bronchodilator inhaler for asthma

Since October 2014 the national guidance allows schools to purchase a salbutamol bronchodilator inhaler and spacer to use in an emergency in a severe asthma attack where a child is known to have asthma and use inhalers but does not have one available in school. It is up to the school to purchase these from a pharmacy should they feel it advisable for their school.
Written agreement from the parent for the use of such medication is required.
If emergency medication is administered, then school should inform parents / carers.
Inhalers Guidance

9.8 Over the counter medicine (e.g hayfever remedies.)

These should only be accepted in exceptional circumstances and be treated in the same way as prescribed medication, although these do not require a label from the pharmacy.
Parents must clearly label the container with the child's name, dose and time, and complete a consent form.
For Offsite visit arrangements, including residential trips, guidance is available from our Educational Visits Advisors via:
Aileen_Barlow@sandwell.gov.uk
Christina_Grange@sandwell.gov.uk
Schools should ensure:

- a medication is in date
- manufactured dose matches dosage advised from parent / carer which has been transcribed on to medication record form
- Parental consent
- Schools to have specific list of medication
- Parents / carers need to inform of medication given prior to the visit
- Complete record of medication administration.

9.9 Controlled drugs

Controlled drugs are sometimes prescribed for children; for example Ritalin and other similar for children with Attention Deficit Hyperactivity Disorder (ADHD).
The standard drug is short lasting, and children **will** need a dose at lunchtime in school. There is now a long acting version, but this is not suitable in all cases.
When administering these drugs, schools must follow the above guidelines re use with particular attention to locked non-portable container and only named staff should have access.
Careful recording of administration and amount of drug should be kept in school, stating what, how and how much was administered to the pupil, when and by whom, and the remaining tablet count.
Any side effects should also be noted. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary.

9.10 Homeopathic medicines

Many homeopathic medicines need to be given frequently during the day and often at short intervals. This is difficult to manage in a school situation.
It is strongly advised that schools only agree to administer medicines which have been prescribed by a general practitioner, paediatrician or non-medical prescriber

9.11 Record keeping

A parental request form should be completed each time there is a request for medication to be administered (Appendix 4). This form must detail all valid information and **must be carried out by two members** of staff from checking through to administration include:

- child's name;
- reason for request;
- name and strength of medication provided;
- clear dosage instructions;
- date and time the medication should be given;
- up to date emergency contact names and telephone numbers.
- that the date of expiry and issue of medicine has been checked

A confirmation form, signed by school and parent/carer must be kept on file, with a copy of the confirmation form retained by the parent/carer (Appendix 5).
A pupil medicine record must be kept, which includes the name of the medicine(s), the date received by the school and the quantity received. This record must also include the time(s) of the administration and the person responsible for the administration (Appendix 3).
Reasons for not administering regular medication should be recorded and parents informed as soon as possible. A child should never be forced to accept medication.
Changes to instructions should only be accepted when received in writing from the parent/carer, **verbal messages must not be accepted.**
Where a child is self-administering medication there should still be a written request. Self-administration may require supervision and the child should always tell a designated member of staff when they are taking medication so that a record can be kept as above.
Records should be kept in a designated place in school and all staff should be aware of this. The school health nurse/Community Children's Nurses should also keep a copy with their records.
On off-site visits, the teacher in charge should carry copies of any relevant Individual Health Plan Plans/medication details.

9.12 Transcribing

Transcribing should not be confused with prescribing. Transcribing is the act of copying the details of a prescribed medication onto a Medication Administration Record (MAR) (appendix 4).
This will need to be undertaken by school staff who are trained to give medication, and two members of staff should sign the MAR sheet to agree it is correct.
It is important to note that although you are not prescribing, transcribing should be treated with the same vigilance as dispensing medication to a pupil. Errors can occur when transcribing if the medication information is not up to date or it is not checked thoroughly.

It is the responsibility of Parents / Carers to ensure that school have the most up to date medication information. Any changes **MUST** be reported to school by parents as soon as the change is made. Parents **MUST** provide written confirmation from the prescribing professional of the changes to the medication, before changes can be agreed with school.
When transcribing the following information **MUST** be included:

- Name of Pupil
- Date of Birth of Pupil
- Name of Medication
- Strength of the medication (e.g. 5mg/5mls or 5mg tablets)
- Dose (e.g. 5mgs = 5mls)
- Route
- Time

A photograph of the pupil is also good practice.

9.13 Safe disposal of medicines

There should be a written procedure covering the return or disposal of a medicine. Medicines should be returned to the child's parents and a receipt obtained and filed when:

- the course of treatment is complete;
- labels become detached or unreadable;
- instructions are changed;
- the expiry date has been reached;
- the term or half-term ends.

At the end of every half-term a check should be made of the lockable medicine cabinet. Any medicine, which has not been returned to parents and is no longer required, out of date, or not clearly labelled should be disposed of safely by returning it to the issuing pharmacy.
All medication returned, even empty bottles, must be recorded. If it is not possible to return a medicine to parents, it must be taken to the issuing pharmacy for disposal and a receipt obtained and filed.

No medicine should be disposed of into waste systems or into refuse bags. Current waste disposal regulations make this practice illegal.
Schools can register as a low tier waste dispose. This is useful for disposal of emergency salbutamol medication.
www.gov.uk/waste-carrier-or-broker-registration

9.14 Safe disposal of medicines requiring injection – Sharps

If a school has a child who requires injections it is the parents' responsibility to provide the equipment required in order that these can be given. Parents must also provide the school with an empty Sharps container, which must be used to dispose of any needles following use.
Sharps containers must be used for disposal of any sharp implements, which may have become contaminated with bodily fluid. Sharps containers must be kept in the designated medical area of the school.

- It is mandatory that schools have a policy on the correct procedure for disposal and collection of clinical waste.
- Clinical waste includes any items that have been soiled with bodily fluids. If this includes sharp items, a specific box for sharps needs to be maintained.
- When a sharps box is 3/4 full it should be sealed, and arrangements made for the container to be collected and replaced.
- Schools can make their own decision on who collects their clinical waste.

