

## Medication Management in School Policy

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## Introduction

- 1 This policy has been written to support school staff in providing evidence-based care in the management of medication at Alderbrook School and Sixth Form. The school has a duty of care under Section 100 of the Children's and Family Act 2014 to ensure there are suitable arrangements in place to support Student's at school who have medical conditions.
- 2 The key aims of this policy are:
  - To ensure the school is following national guidance and legislation in regards to the safe management of medications in school.
  - To ensure that Students and Staff feel safe and supported in the management of medications in school
  - To minimise risk in the management of medication in schools.

## Definitions

- 3 For the purpose of this policy, the following definitions will apply:
  - Use of the word 'Medication' throughout this document: "Any substance or combination of substances presented as having properties for treating or preventing disease in human beings" (Article 1 of Directive 2001/83/EC)
  - Use of the word 'Student' throughout this document: Any Student on roll at Alderbrook School and Sixth Form
  - Use of 'Parent/Carer' throughout this document: The Person(s) with Parental Responsibility for a Student on roll at Alderbrook School and Sixth Form
  - Use of 'School Nurse' throughout this document: The School Nurse is employed by Alderbrook School and Sixth Form and is registered on the Nursing and Midwifery Council Register
  - Use of 'School Staff' throughout this document: Any member of staff employed by Alderbrook School and Sixth Form
  - Use of 'Qualified First Aider': Any member of staff employed by Alderbrook School and Sixth Form who has received First Aid training to become a Qualified First Aider.
  - Use of 'Trained Member of Staff': Any member of staff employed by Alderbrook School and Sixth Form who has been deemed competent in the safe administration of medication.

## Parent/Carer Responsibilities

- 4 When a student first starts at Alderbrook School and Sixth Form, their parent/carer will be asked to complete an admission form containing the following information:
  - Who has parental responsibility for the Student
  - The name of the Student's GP
  - Emergency Contact Numbers
  - Details of any medical conditions including the current treatment if applicable
  - Any allergies the Student may have. This would also include the treatment plan for this and details about the type of reaction they experience when exposed to the allergen.
  - Any special dietary requirements

- 5 Parents/Carers are required to complete a written consent form to administer medications for Alderbrook School to approve administering medication to the Child during school time hours. Please see Appendix 1 for further information.
- 6 Prior to approving the administration of medication by school staff, it is important for the team to consider the following:
  - Wherever possible, medication should be administered at home
  - Every request by Parents/Carers for staff to administer medication on school premises should be considered on an individual basis.
  - Written consent is required by the Parent/Carer with parental responsibility.
- 7 Parents/Carers are responsible for ensuring that when approval has been granted, the medication should be handed over to the School Nurse. No student should have medication on their person, other than emergency medications such as AAI or asthma inhaler.
- 8 All medication should be clearly labelled with:
  - The student's name and date of birth
  - Name of medication
  - Strength and quantity of medication
  - Route medication is to be administered i.e. oral, inhaled
  - Precise instructions of the dosage required
  - Any additional information
  - Expiry Date
  - The date that the medication was dispensed (This should have been within three months)
- 9 An adequate supply of medication which is in date must always be available in school. This should also include the means of administering the medication e.g. providing syringes to measure medication safely.

## Staff Responsibilities

- 10 The School Nurse is responsible for the holding of care plans relating to the Administration of Medications for Students.
- 11 Prior to the administration of any medication, the member of staff administering the medication MUST ensure that they have asked the Student to confirm their name and date of birth. They must also ensure that they have read through the instructions of how to administer the medication, checking that they are administering the correct dosage and medication.
- 12 The member of staff administering the medication must clearly document this on the 'Record of Administration of Medication Form' in black indelible ink.
- 13 The School Nurse or Trained member of staff must inform the parent/carer on the same day if a medication has not been administered as prescribed detailing the rationale behind this decision. This should also be clearly documented on the 'Record of Administration of Medication Form'.