Schools should contact **Sandwell Contract Centre** regarding companies that provide a collection service for Sharps on 0121 507 3869 See also section 8 on infection

10. Medical Care Needs

10.1 Individual Health Plan (IHP)

The school uses an Individual Health Plan (IHP) for children/young people with complex medical needs to record important information about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Emergency Flowchart will be attached, with the exception of Anaphylaxis care plans. Further documentation can be attached to the Individual Health Plan if required. The IHP will:-

- Inform the appropriate staff about the individual needs of a pupil with emergency health needs. Identify important individual triggers for pupils with medical needs at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of triggers
- Ensure this school's emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in an emergency.

10.2 Writing an IHP

a. Not all children with a medical condition will need an IHP as it depends on the severity of their condition. Examples of medical needs which may generate an IHP are listed below:-

- Diabetes Type 1
- Enteral feeding

- Tracheostomy
- Anaphylaxis
- Central line or other long term venous access
- Difficult asthma
- Epilepsy

b. IHPs will be sent to the relevant school by the school nurse / community children's nurse at the end of each academic year to be reviewed by the parent. Please see attached flow chart - Individual Health Care Plan Process Pathway (Appendix 10).

c. It is the parents/carers responsibility to complete the IHP with the School Nurse/Community Children Nurses and to ensure these are returned to the nursing service before the end of the academic year. If the school nurse / community children's nurse do not receive an IHP, all school staff should follow standard first aid measures in an emergency. The school will contact the parent/carer if health information has not been returned. If an IHP has not been completed, the school will contact the parents/carers and may convene an Early Help Assessment meeting or consider safeguarding children/young people procedures if necessary.

d. IHP will be completed prior to the start of the school year, when a relevant diagnosis is communicated to the school.

e. The finalised plan will be given to the parents/carers/pupil, where appropriate, school and school nurse / community children's nurse.

10.3 Review of IHP

a. Parents, carers and pupils are responsible for informing school/school nurse / community children's nurse of any changes so that the IHP can be updated. This would include if there have been changes to their symptoms or medication and treatment changes.

b. The IHP will be reviewed by the school nurse service every academic year, however this will be a minimum of every 2 years or more frequently by other agencies i.e Community Children's Nurses. In addition the IHP will be reviewed more frequently if there are changes in the care required.

c. The parents/carers should have a designated member of school staff to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated.

10.4 Storing and Access to IHP

a. A central register will be kept by the school of pupils with complex medical needs needing an IHP. An identified member of staff has responsibility for the register at this school. The school will ensure that there is a clear and accessible system for identifying pupils with IHP and medication requirements.

b. A robust procedure should be in place to ensure that the pupil's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the schools record system.

c. The responsible member of school staff will follow up with parents/carers and health professional if further detail on a pupil's IHP is required or if permission or administration or medication is unclear or incomplete.

d. Parents/Carers and pupils (where appropriate) are provided with a copy of the pupil's current agreed IHP.

e. IHPs will be kept in a secure central location at the school.

f. Apart from the central copy, specified members of staff securely hold copies of pupils' IHP. These copies are updated at the same time as the central copy. The school must ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated and hold the same information.

g. When a member of staff is new to a pupil group, for example, due to staff absence, the school makes sure that they are made aware of the IHP and the needs of the pupils in their care

h. The school ensures that all staff protect pupil confidentiality.

i. The information in the IHP will remain confidential unless needed in an emergency.

11. Information about Specific Conditions

11.1 Allergies/Anaphylaxis

What is it?

Anaphylaxis (pronounced ana-fil-ax-is) is a severe and often sudden allergic reaction. It can occur when someone with allergies is exposed to something, they are allergic to (known as an allergen). Reactions usually begin within minutes and rapidly progress but can occur up to 2-3 hours later.

Some children and young people may have a mild reaction when exposed to an allergen requiring over the counter anti histamine medication, these symptoms may include flushing of the skin, rash/swelling of skin, complaining of abdominal pain. Severe symptoms requiring anti histamine and adrenaline may include persistent cough, swollen tongue/lips, difficulty speaking/swallowing.
Not all children with allergies/food sensitivities have severe reactions requiring anti histamines and/or adrenaline injection. However it remains appropriate to have an Individual Health Plan (IHP) documenting the type of reactions they experience and how to prevent and manage these.

Who gets this?

- Anaphylaxis is the result of the immune system, the body's natural defense system, overreacting to a trigger.
- This is often something you're allergic to, but not always.
- Anyone can be affected at any age.
- In some cases, there's no obvious trigger. This is known as idiopathic anaphylaxis.

Management of a child/young person with allergies/anaphylaxis:

- **Oral Antihistamines**

eg: Cetirizine (non-sedating), Loratidine (non-sedating), Chlorphenamine

- **Pre-loaded Auto Adrenaline Injectors (AAI's)**

eg Epipen, Emerade, JEXT

- **Inhaled bronchodilator.**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Who to contact for more information:

Sandwell School Nurse Team – 0121 612 2974

11.2 Asthma/Difficult Asthma

What is it?

Asthma is a common condition. It affects the airways – the small breathing tubes that carry air in and out of our lungs. The airways become inflamed and when they come into contact with "triggers" these is:

- Swelling of the airway wall
- An increase in mucus
- Tightening of the airway muscles.

A viral induced wheeze can be common if you have suffered from a viral infection and repeated episodes could result in wheeze occurring whenever a child/young person suffers from a cold**. This does not always result in an asthma diagnosis and would not require an Individual Health Plan (IHP)**

What is Difficult Asthma?

Difficult asthma may be defined as being present in a patient with a confirmed diagnosis of **asthma** whose symptoms and/or lung function abnormalities are poorly controlled with treatment which experience suggests would usually be effective. i.e resulting in HDU/ITU admission or poor adherence despite Inhaled Corticosteroids / Long Acting Beta Agonists / Leukotriene Receptor Antagonists.

The school nurse service completes Individual Health Plan (IHP) for difficult asthmatics.

All pupils with a diagnosis of asthma/viral induced wheeze should present a copy of the wheeze plan to the school and it is the responsibility of the school to complete their own or utilise Asthma UK wheeze/asthma care plans.

Who gets it?
The cause of asthma is different to what *triggers* asthma. Causes can include:

- Asthma tends to run in families
- Children with allergies can go on to develop asthma
- Smoking increases the risk of a child developing asthma
- Being born early
- Bronchiolitis
- Exposure to environmental triggers.
- Pollution

Management of a child/young person with Asthma/Difficult Asthma

- Relievers and Preventer Inhalers
- Steroid Tablets
- Leukotriene Receptor Antagonists (LTRAs) (most commonly used LTRA, Montelukast)
- LABAs (long acting Beta 2 agonist), for example salmeterol and formoterol (commonly used to management of difficult asthma).
- Theophylline, which comes as a tablet or a capsule (commonly used in case of difficult asthma).

Who to contact for more information:
Sandwell School Nurse Team – 0121 612 2974

11.3 Eczema

What is it?

Atopic eczema (atopic dermatitis) is a chronic inflammatory itchy skin condition that develops in early childhood in the majority of cases. It is typically an episodic disease of exacerbation (flares, which may occur as frequently as two or three per month) and remissions. In some cases it may be continuous. Atopic eczema often has a genetic component that leads to the breakdown of the skin barrier. This makes the skin susceptible to trigger factors, including irritants and allergens, which can make the eczema worse.

Who gets it?

Atopic eczema (AE) is a complex condition and a number of factors appear important for its development including patient susceptibility and environmental factors. Patients typically have alterations in their skin barrier, and overly reactive inflammatory and allergy responses. A tendency to atopic conditions often runs in families and is part of your genes and can be hereditary. If one or both parents have eczema it is more likely that children will develop it too. This makes the skin of patients with eczema much more susceptible to infection and allows irritating substances/particles to enter the skin, causing itching and inflammation. AE cannot be caught from somebody else.

Approximately one third of children with atopic eczema will also develop asthma and/or hay fever. Atopic eczema affects both males and females equally.

***Not all children diagnosed with eczema will require an Individual Health Plan (IHP), therefore guidance should be sought from the school nurse service, patient specialist consultant if eczema is having an impact on the child's/young person's learning.**

Management of a child/young person with eczema:

'Topical' means 'applied to the skin surface'. Most eczema treatments are topical, although for more severe eczema some people need to take 'oral' medication (by mouth) as well.

- ***Moisturisers (emollients):*** These should be applied several times every day to help the outer layer of your skin function better as a barrier to your environment. The drier your skin, the more frequently you should apply a moisturiser.

- ***Topical steroid creams or ointments***

- ***Antibiotics and antiseptics***

- ***Topical calcineurin inhibitors:*** Calcineurin inhibitors, tacrolimus ointment and pimecrolimus cream, may be used when atopic eczema (AE) is not responding to topical steroids.

- ***Antihistamines***

- ***Bandaging (dressings):*** Sometimes these may be applied as 'Wet wraps' which can be useful for short periods. It is important to be taught how to use the dressings correctly. Your doctor or nurse will advise you regarding the suitability of the various bandages and dressings available.

- ***Ultraviolet light:***

- ***Other treatments:*** People with severe or widespread atopic eczema not responding to topical treatments may need oral treatments (taken by mouth). These medications would differ from antibiotics, antihistamines etc.

Who to contact for more information:
Sandwell School Nurse Team – 0121 612 2974

11.4 Diabetes Mellitus (Type 1)

What is it?
Type 1 diabetes is when the levels of glucose (sugar) in your blood become too high. It happens because the body is no longer able to produce insulin which is the hormone that controls the amount of sugar in your blood stream

Who gets this?

It is not known why this happens but it is not related to obesity or the age of the child. The child will need life-long treatment with dietary management and by replacing the insulin that they do not have. This is given in the form of injections 4

times a day, alongside their meals, or as continuous infusion of insulin via a pump. The child can use their arm, leg or stomach as injection sites.

The aim is to maintain the blood sugar at normal levels rather than having highs and lows. Hypoglycaemia (hypo) happens when the blood sugar is very low. Hypoglycaemia must be treated immediately because if untreated the child may become unconscious and may have a seizure. Hyperglycaemia (hyper) means that there is too much glucose in the blood.

It is NOT the same as Diabetes Type 2 which happens when the body has insulin but is not able to use it. This condition is related to obesity, familial diabetes and is managed by controlling the diet and/or taking daily oral medication.

Management of a child with Type 1 Diabetes in school.

- School will need trained staff who are competent to support and supervise the child to manage their condition. Training must be updated every year or if there are changes
- Education staff will need to be trained to test the child's blood sugars and give insulin as prescribed.
- School will need to provide an appropriate environment to maintain the dignity and privacy of the child, access to soap and water, clean environment, storage of equipment and a lockable fridge. A bathroom is not an acceptable environment.
- Hypoglycaemia is **an emergency** so the child will need their emergency box with them at all times.
- Education staff will need to work closely with the medical team and parents to manage the child's condition so that the child does not have significant disruption to their day.
- Education staff to work with the specialist team and dietician to write an individual care plan.
- Parents will need to provide equipment and medication on a daily/weekly basis and report any issues from the previous day.

Who to contact for more information:
Paediatric Diabetes Team at Sandwell Hospital – 0121 553 1831

11.5 Enteral Feeding

What is it?

Enteral feeding is used for children and young people who cannot take in sufficient nutrition by mouth to keep healthy.

The child will be fed through a tube going into the stomach either by:-

- A nasogastric tube which goes via a nostril and down the back of the throat into the stomach.
- A gastrostomy tube which goes directly into the stomach through the abdominal wall.

Some children will no longer be able to eat/drink anything orally but others will continue to eat orally. This will depend on the reason for enteral feeding.

Who needs it?

- The child does not have a safe swallow so is at high risk of aspirating food/fluid into their lungs.
- The child has an underlying condition which makes it difficult for them to maintain adequate nutrition e.g., neuromuscular conditions, cancer treatment or inflammatory bowel disease.
- Dietary requirements for children having to take an unpalatable diet or medications

The feeding regime will depend on the needs of the child/young person and will be managed by the specialist multidisciplinary team at the hospital, including Paediatrician, Paediatric Dietician and Community Children's Nurse. The Community Children's Nurses will provide training and support to the child's school.

Management of a child with enteral feeding in school

- School will need appropriately trained staff to do the feeds or to supervise the child doing their own feed. This will include troubleshooting any problems with the tube and to be clear about what action to take. Training must be updated every year or if there are changes
- School will need to provide an appropriate environment to do the feed to maintain the dignity and privacy of the child, access to soap and water, clean environment, storage of equipment and possibly a lockable fridge. A bathroom is not an acceptable environment.
- Education staff will need to work closely with the medical team and parents to establish a suitable feeding regime in school so that the child does not have significant disruption to their day. The regime will need to include time for the child to be fed orally, if this is possible for them.
- Education staff to work with CCN and dietician to write an individual care plan.
- Parents will need to provide equipment and feed on a daily/weekly basis and report any issues from the previous day.