- 14 All staff administering medication must have received appropriate training. This will be completed by the School Nurse where possible. If the School Nurse is unable to provide this training, the School Nurse will arrange appropriate training to meet the needs of the staff group and Student's needs.
- 15 Annual training should be provided to staff relating to emergencies, relevant medical conditions and medications. This advice can be discussed with the School Nurse.
- 16 All school staff bringing medication onto school property for their own use must hold responsibility for the safe storage and management of this medication.
- 17 The school is not able to provide medication to Students e.g. analgesia however if prescribed, can be administered under the same procedures as any other medication.

## Simple Analgesia

- 18 Students at Alderbrook School and Sixth Form may be given paracetamol by the School Nurse provided that:
  - Parents/Carers have been contacted and have given consent which can be obtained virtually via email
  - The time of consent and time of administered medications is documented.
  - The student has eaten that day
  - Checks have been made that no other medication has been given at home that may contain paracetamol. This is to ensure that four hours have elapsed between doses and that the maximum daily dose has not been exceeded.
  - Checks have been made regarding the student's allergy status
- 19 The School Nurse/Qualified First Aider will administer Paracetamol in accordance with guidance from the British National Formulary which recommended dosage will be printed on the packaging of all medication. Dosage will be given as instructed on packaging.
- 20 Paracetamol will be given at the discretion of the School Nurse. In the absence of the School Nurse, students may be given paracetamol by a Qualified First Aider only if they are experiencing period pain or have a headache with no other symptoms. This must always be discussed with a parent/carer prior to administration.
- 21 A child under the age of 16yrs must not be given aspirin unless prescribed.
- 22 Paracetamol must not be administered in the event of a Student experiencing a head injury.
- 23 Consent must be gained prior to administration and a consent form will be sent via email.

[https://forms.office.com/Pages/ResponsePage.aspx?id=X0SbBKBtc06r0AH9Dcqd5\\_\\_7-R3tq3dIrB\\_59O32PQtUREhPRUNSWIZBVTNHUo0UUVpNREhVMTdWRy4u](https://forms.office.com/Pages/ResponsePage.aspx?id=X0SbBKBtc06r0AH9Dcqd5__7-R3tq3dIrB_59O32PQtUREhPRUNSWIZBVTNHUo0UUVpNREhVMTdWRy4u)

Only on receipt of linked consent form will the "simple analgesia be given".

## MEDICAL EMERGENCIES

- 24 The School Nurse will deal with medical emergencies, assisted by Qualified First Aiders, supported by Senior Staff. In the absence of the School Nurse, medical emergencies will be dealt with by Qualified First Aiders supported by Senior Staff.

- 25 Emergency medication will be stored in an unlocked area in the staffroom and First Aid office as well as the Pupil Reception office. In addition to this, a copy of the consent form will be kept alongside the medication including clear, precise instructions of action to be taken in an emergency.
- 26 Emergency medications are :
- Emergency Salbutamol inhalers and
  - Auto adrenaline injectors (EPI pens)
- 27 In the event of an emergency, The School Nurse/First Aider/Senior member of the staff team should always stay with the Student.
- In an emergency, Reception staff will be asked to call an ambulance. All staff should be aware of how to call the emergency services i.e. 999.
  - All staff must follow the instructions of the School Nurse, Qualified First Aider or member of Leadership team in an emergency including calling an ambulance.
  - The Senior team present will make any necessary arrangement for the support of any witnesses to the emergency.
  - If in any doubt about a person's condition, an ambulance should always be called.
- 28 Adrenalin auto-injectors (Brand names include Emerade, Epi-Pen, Jext) must be carried by the Student with a spare auto-injector device kept in the staff room labelled with care plan attached. Parents/Carers will be asked to ensure that the dosage requirements are regularly updated and that the school are informed of any changes. **999 must be called if an adrenaline auto-injector is required to be used in school detailing 'anaphylaxis' to the operator.**
- 29 In addition to this, from October 2017, Schools have been permitted to hold spare Auto-Injectors. The spare Auto-Injectors may be used for Students who are known to have a risk of anaphylaxis and have been prescribed a Auto-Injector for emergencies or for those known to be at risk but have not been prescribed an Auto-Injector. Both medical and parental consent needs to be obtained for the use of the school Auto-Injector and will be kept alongside the care plan with the Auto-Injector.
- 30 The spare Auto-Injector will contain:
- A register of students who have been prescribed an Auto-Injector for use in anaphylaxis
  - An Auto-Injector pen
  - Instructions on how to use the Auto-Injector
  - Record sheet showing the batch number and expiry date of Auto-Injector. This is to be monitored monthly
  - Instructions to inform the nurse if the kit is used so it may be restocked for future use.
- 31 The School Nurse will be responsible for checking and maintaining the kit.
- 32 From September 2014, schools have been permitted to have Emergency Asthma Kits. This kit can be used to treat students who are known to have Asthma or have been prescribed an inhaler if an inhaler is not available or faulty.
- 33 The Emergency Asthma Kit will contain:
- A Salbutamol Inhaler
  - A spacer device