Specific care for a nasogastric (NG) tube

- The tube is held in place under tape fixed to the child's face. This tape can come off if it gets wet. The staff caring for the child need to be alert to this and be able to change the tape.
- The tube is relatively easy to pull out so it should be tucked away at the back of the neck, when not in use. It is not pleasant having an NG tube passed, so all care must be taken to reduce the chance of the tube coming out.
- Children can do their usual activities with an NG tube. They would need specific waterproof tape attached it they go swimming from school.
- If the tube comes out, it is not a medical emergency. The parents would need to be contacted either to replace the tube themselves or arrange for the tube to be replaced. This could potentially be done at the end of the school day.
- It is common for the child's skin to become sore under the tape. Staff need to inform the parents if they are concerned.

Specific care for a gastrostomy tube/button

- A gastrostomy tube is initially placed under surgical conditions by creating a stoma (hole) through the abdominal wall into the stomach. The stoma is kept open by inserting a tube which is held in place by a balloon under the abdominal wall. It is changed routinely every 3-4 months in the community by the parents or the CCN
- The stoma site can become sore and red. Parents should be informed if this has happened and they can get advice from their CCN
- Children can go swimming with a gastrostomy stoma. There is no need to cover it with a protective dressing.
- If the tube comes out, it is a **MEDICAL EMERGENCY.** This is because the stoma will start to close within an hour and potentially the child would require surgery to open the stoma again.

Who you need to contact

Community Children's Nursing Team at Sandwell Hospital
0121 507 2633

Community Children's Nursing Team Birmingham

11.6 Epilepsy

What is it?

Epilepsy is a brain disorder that causes recurring seizures. Anyone can have a one off seizure, but the reoccurrence of seizures means that it is epilepsy. It is caused by the misfiring of electrical activity in the brain, depending on where this happens and which part of the brain is affected determines the type of seizure. There are two main types of epilepsy:

Generalised Seizures (tonic clonic)

Generalised seizures affect the whole brain, there are two seizure types:

- Absence seizures last 5-20 seconds, the young person will stop what they are doing and look blank. They may roll their eyes, they may making chomping movements with their mouth.

  Absence seizures can be easily missed as they are so short especially in a large class. There is no intervention needed with an absence seizure. Staff will only need to note any seen and advise parents. The young person will have no recollection of the event.
- A Generalised seizure will last at least 1 minute but may last more than 5 minutes. The young person will drop to the floor and all four limbs may shake. The seizure may start as a focal seizure and spread into generalised seizure.

Focal Seizures (partial seizures)

Focal seizures affect one part of the brain, the seizure that is then observed depends on the part of the brain affected. Focal seizures can present in many different ways, signs to look out for are;

Jerking of one limb, rolling of eyes, eyes fixed and focused to one side, chomping of the mouth, making repetitive movements.

Who has it?

Anyone can have a seizure but someone who has 2 or more seizures is classed as having Epilepsy. However some children and young people are more susceptible as a result of brain injury or an underlying condition.

Management of a child with Epilepsy in school

- School must have appropriately trained staff .The training will include management of seizures and administration of emergency medication. Training must be updated every year.
- Education staff will need to work closely with the School Nurse / Community Children's Nurse (CCN) and parents to establish a suitable environment for the child/young person in school so that the child does not have significant disruption to their day.
- Education staff to work with School health Nurse and/or CCN to write an individual Health plan.
- The child/young person can take part in sports. They should not climb higher than double their height without a rope or safety harness. If

swimming the lifeguard should be informed of the young person's condition.

- The majority of children and young people will be treated with medication which is usually twice a day. Some children and young people will need medication during the school day.
- Some children will need emergency treatment if they have a generalised seizure lasting longer than 5 minutes.
- School need to call an ambulance in the following situations; if this is the young person's first seizure, if the seizure lasts 5 minutes and they do not have emergency treatment, if you are concerned about the young person's breathing or if the seizure continues after the administration of emergency medication.

Who to contact for further information?
School Health Nurse . 0121 612 2974 They will liaise as necessary with:
Community Children's Epilepsy Nurse 0121 507 2633

11.7 Intermittent Catheterisation

What is it?

There are two ways of doing this:-

- Intermittent catheterisation. This means passing a thin hollow tube (catheter) into the bladder to drain urine, removing it once the bladder is empty.
- Mitrofanoff. This is a surgically created channel which runs from the bladder to the abdominal wall. The catheter is inserted through the channel until the urine is drained off and then the catheter is removed.

This procedure must be done regularly through the day to prevent urine sitting in the bladder and becoming infected and also to prevent the child/young person wetting themselves.

Who needs it?

This procedure is required when a child is unable to empty their bladder properly. This would leave residual urine in their bladder which would become infected and can back track to their kidneys causing long term kidney damage and function. Their inability to empty the bladder is generally due to an underlying condition, such as spina bifida, however there are some children who are unable to empty their bladder due to medication.

Management of Intermittent catheterisation in school

- This is a procedure that should be carried out by education staff who have received specific training. School staff will need to be trained to carry out this procedure usually by the Community Childrens Nurses or the specialist nurse from the hospital
- This is a clean procedure, it is not sterile. However scrupulous hand hygiene is essential.
- The school will need to identify an appropriate environment where the child can be catheterised with access to liquid soap and water, a space to keep all the equipment and appropriate disposal of equipment. The environment will need to be private.
- Training should be updated every year. Trained carers will need to know how to troubleshoot any problems and what action to take.
- The procedure can be done standing sitting or lying according to the preference of the child/young person. It can be done directly into the toilet but this may not always be possible.
- The long term aim with all children is for them to be able to do the procedure themselves.
- This is an intimate procedure which can cause anxiety for all concerned. It is important that the child's needs remain uppermost in any discussions.

Who to contact

Community Children's Nurses – 0121 507 2633

Urology team at Birmingham Children's Hospital – 0121 333 9999

11.8 Tracheostomy

What is it?

A tracheostomy is an surgically created opening into the trachea (windpipe)through the neck. The opening (stoma) is held open by a tracheostomy tube. This helps the child to breathe more easily. This tube allows the passage of air to and from the respiratory tract, bypassing the nose and mouth and allows the removal of secretions; breathing is dependent on ensuring the tube remains patent.