- List of students who have given written consent for use of the kit
  - An administration record
  - A record sheet showing batch number of inhaler and monthly checks
- 34 The School Nurse will be responsible for checking and maintaining the kits
- 35 The Emergency Asthma Kit does not replace the requirement that all students known to have Asthma or have an inhaler are to carry one at all times including School Visits.
- 36 If the emergency salbutamol inhaler is used, parent/carer is to be informed and form to be completed.
- 37 Students who have diabetes must have access to an Emergency Kit at all times, which is kept in the First Aid room. The kit will contain:
- Quick acting glucose in the form of glucose sweets or drinks.
  - Long acting carbohydrate such as biscuits.
- 38 If blood glucose monitoring is required at school, the First Aid room is equipped for all diabetic childrens' individual needs.
- 39 Specific specialised training is required for staff prepared to act in emergency situations. Staff who consent to administer emergency medication must have training from an appropriate healthcare professional e.g. NHS School Nurse which must be repeated annually.

## Storage of Medication

- 40 Non-emergency medication will be stored in the First aid room on site.
- 41 Parent/Carers are responsible for ensuring that the information held about the medication is accurate and kept up to date. They are also responsible for the maintenance of equipment required.
- 42 The School Nurse will be responsible for monitoring the medication cupboard each term and disposing of medication which is no longer required. This should be clearly documented for monitoring purposes.
- 43 The School Nurse will return medication to the Student's Parent/Carer or the local pharmacy when:
- The course of treatment is completed
  - The labels become illegible
  - Instructions are changed
- 44 This should be clearly documented on the 'Record of Administration of Medication Form'. Please see Appendix 2 for further information.

## Out of School Activities

- 45 A thorough risk assessment should be completed prior to any out of school activity for a Student with a medication condition.
- 46 This risk assessment should be completed by the Trip Leader and include input from the Student, Parent/Carer and a trained member of staff holding responsibility for the



administration of medication whilst out of school premises. The Trip Leader will also liaise with the School Nurse for additional support and advice.

- 47 If the Student does not self-administer their medication, the Student's Parent/Carer or a trained member of staff must accompany the Student on the out of school activity. The consent form for Administration of Medication should accompany the Student on the out of school activity.
- 48 It is important for the Trip Leader to inform all staff who have responsibility for the student during the trip about the need for medication and the action to be taken in the event of an emergency.
- 49 On trips outside of the UK, it is important to gain advice on the carriage of medication including specific advice on the carriage of controlled drugs. This information can be obtained from the Foreign Office or the Embassy of the country visited.

## Record Keeping

- 50 In accordance with the General Data Protection Regulation (2018), all documents detailing information about a person's physical and/or mental health are classified as 'sensitive personal data' or 'special category data'
- 51 Medical information will only be shared with relevant members of staff involved in the care of the Student when deemed in the best interests of the Student. The Student and their Parents/Carers will be kept informed of any information sharing unless in exceptional circumstances such as safeguarding concerns. Please see safeguarding policy for further details.
- 52 The School Nurse will have a record of individual Student's needs in a care plan. This should be reviewed at least annually or when there are any changes in the Student's condition or treatment. These documents will be kept in a locked cupboard and stored in the medical room in accordance with the Data Protection Act 1998. This will also be kept in the student's school file and linked electronically via sims.
- 53 The School Nurse will ensure that each administration of medication on school premises is documented using Sims system.
- 54 The form should include details of the date, time, route and dosage of medication administered.
- 55 Prior to administration of any medication, staff must ensure that they have confirmed the name and date of birth of the Student as well as to confirm if the Student has any allergies.
- 56 Parents/Carers are to be informed on the same day if medication has not been administered according to written guidance and rationale given. This is also to be clearly documented and communication around this.
- 57 Alderbrook School and Sixth Form are required by law to retain any documents related to the medical needs of the Student until the Student reaches the age of 25 years. This is in accordance with the Department of Health requirements regarding the retention of medical and health records.

58 Records should be reviewed carefully by the school prior to being destroyed at the end of the retention period.

## References

Solihull-Medicines-in-Schools-and-Settings-Guidance-and-Advice-Nov-18-Updates.

Children and Families Act (2014)

Department of Education (2017) *Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England*

Department of Health (2016) Records Management Code of Practice

General Data Protection Regulation (2018)

Joint Formulary Committee (2019) *British National Formulary (Online)* London. BMJ Group and Pharmaceutical Press

## Appendix 1 - Parental/carer consent to administer a prescribed medicine

All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.

A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: one tablet, one 5ml spoonful	
Time(s) the medication should be given	
Reason for medication	
Duration of medicine - please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	
Mobile number of parent/carer	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the School Nurse or Qualified First Aider to administer the prescribed medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent / carer name	
Parent / carer signature	
Date	

## Appendix 2 - Parental/carer consent to administer an ‘over-the-counter’ (OTC) medicine

All over the counter (OTC) medicines will and must be in the original container.

A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
How much (dose) to be given. For example: one tablet, one 5ml spoonful	
Time(s) the medication should be given	
Reason for medication	
Duration of medicine - please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	
Mobile number of parent/carer	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the School Nurse or Qualified First Aider to administer the prescribed medicine to my son/daughter during the time he/she is at school. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent / carer name	
Parent / carer signature	
Date	

Appendix 2 A- Parental/carer consent to administer an 'over-the-counter' (OTC) medicine via Linked email document.

[https://forms.office.com/Pages/ResponsePage.aspx?id=X0SbBKBtc06r0AH9Dcqd5\\_7-R3tq3dlrB\\_59O32PQtUREhPRUNSWIZBVTNHWUo0UVpNREhVMTdWRy4u](https://forms.office.com/Pages/ResponsePage.aspx?id=X0SbBKBtc06r0AH9Dcqd5_7-R3tq3dlrB_59O32PQtUREhPRUNSWIZBVTNHWUo0UVpNREhVMTdWRy4u)

### Appendix 3 - Emergency Salbutamol Inhaler use in school

Child's name:

Class:

Date:

Dear Parent/Carer of:

This letter is to formally notify you that your child has had problems with their breathing today and requested the use of an emergency salbutamol inhaler.

This happened when:

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs. . [Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

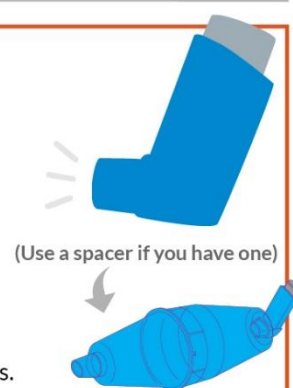
Yours sincerely

## Appendix 4 - Asthma Care

- 1 People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.
- 2 Schools can hold salbutamol inhalers for emergency use but if a child diagnosed with asthma may need to use the school's emergency inhaler, this possibility should be explained in their Care Plan and schools should have asked for parent's consent at the same time. For further information and guidance, please see Guidance on the use of emergency salbutamol inhalers in schools, Department for Health, March 2015.

### What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 **Call 999 for an ambulance if:**
  - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
  - they don't feel better after 10 puffs
  - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



**IMPORTANT!** This asthma attack information is not designed for children using a SMART or MART regime. If they do not have a reliever inhaler, call an ambulance. Then speak to their GP or asthma nurse to get the correct asthma attack information for the future.