Who needs it?
A child will have a tracheostomy when they have long term issues with breathing. This can be due to a variety of reasons ranging from a narrow airway to the need for long-term mechanical respiratory support from a ventilator.
Management of a child with a Tracheostomy in School

- Care of a tracheostomy is a clean procedure but scrupulous hand hygiene is essential.
- A tracheostomy needs extra care because it is a direct route into the lungs and therefore the air moving into the lungs will not have the benefit of the warming, moistening and filtering effect of the nasal passages. It is more difficult for a child with a tracheostomy to clear secretions adequately by coughing so the tube needs special care to prevent it blocking with secretions.
- Secretions will be removed from the tube either by the child coughing them up or by means of a suction catheter and suction unit. The frequency of suction will vary with each child but the need for it must be monitored constantly.
- All staff caring for the child must have completed the child specific competency training.
- If the tube gets blocked or came out for any reason, replacement of the tube is an **emergency procedure**
- The child must carry their suction kit and emergency kit with them **at all times.**
- Eating and drinking does not usually cause any problems. However, a few children experience difficulties with swallowing which could cause them to choke. **Therefore, all mealtimes should be supervised.**
- Having a tracheostomy can affect the child's speech because their vocal cords are by passed. They will be seen by a SALT who will advise on what help/care is needed.
- There are some activities which are not advisable for a child with a tracheostomy; playing with dry sand or other small particles which could get into the tracheostomy causing the risk of choking and infection,

swimming, playing with long haired animals, being in contact with clothing that sheds fibres and playing with water due to the risk of splashing.

- Training should be updated every year. Trained carers will need to know how to troubleshoot any problems and what action to take.

Who to contact for further information and advice?

Community Childrens Nursing Service – 0121 507 2633 who will liaise with:
Specialist Respiratory Team at Birmingham Childrens Hospital on 0121 333 9999

11.9 Oral Suction

What is it?

Oral suction is used to maintain a clear airway for a child/young person who would otherwise be unable to do so. The excess secretions, if not cleared, can enter the airway and cause it to become blocked. Oral suction is used as a last resort as it is unpleasant for the child. A small tube (Yankheur sucker) is attached to a suction machine and passed, no further than the line of the back of the teeth and then used to "hoover up" the secretions.

Who needs it?

Children require oral suction mainly because they have a poor cough or unsafe swallow due to poor muscle tone, sedation due to medication or neuromuscular involvement. The secretions can build up and the child cannot protect their airway. This can often be worse when they have a cold/chest infection or if they vomit..

Management of a child requiring oral suction in school

- This is a clean procedure but scrupulous hand hygiene is essential.
- School will need appropriately trained staff to do oral suction. Training must be updated every year or if there are changes
- Initially the child would be encouraged to cough and clear their secretions by other means such as change of position.
- A child requiring oral suction must have the suction unit and supply of suction equipment with them at all times.
- The equipment will be supplied by the parent. It must be checked every day when the child comes into school.
- The suction equipment must accompany the child at all times.
- **There are other types of suctioning, such as deep suction or nasopharyngeal suction. At present education staff are not covered to do this type of suction**.

Who to contact for further information?

Community Childrens Nursing Service – 0121 507 2633

12. Indemnity Statement

Indemnity statement – points to be noted

This form would be in favour of members of school staff who agree to administer medication, and who work in community schools as employees of the council.

- Staff in academies, voluntary aided and foundation schools will normally be employed by the governing body and it would be expected that any indemnity would therefore be given by the governing body.

- This indemnity should be a free standing document to be completed by the school when an individual agrees to be responsible for the administration of medication. However, it should be noted that this would not cover staff who take such action on an emergency basis.

- This should not relate to professional duties, because the administration of medication is **not** a duty which the School Teachers' Pay and Conditions Document requires teachers to undertake.

- It is our opinion that staff would not in practice permit a child to go without medication in an emergency. If a child suffered harm whilst at school because no arrangements were in place to administer medication, the child might have a claim under the Human Rights Act 1998.Schools would also need to be mindful of the requirements of the Disability Discrimination Act 1995 and the new provisions of the Special Educational Needs and Disability Act 2001 applying to schools, which mean schools have a duty not to discriminate and to make "reasonable adjustments". In some cases, pupils who need medication will be pupils who have a disability within the meaning of the legislation. These provisions should be kept in mind if any situation arises in which a pupil's need for medication results in that pupil being put under a disadvantage in any way.

APPENDICES

1 **Form SS12**
2 **Individual Health Care Plan (IHP) for a child with medical needs**
3 **Medical Information Sheet**
4 **Pupil Medicine Administration Record (MAR)**
5 **Request for school to administer medication**
6 **Request for school to administer medication or treatment during an offsite or out of hours activity.**
7 **Indemnity form for the administration of medication in schools**
8 **Contacting Emergency Services**
9 **Emergency Buccolam Care Plan**
10 **BSACI Anaphylaxis Action Plans**
11 **Individual Health Care Plan Process**
12 **Individual Health Care Review Process**
13 **Medication Administration Pathway**
14 **Competency Assessment**
15 **Useful internet resources**

Insert School logo

Appendix 1
Form SS12

This form should be completed by PARENTS or persons with parental responsibility in respect of every pupil on entry to the school, and annually.

Section A – Child's Details:

Surname:		Date of Birth:	
Forenames:			
Address:			
Name of School:			

I understand that there may be curriculum based activities which may take my child off school premises in the neighbourhood of the school e.g. swimming, field trips, sports activities, local parks - they may walk or go in a mini-bus or coach, public or private transport. (See note below.)

I understand that there may be occasions when my child may be taken by a member of the staff in his/her car to hospital or home or sporting fixtures and other activities.

I agree that my child (name)_____ be allowed to take part in these activities as indicated above.

If you do not agree, your child will not participate in any of the above activities or be taken in a member of staff's car.

Note:
In the event of certain other activities involving my child being away from school/home, I will be asked to complete an additional form for each activity.

Section B – Medical Information

This information will be shared with the School Health Nursing Service (SHN) / Community Children's Nurse to ensure that any medical needs your child may have in school are dealt with appropriately. If you wish to discuss this further, please contact the SHN message taking service on 0121-612 2974.