Further source of information: Asthma UK Tel: 0300 222 5800 Email: [info@asthma.org.uk](mailto:info@asthma.org.uk) <https://www.asthma.org.uk/>

## Appendix 5 - Administration of Auto Adrenaline Injectors

- 1 Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to the allergen, which may be a certain food or other substance, but may occur after a few hours. Auto adrenaline injectors should only be administered by staff who have volunteered and been trained by the appropriate health professional. Schools should have obtained parental consent and prepared a Care Plan for the child on becoming aware that the child has been prescribed this medication.
- 2 An auto adrenaline injector (AAI) is a preloaded pen device, which contains a single measured dose of adrenaline for administration in cases of anaphylaxis. It is not possible to give too large a dose from one device used correctly in accordance with the child's Care Plan, so even if it is given inadvertently it is unlikely to do any harm. However medical advice should be obtained as soon as possible after the medication is administered. Auto adrenaline injectors should only be used for the person for whom it is prescribed.
- 3 National guidance on AAI's within school was released by the DfE in September 2017 and this should be considered as a supplement to this guidance. The DfE Guidance can be found at: <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

### Administering EpiPen



## Administering Jext



## Administering emerade



### Further source of information

The Anaphylaxis Campaign

Helpline: 01252 542029

Website: <https://www.anaphylaxis.org.uk>

Email: [info@anaphylaxis.org.uk](mailto:info@anaphylaxis.org.uk)



## Appendix 6 - Management of Diabetes

- 1 Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels because the pancreas does not make any or enough insulin, because the insulin does not work properly, or both. There are two main types of diabetes:
- 2 **Type 1 Diabetes** develops when the pancreas is unable to make insulin. The majority of children and young people will have Type 1 diabetes and need to replace their missing insulin either through multiple injections or an insulin pump therapy.
- 3 **Type 2 Diabetes** is most common in adults, but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough, or it does not work properly.

### Treating Diabetes

- 4 Children with Type 1 diabetes manage their condition by the following:-
  - Regular monitoring of their blood glucose levels
  - Insulin injections or use of insulin pump
  - Eating a healthy diet
  - Exercise
- 5 The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a pupil may need to do this at least once while at school.

### Insulin therapy

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

### Insulin pens

- 7 The insulin pen should be kept at room temperature but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. Parents should ensure enough insulin is available at school and on school trips at all times.
- 8 Older pupils will probably be able to independently administer their insulin; however, younger pupils may need supervision or adult assistance. The pupil's individual Care Plan will provide details regarding their insulin requirements.

### Insulin pumps

- 9 Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. They continually deliver insulin and many pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage their pump independently, while others may require supervision or assistance. The child's individual Health Care Plan should provide details regarding their insulin therapy requirements.

### Medication for Type 2 Diabetes

- 10 Although Type 2 Diabetes is mainly treated with lifestyle changes e.g. healthy diet, losing weight, increased exercise, tablets or insulin may be required to achieve normal blood glucose levels.

### Administration of Insulin injections

- 11 If a child requires insulin injections during the day, individual guidance/training will be provided to appropriate school staff by specialist hospital paediatric diabetic nurses, as treatment is individually tailored. A Care Plan should be prepared.

### Best Practice Points for Managing Hypoglycaemia (hypo or low blood sugar) in Children Who Have Diabetes

- 12 Schools should offer all staff diabetes awareness training which will be provided by the paediatric diabetic nurses/ School nurse if a child in the school has diabetes. Training should include how to prevent the occurrence of hypoglycaemia which occurs when the blood-sugar level falls. Staff who volunteer can also be trained in administering treatment for hypoglycaemic episodes.
- 13 Symptoms of diabetes can vary from person to person, therefore it will always be necessary for schools to prepare a Care Plan for children who have the condition and obtain parental consent to administer treatment. Often, this will be done when the nurse attends the staff training session if the parent is also able to attend to give their views
- 14 To **prevent** a hypo
- Children must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed due to extracurricular activities at lunchtimes, or detention sessions;
  - Offsite activities e.g. visits, overnight stays, will require additional planning and liaison with parent; and
  - Schools should ask parents to ensure that they provide the school with sufficient, in-date, quantities of the treatment that their child may require.
- 15 To **treat** a hypo
- Staff should be familiar with pupil's individual symptoms of a "hypo" so that steps to treat the pupil can be taken at the earliest possible stage. Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion, and slurred speech;
  - If a meal or snack is missed, or after strenuous activity, or sometimes even for no apparent reason, the child may experience a "hypo". Treatment might be different for each child, and will be set out in their Care Plan, but will usually be either dextrose tablets, or sugary drink, or Glucogel/Hypostop (dextrose gel) which should be readily available, not locked away and may be carried by the pupil. Expiry dates must be checked each term by the parent/carer.
  - Glucogel/Hypostop is used by squeezing it into the side of the mouth and rubbing it into the gums, where it will be absorbed by the bloodstream.
  - Once the child has started to recover a slower acting starchy food such as biscuits and milk should be given.