1. **Your Child's Family Doctor:**

Name:	
Address:	
Tel:	
Medical Card No:	

2. Is your child on any regular medication? ☐ *Yes* ☐ *No*

If yes, please give details:

3. Is your child under the care of any hospital, please give the Consultant's name and details:

4. Has your child had any of the following immunisations? (from your red book)

Age Due	Immunisation	Please tick the relevant boxes below and date as appropriate	
2 months	1st Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	☐	
3 months	2nd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	☐	
4 months	3rd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	☐	
12-18 months	Measles, Mumps, Rubella (1st MMR) (2nd MMR – usually at 3-5 years)	☐	
3-5 years	Diphtheria, Tetanus, Whooping Cough, Polio Booster	☐	
10-14 years	BCG **(only for children with identified risk factors)**	☐	
14 years	Tetanus, Polio and Diphtheria Booster	☐	

5. Does your child suffer from any of the following problems?

	Yes	No		*Yes*	No
Asthma	☐	☐	Hearing Loss	☐	☐
Diabetes	☐	☐	Poor Vision	☐	☐
Seizures	☐	☐	Serious allergic reaction e.g. to medicines/ foods	☐	☐
Heart Disorder	☐	☐	Other significant conditions	☐	☐

If you have ticked any of the above, please give details:

6. Personal Accident Insurance

The local authority does not provide Personal Accident Insurance for individual pupils.
Personal Accident Insurance can be taken out by parents if they think it necessary. They should consult the school to check whether this cover has been taken out on behalf of all school pupils before proceeding.

7. Emergency Contact Telephone Numbers: (Please give 2 if possible)

(1) Name Daytime Tel No

(2) Name Daytime Tel No

8. Home Language: (include dialect if other than English)

Signed: Date:

(Parent or Guardian with parental responsibility)

School to insert own Privacy Notice

Please return this form as soon as possible to school

Appendix 2

Individual Health Care Plan (IHP) for a child with medical needs

Photo Photo	Name:	
	Date of Birth:	
	Current Year/Class:	
	School:	
	NHS No:	

Family/ carer Contact 1:

Name:	
Home Telephone:	
Work Telephone:	
Relationship:	

Emergency Contact 2:

Name:	
Home Telephone:	
Work Telephone:	
Relationship:	

Hospital Doctor/Paediatrician:

Name:	
Telephone:	

School Health Nurse Cluster (where applicable)

Name:	
Telephone:	

Community Children's Nurse or Specialist Nurse (where applicable)

Name:	
Telephone:	

Details of pupil's medical conditions

Triggers or things that make this pupil's condition worse

Regular requirements: (e.g. PE, dietary, therapy, nursing needs)

Does the pupil have regular medication? Yes ☐ No ☐

Name and type of medication	
What does the medication do?	
Dose and method of administration:	
Time:	
Are there any side effects?	
When should it be given?	
Can the pupil self-administer?	Yes / No / Supervised (delete)

If there is more than one medication taken regularly during school hours, please complete a *"Request for School to Administer Medication"* form.

Does the pupil have emergency medication: Yes ☐ No ☐

FOR EMERGENCY PROCEDURES SEE ATTACHED EMERGENCY PLAN

Parental and Pupil Agreement

I agree that the information contained in this plan may be shared with individuals involved with my child/young person's care and education. I understand that I must notify the school of any changes in writing.			
Signed (Pupil) (where appropriate)			
Print name			
Date			
Signed (parent/carer) (If pupil is below the age of 16)			
Print Name		Date	

Healthcare Professional Agreement

I agree that the information is accurate and up to date at the present time			
Signed			
Job Title			
Print Name		Date	

Review of care plan to be completed by (date) ……

School to insert own Privacy Notice

Data Protection Act, 1998
The information that you supply on this form will be used by Children and Families for the purpose of maintaining and improving the level of service given for young people within Sandwell MBC. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of the data protection notification. Data may be shared within Children and Families.
Sandwell MBC Children and Families will supply basic identifying information for inclusion on ContactPoint, which is a contacts list for professionals who work with children and young people. It will provide professionals with a quick way to find out who else is working with the same child, making it easier to deliver more coordinated support. ContactPoint lists contact details for all children in England up to their 18th birthday, their parents and carers and services working with a child.
For further information visit: Department for Children, Schools and Families (Every Child Matters)

For School Health Nursing Team use only:

	Name / Sign	Date
Nurse completing clinical information		
Nurse carrying out check with parent		

Team Leader checking MC / Record Keeping compliance		

Appendix 3

Medication Information Sheet

Name:	
Date of Birth:	
Current Year/Class:	
School:	
NHS No:	

Name and type of medication	What does the medication do?	Dose and method of administration	Time?	Are there any side effects?	When should it be given	Can the pupil self-administer? Yes / No / supervised

Date form completed: / / . Completed by: (print name): …… Designation: ……..

Appendix 4

Pupil Medicine Administration Record (MAR)

…… School

Photo Photo	Name:	
	Date of Birth/NHS No	
	Medicine name and strength	
	Dosage and Method of administration:	
	Timing	
	Transcribing Signatures	1. 2.

Date:	Time:	Dose	Administered by:	Witnessed by:	Comments

Appendix 5

Request for school to administer medication

You have indicated on the parental consent form that your child is currently receiving medication and/or treatment. The school will not give your child medicine unless you complete and sign this form, and the head teacher has agreed that school staff can administer medication.

Surname:					
Forename(s):					
Date of Birth:		NHS No:		M ☐	F ☐
Address:					
Post Code:		Year/Class			
Condition/Illness:					

Medication

Name/Type of medication (as per dispensary label):
For how long will your child take this medication?
Date dispensed: Expiry date:
Dosage (amount) and method of administration:
Time(s) to be given:
Special precautions (if any):
Known side effects:

Self-administration: Yes ☐ No ☐

Procedures to take in any emergency:

Contact Information
Family Contact 1:

Name:	
Home Telephone:	
Work Telephone:	
Relationship:	

Family Contact 2:

Name:	
Home Telephone:	
Work Telephone:	
Relationship:	

Parental Agreement:
I understand that I must deliver the medicine personally to _____ (name of staff member receiving medication) and accept that this is a service which the school is not obliged to undertake.

Signature:		Date:	
Name (print):			
Relationship to Pupil:			

School to insert own Privacy Notice

Appendix 6

Request for the administration of medication or treatment during an offsite or out of hours activity

You have indicated on the parental consent form that your child is currently receiving medication and/or treatment. Your child can only be given this if you complete and sign this form, and the head teacher has agreed that the accompanying staff can administer medication or treatment whilst off the school site.