- If the child is or becomes very drowsy, unconscious, or fitting, a 999 call must be made and the child put in the recovery position. Due to the risk of choking the caregiver should not attempt to give the child an oral treatment, i.e. a drink, tablets or food.
- Parents should be notified that their child has experienced a hypo, informed of the treatment provided and asked to provide new stocks of medication.

16 Once the child has recovered the School Records- Sims should be completed

### Best Practice Guidance for Blood Glucose Monitoring for Children

17 The Care Plan will explain how frequently the pupil needs to check their blood glucose levels and will set out the method that should be used.

18 It is recommended that all staff use a fully disposable Unistik 3 Comfort Lancets device if they are undertaking patient blood glucose testing on a pupil. This is a single use device and the lancet remains covered once it has been used.

19 If a child has an insulin pump, individual arrangements will be made with a specialist nurse and parents to ensure school staff are fully trained in the management and use of the pump.

20 For children who self-test the use of Unistiks is not necessary and he/she will be taught to use a finger pricker device in which a disposable lancet will be inserted. This device can be purchased at a local chemist or in some cases may be provided by the Paediatric Diabetes Specialist nurse. The disposable lancet can be ordered on prescription via the pupil's GP.

21 Whenever possible, staff will encourage pupils to undertake their own finger prick blood glucose testing and management of their diabetes, encouraging good hand hygiene. However, in exceptional circumstances such as a pupil having a hypoglycaemic attack, it may be necessary for a member of staff to undertake the test.

### How to use the Unistik lancet

22 The process for using a Unistik lancet is as follows

- Prior to the test wash hands
- Encourage pupil to wash their hands wherever possible
- Ensure all equipment is together on a tray including a small sharps box
- Where possible explain the procedure to the pupil
- Apply gloves before testing
- Use a meter which has a low risk for contamination then blood is applied to the strip such as an optium exceed or one touch ultra
- Ensure meter is coded correctly for the strips in use and that the strips are in date.
- Place the strip into the meter
- Prick the side of the finger using a Unistik comfort 3
- Apply blood to the test strip according to the manufacturer's instructions
- Once the test is completed put the used test strip and lancet directly into the sharps box
- Return the tray to a safe area/room
- Wash hands following the removal of gloves avoiding any possible contact with blood; use alcohol rub
- Record the blood glucose reading in the pupil's care plan/diary
- Parents are responsible for supplying all necessary equipment and medication

- Provision and disposal of a sharps box should be discussed individually with the Paediatric Diabetes Specialist Nurse

Further notes:

- 23 The Care Plan will document what action to take if the blood glucose result is higher or lower than expected.

Further sources of information:

Diabetes UK

Tel: 020 7424 1000

Email: [info@diabetes.org.uk](mailto:info@diabetes.org.uk)

Website: <https://www.diabetes.org.uk/>

## Appendix 7 - Managing Eczema

- 1 Eczema (also known as dermatitis) is a non-contagious dry skin condition which affects people of all ages, including one in five children in the UK. It is a highly individual condition which varies from person to person and comes in many different forms.
- 2 In mild cases of eczema, the skin is dry, scaly, red, and itchy but in more severe cases the child's skin may experience weeping, crusting, and bleeding which can be exacerbated by constant scratching causing the skin to split and bleed and leaving it open to infection. In severe cases, it may be helpful and reassuring for all concerned if a Care Plan is completed. . If whole body or significant creaming is required, factors that will need to be taken into account might include:
  - Who will do the creaming? (Including taking into account how much the child can do for him/herself depending on age, maturity etc., Permission needed from parents)
  - How often does this need to happen? (How can this be planned around curriculum time etc.?)
  - Where will the creaming take place? (Considering the need to ensure both privacy and safeguarding of the pupil and the safety of staff.)
  - What medication and/or equipment will the parents provide and what may school need to provide (e.g. gloves etc.)?
- 3 These details would all need to be provided on the pupil's care plan.
- 4 Atopic eczema is the most common form. We still do not know exactly why atopic eczema develops in some people. Research shows a combination of factors play a part including genetics (hereditary) and the environment. Atopic eczema can flare up and then calm down for a time, but the skin tends to remain dry and itchy between flare ups. The skin is dry and reddened and may be very itchy, scaly and cracked. The itchiness of eczema can be unbearable, leading to sleep loss, frustration, poor concentration, stress, and depression.
- 5 There is currently no cure for eczema but maintaining a good skin care routine and learning what triggers a pupil's eczema can help maintain the condition successfully, although there will be times when the trigger is not clear. Keeping skin moisturised using emollients (medical moisturisers) is key to managing all types of eczema, with topical steroids commonly used to bring flare ups under control.

## Appendix 8 – Managing Epilepsy

- 1 Epilepsy is a neurological condition that causes recurrent seizures. This is caused by abnormal electrical activity in the brain. Seizures can happen anytime anywhere. 60% of people with epilepsy there is no known reason for them to have developed epilepsy. The other 40% there is an underlying cause or brain trauma. About 1 in 133 people suffer from epilepsy.
- 2 Epilepsy is diagnosed through a good medical history and an eye witness account of the seizure. When it is suspected that a child has epilepsy the child is sent for tests such as EEG's and MRI to help support the diagnosis and to look for any structural abnormalities in the brain. There is a big problem with misdiagnosis, as some things that look like epilepsy are not epilepsy such as migraine and fainting.
- 3 There are two main types of seizures: focal and generalized.
  - Generalized seizure is where the whole of the brain is affected and the electrical activity is coming from all over. These seizures are when the muscles relax and the person falls to the floor, they can become stiff and have generalized jerking of all four limbs. These are also the absence types of epilepsy.
  - Focal seizures are when the electrical activity is localized to one part of the brain, these seizures can present with twitching in their face, hands, arms and legs. They can feel strong emotions, make unusual noises and have unusual behavior such as lip smacking, head turning to one side.
- 4 When you suspect a child to have a seizure, make sure you try and time the seizure, record what happened before, during and afterwards. If you have permission from parents a video is very helpful to make a diagnosis.

### Managing a Tonic Clonic Seizure

- 5 If a child has a generalized tonic clonic seizure (jerking or all four limbs) it is important to stay as calm as possible. Reassure the other children in the classroom. Ensure that the child having the seizure cannot harm themselves
  - Check safety of the area
  - Move any potential dangerous object which the child could hurt themselves on
  - Cushion head with something soft – such as a small jumper (especially if on concrete to avoid injury)
  - Stay with the child throughout the seizure
  - After the seizure is over put into recovery position until completely recovered
  - Check the child for injury and maintain privacy and dignity throughout
- 6 Do not
  - Restrain the child
  - Do not move the child unless they are in direct danger
  - Put anything in their mouth
  - Do not give any food or drink
- 7 You should call for an AMBULANCE if:
  - the seizure is going on for longer than 5 minutes
  - it is the child's first seizure

- the child is injured
  - you are concerned at any point
- 8 For all seizures, it is important to:
- Keep a record of the time and length of the seizure
  - Describe the event if possible - how it started, what happened, how it finished
  - Note anything that happened before the seizure? i.e. bump to the head, argument, sleepy, do they have a fever.
  - Note what happened during the seizure? i.e. were they stiff, floppy, jerking, eyes rolled, head turned etc.- were they incontinent
  - Note what happened afterwards? i.e. how long it took to recover, were they sleepy after, did they go back to normal and do they remember it.
- 9 Epilepsy can be controlled with regular medications, emergency medications, Ketogenic diet, surgery and VNS. The medications that we use to control epilepsy are strong and important to take regularly. When a child is prescribed an anti-epileptic medication, they are usually given a plan with how and when to take the medication. Usually they only take the medication twice a day however, there are some children who need a third dose in the day time. If the child was to vomit after the administration of the medication, unless it was a tablet and you can see it, we would advise not to repeat the dose as you are not sure how much has been absorbed.
- 10 If a dose is missed, a catch up dose may be given within 4 hours of the designated time. After the 4 hours, do not give the dose and carry on with the next dose. If a child was to miss a dose of medication, be aware that they may have more seizures as a result.
- 11 Epilepsy can have a significant impact on a child's achievement; they can experience problems with the visual/verbal learning process, reading, writing, speech language, numeracy, memory, psychosocial problems, concentration and behavior. We can help improve this through group work, providing written information as a prompt, making sure that the student has not missed anything, encourage note taking, cue cards, highlighting important information, rhymes, repetition and revision.
- 12 Every child with a diagnosis of epilepsy should have a health care plan in school with details on how to manage that child's seizure. Children with emergency medication also need an up-to-date care plan with details of when to give the medication. Most of the time the child will be prescribed Buccolam (midazolam), however if the child cannot take this, they will be prescribed a rectal emergency medication.
- [Guidelines for the administration of Bucolic \(midazolam\)](#)
- 13 Bucolic (midazolam) is an emergency treatment for epilepsy, for prolonged convulsions and clusters of seizure activity. It is administered via the mouth in the Bucolic cavity (between the gum and the cheek)
- 14 Bucolic (midazolam) can only be administered by a member of the school staff, ideally someone who spends the most time with the student, who has been assessed and has been signed to say they have received the training and know what to do. Training of the designated staff will be provided by the school nurse and a record of the training undertaken will be kept by the head teacher for the schools records. Training must be updated annually. The training must be child specific, general Bucolic (midazolam) training can be done but each child who

requires it must have their care plan reviewed and understood by the staff members who would be administering the Buccolic (midazolam).

15 Buccolic (midazolam) care plans should reflect the specific requirements of each case and further advice should be sought from the specialist nurse/consultant/GP

- Buccolam (midazolam) can only be administered in accordance with an up-to-date written care plan with medical and parental input. If the dose changes it is the responsibility of the parent to have the care plan updated. Old care plans should be filed in the pupils records.
- The Buccolam (midazolam) care plan should be renewed yearly. The school nurse will check with the parent/ carer that the dose remains the same
- The care plan must be available each time the Buccolam (midazolam) is administered: if practical to be kept with the Buccolam (midazolam)
- Buccolam (midazolam) can only be administered by designated staff, who has received training from the school nurse. A list of appropriately training staff will be kept.
- The consent form and care plan must always be checked before the Buccolam (midazolam) is administered
- It is recommended that the administration is witnessed by a second adult
- The child should not be left alone until fully recovered
- The amount of Buccolam (midazolam) that is administered must be recorded on the pupil's Buccolam (midazolam) record card. The record card must be signed with a full signature of the person who has administered the Buccolam (midazolam), timed and dated. Parents should be informed if the dose has been given in an emergency situation
- Each dose of Buccolam (midazolam) must be labelled with the individual pupil's name and stored in a locked cupboard, yet readily available. The keys should be readily available to all designated staff
- School staff must check expiry date of Buccolam (midazolam) each term. In special schools, where nurses are based on site, the school nurse may carry out this responsibility. It should be replaced by the parent/ carer at the request of the school or health staff. Please inform parents within a month of expiry to give them time to replace it.
- All school staff designated to administer Buccolam (midazolam) should have access to a list of pupils who may require emergency Buccolam (midazolam). The list should be updated annually, and amended at other times as necessary.
- All Buccolam (midazolam) training needs to be child specific. General training can be done but each individual care plan needs to be reviewed.
- A Buccolam authorisation form should be completed by a consultant paediatrician outlining the dosage, and administration guidance from the doctor and signed parental consent confirming the dose. Within special schools best practice would be that parents are contacted before Buccolam administration to establish if an earlier dose has been administered.