Details of Pupil

Surname:					
Forename(s):					
Date of Birth:		NHS No:		M ☐	F ☐
Address:					
Post Code:		Year/Class			
Condition/Illness:					

Medication – If medication is required please complete the section below:

Name/Type of medication include the expiry date of the medication (as described on the container):	Expiry date:
For how long will your child take this medication?	
Date dispensed:	
Full directions for use:	
Dosage and method:	
Timing:	
Special precautions (if any):	
Known side effects:	
Self-administration:	Yes ☐ No ☐
Procedures to take in an emergency:	

Treatment: (e.g. physiotherapy, catheterisation etc)
If treatment is required, please complete the section below:

Type of treatment:
Details of treatment:

Timing:

Contact Information

* Please note: It is essential that both contacts can be contacted by telephone:

Family Contact:

I may be contacted by telephoning one of the following numbers:

Day: Evening: Mobile:

Home address:

Alternative Emergency Contact:

Name:

Relationship:

Telephone: Day: Evening: Mobile:

Address:

Parental Agreement:

I understand that I must deliver the medicine personally to _____ and accept that this is a service which the accompanying staff are not obliged to undertake.

Signature:		Date:	
Name (print):			
Relationship to Pupil:			

School to insert own Privacy Notice

Appendix 7

Indemnity form for the administration of medication in schools

You have agreed that you will, if called upon to do so, be prepared to administer medication to pupils in school in accordance with the guidance set out in the council's policy document "Management of children with medical needs in school" and in accordance with any relevant policy of the school.

In consideration of your said agreement, and on the terms which follow, the council agrees that it will indemnify you against any liability for damages or other compensation arising out of or connected with the administration of medication, including liability for omissions or for another person's legal costs, and any sums paid on account of alleged such liabilities. The council will further indemnify you against any costs and expenses reasonable incurred by you in connection with any claim for damages of other compensation that may be made against you.

The council's obligation to indemnify you in respect of any claim is conditional upon: -

(a) Your notifying the council (NOTE – identify who should be notified) as soon as you are aware that any claim against you has been made or is being considered.
(b) Your cooperating and continuing to cooperate fully with the council and/or its insurers in dealing with any such claim, whether or not you remain in the employment of the council: and
(c) You not have made any admissions of liability or any payments on account of any alleged liability without first receiving the written agreement of the council or its insurers.

Where you claim the benefit of this indemnity, the council or its insurers may at their own expense conduct or take over the conduct of any litigation against you (whether actual or contemplated) and shall have full authority to instruct solicitors and to settle or otherwise deal with such litigation as they think fit. The council shall have the benefit of any rights of contribution or indemnity against third parties to which you may be entitled. Without prejudice to the general obligation of cooperation, you agree to sign any consents, authorities or assignments which the council or its insurers may reasonably require.

For the avoidance of doubt, this indemnity extends to any liability for negligent acts and omissions on your part. It does not extend to any case in which you may be adjudged deliberately to have harmed any person, and in any event of any such finding by a competent court, the council or its insurers may recover from you any sums already expended by them pursuant to this indemnity.

This indemnity applies to the administration of medication in school, and also in the course of school trips and other official school activities which may take place off school premises or out of school hours.

Signed:	
Post held:	
Date:	
Head Teacher:	
School:	

Appendix 8

Contacting Emergency Services

Dial 999, ask for ambulance and be ready with the following information: speak clearly and slowly

1	Your telephone number:	
2.	Give your location as follows: ***Insert school/offsite address and postcode***	
3.	State your postal code	
4.	Give exact location of the patient in the school: ***Insert brief description***	
5.	Give your name:	
6.	Give name of child and a brief description of their symptoms:	
7.	Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the patient	

Please print off this information and leave in full view of staff in case of emergency.

Appendix 9

EMERGENCY BUCCOLAM CARE PLAN

Pupils Name: D.O.B

Pupil starts seizing, commence timing seizure. → **Move anything away from the pupil that could cause harm.**

DO NOT restrict their movement

ONE PRE-FILLED BUCCOLAM SYRINGE TO BE ADMINISTERED

MINUTES AFTER THE ONSET OF SEIZURE.

Take one plastic tube, break the seal and pull the cap off. Take the syringe out of the → **Remove the syringe cap and gently insert into the mouth, between the gum and**

NOTHING IS TO BREAK THE LINE OF TEETH.

Slowly press the syringe plunger to release the whole amount of the buccal midazolam into the side of the mouth. → **Remove the syringe from the child's mouth, keep the empty syringe to give to a doctor or paramedic so they know what dose has been**

THE TIME THAT BUCCOLAM IS GIVEN MUST BE PASSED ONTO AMBULANCE CREW AND PARENTS

↓

When pupil has stopped seizing place in recovery position if appropriate.

AN AMBULANCE MUST CALLED BE WHEN:
IT IS THE FIRST DOSE GIVEN IN THE COMMUNITY (should this be school rather than community (Amy)
THE SEIZURE LASTS A FURTHER 5 MINUTES AFTER BUCCOLAM
YOU ARE CONCERNED ABOUT THE PATIENTS BREATHING

Appendix 10

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans

BSACI – Action Plan for anaphylaxis – using **Jext**

BSACI+AllergyActio
nPlan+2019+Jext.pd

BSACI – Action Plan for anaphylaxis – using **Emerade**

BSACI+AllergyActio
nPlan+2019Emerade.

BSACI – Action Plan for anaphylaxis – using **EpiPen**

BSACI+AllergyActio
nPlan+2019+EpiPen.

BSACI – Action Plan for anaphylaxis – no auto injector available.

BSACI+AllergyActio
nPlan+2018+No+AA

Individual Health Plan Process

Appendix 11

Pupils with medical conditions requiring Individual Healthcare Plans are: those who have diabetes, epilepsy with rescue medication, anaphylaxis, gastrostomy feeds, central line or other long term venous access, tracheostomy, difficult asthma. There may be other pupils with unusual chronic conditions who need an Individual Healthcare Plan, please liaise with the Nursing Teams as required.

Form SS12 sent out asking parents / carers to identify any medical conditions: • Transition discussions • At start of school year • New enrolment (during the school year) • Parents / carers inform school of any new diagnosis →School inform School Health Nursing (SHN) / Community Children's Nursing (CCN)Team	School
↓	
School Health Nursing / Community Children's Nursing review information available and contact family • Identify if Individual Healthcare Plan (IHP) is indicated (NB not all children with a health condition will need an IHP, it depends on the severity of the condition) →SHN / CCN inform school of IHP to be completed	School Health Nursing / Community Children's Nursing
↓	
IHP completed in liaison with child / young person (where appropriate), parents / carers and review of available medical records: • Review emergency contact details • Record medical information; diagnosis, signs and symptoms, symptom management, including medication • Identify if Emergency Care Pan is indicated → complete • Sign agreement; pupil (where appropriate), parents / carers and nurse. →SHN / CCN to share IHP with designated person in school	School Health Nursing / Community Children's Nursing
↓	
Pupil to added to IHP register	School
↓	

All parties to ensure IHP is in place. If there are any difficulties in getting this finalised, School to discuss with SHC / CCN Team.	School & School Health Nursing / Community Children's Nursing

Appendix 12

Individual Healthcare Plan Reviews Process – for mainstream schools (including some focus provision)

June **School Health Nursing**	All existing Individual Health Care Plans (IHPs) are sent by school health nursing into school for review by parents. Each school to have an A4 envelope clearly marked with the school name which will include: • A letter addressed to the school outlining the process and date that the reviewed and signed IHPs will be collected. • An envelope for each child which contains a copy of their existing IHP, a letter outlining the process, a signature slip and a return envelope. →Each school envelope is to be hand delivered by nursing staff ensuring that a delivery slip is signed by the receiving school member of staff. →Nursing staff to ensure that the school is aware of the contents and the importance of having the IHPs reviewed, signed and returned prior to the collection date. →Delivery slips to be returned to School Health Nursing Admin.

June **School**	Schools to send out envelop for each child.

July **School**	School to pass on to School Health Nursing all returned IHPs, prior to the end of the term.

August **School Health Nursing**	All collected IHP are reviewed and updated by a member of the school nursing team / community children's nurse team.

September **School Health Nursing**	All IHPs will be hand delivered into schools ensuring that the receiving member of staff signs a receipt slip and are aware of the contents. A letter to be sent from school health nursing to each school outlining the details of the IHPs that have not been returned.

September **School**	Update the IHP register to include new review dates. The absence of a returned signed plan from parents / carers is to be considered in line with safeguarding escalation.

Throughout year **School**	Any reported changes of health status or management for a pupil with an existing IHP is to be reported to School Health Nursing / Community Children's Nursing.

Individual Healthcare Plan Reviews Process – for special schools (including some focus provision)

Pupils attending a special school can present with complex health care needs. It is recognised that there is an enhanced partnership between school, home and Community Children's Nursing.
It can be that a pupil's health status is not stable and will require regular and frequent review resulting in amendments to their Individual Health Care Plan (IHP).
A pupil attending special school will have an Education, Health and Care Plan (EHCP). This provides opportunity to review all needs which could include the IHP.
Some pupils will have an Annual Medical Review as part of the health care management which also provides an opportunity to review the IHP.
In addition, other opportunities throughout the year, such as parents evening, are utilised to co-ordinate care reviews which can include the IHP.

Sandwell and West Birmingham Hospitals NHS Trust

Appendix 13

Administering Medication Pathway

Need:
2 Members of staff with appropriate competence
Pupil
MAR Chart
Correct Medication
Quiet Space

→ Wash hands

Same 2 staff members beginning to end

Prepare and give one medication at a time.

Check against MAR
Right Medicine
Right Dose
Right Route
Right Child
Right Time
Right Expiry Date

← → Draw up medication after all checks completed

DO NOT Give if you have a concern. Seek advice.

If child absent write in comments column

Administer medication to child → Check child is well → Dispose of equipment safely, and wash re-useable equipment

Wash hands → Store medication in locked cupboard → Both members of staff to sign and date MAR Chart. Note any issues in comments column

DON'T

- × **Pour Medication into the lid of bottle**
- × **Repeat if child vomits or spits it out**
- × **Prepare medication to give later**
- × **Leave medication in reach of pupils**
- × **Get the MAR Chart covered in medication or water – it is a LEGAL document**

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Appendix 14

Competency Assessment

This competency is for (procedure):
Expiry Date:
Named Carer:

	Max duration 12 months

Required Skills and Knowledge:

Areas Covered	**Signature: Trainee**	**Trainer**
Basic anatomy and physiology		
Psychological Implications		
Demonstration of skill		
Complications and troubleshooting		
Safety		
Record Keeping		
Privacy and dignity		
Levels of Competency		
Initial teaching		
Supervised practice		
Safe to practice		
Competent/confident practice		

Competency assessment completed by:

Name: Title:
Signature: Date:
I certify that ocument
the procedu urrent NM
……
……

I the above named carer certify that I am happy to carry out the above procedure within the competencies detailed above. I understand the scope of these competencies. I will seek further training if I have any concerns about my competency and in any event six weeks before the expiry date on the front of this form renew my training. Upon the date of expiry of this competency, if my training has not been renewed of if I have concerns about my competency, I will discontinue undertaking the procedure and seek appropriate advice from a qualified clinician and / or my employer. I will ensure I maintain my competence by undertaking the procedure at least weekly where appropriate.

Name:

Signature Date:

Appendix 15

Useful information links

https://contact.org.uk/ - advice and information on specific conditions
https://www.gosh.nhs.uk/ - advice and information on specific conditions
https://www.nhs.uk/conditions/ - advice and information on specific conditions
https://www.nice.org.uk/guidance - advice on guidelines and best practice
www.medicines for children.org.uk – advice on medicines given for children
https://www.nutriciaflocare.com/ - information about enteral feeding and training
https://pinnt.com/ - advice about enteral feeding
www.youngepilepsy.org.uk – advice and support about epilepsy
www.epilepsysociety.org.uk – advice and support about epilepsy
https://www.eric.org.uk - Eric: The Children's Bowel & Bladder Charity
https://www.asthma.org.uk – advice and support about asthma
https://www.bsaci.org - The British Society for Allergy & Clinical Immunology
https://www.allergyuk.org - Allergy UK
http://www.eczema.org - National Eczema Society
https://www.britishskinfoundation.org.uk - British Skin Foundation
https://www.resus.org.uk - Resuscitation Council UK
https://www.anaphylaxis.org.uk - Anaphylaxis UK: