

Supporting Pupils with Medical Conditions Policy

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The Governing Body will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of pupil's conditions, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant pupils.
- Developing and monitoring Individual Healthcare Plans (IHPs).

The Executive Principal will nominate a member of staff to assume the role of Medication Coordinator, who will have overall responsibility for the implementation of this policy.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on Governing Bodies to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

3. Roles and responsibilities

3.1 The Governing Body

The Governing Body has ultimate responsibility to make arrangements to support pupils with medical conditions. The Governing Body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Executive Principal

The Executive Principal will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

The school nursing team will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians will liaise with the schools' nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

The ALP is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

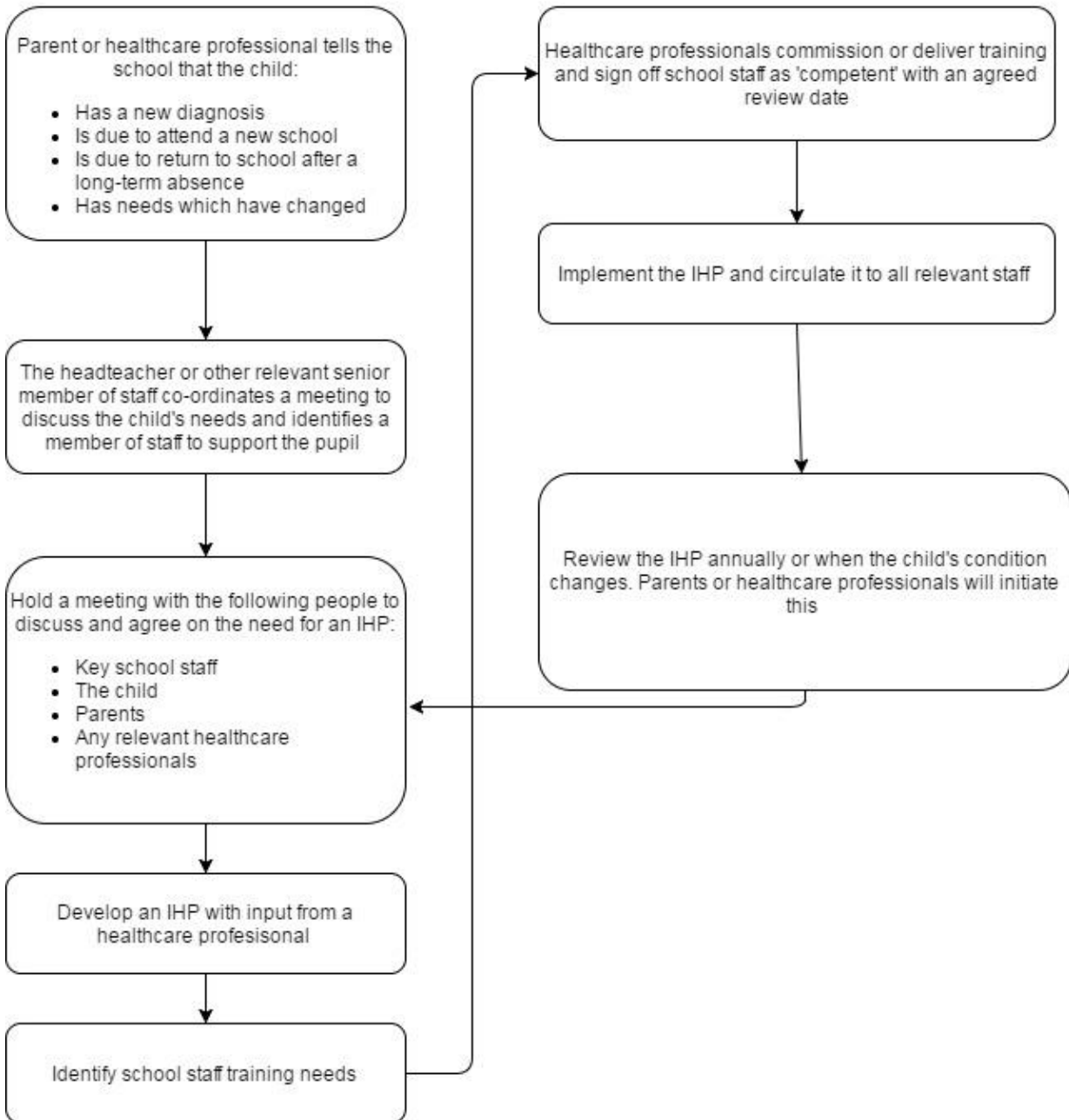
School will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



6. Individual healthcare plans

The Executive Principal has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to:

- Central Primary – Medication Coordinators Susan Jarvis and Christine Scott (Care Plans – lower site).
- Bothal Primary – Medication Coordinators Erica Forsyth and Clare Duncan.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- what needs to be done;
- when;
- by whom.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Executive Principal will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Statement of Special Educational Needs (SEN) or Education, Health and Care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following will be considered when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the Executive Principal for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

7. Managing medicines

Prescription medicines will only be administered at school:

- when medication cannot be given outside of school hours;
- when it would be detrimental to the pupil's health or school attendance not to do so; **and**
- where we have parents' written consent. Appendix 1.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- in-date;
- labelled;
- provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Emergency Salbutamol Inhalers in Schools

Schools are now permitted to keep a supply of salbutamol inhalers on site for use in an emergency. This is a sensible contingency arrangement in the event that children lose, forget or break their inhalers.

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- who have been prescribed a reliever inhaler;
- for whom written parental consent for use of the emergency inhaler has been given.

Information on the use of the emergency inhaler should be recorded in a child's Individual Healthcare Plan.

Schools are not required to hold an inhaler – this is a discretionary power enabling them to do so if they wish. Those which choose to keep an emergency inhaler should use the guidance below to establish a protocol for its use.

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital and, potentially, save the child's life. Having a protocol that sets out how and when the inhaler should be used will also protect members of staff by ensuring they know what to do in the event of a child having an asthma attack; this should include:

- Establishing arrangements for the supply, storage, care and disposal of the inhaler and spacers. Assigning these responsibilities to at least two volunteers is recommended.
- Maintaining a register of pupils who have been diagnosed with asthma or prescribed a reliever inhaler. The register should confirm that parental consent has been obtained for use of the emergency inhaler and a copy of it should be kept with the emergency inhaler.

- Having written parental consent for use of the emergency inhaler included as part of a child's Individual Healthcare Plan. This consent can either be secured by amending the School/Parental Agreement Form (Appendix 1) to include this permission or by using the specific consent form for use of the emergency inhaler (Appendix 12) which should be updated regularly, ideally annually, to take account of changes to a child's condition.
- Arranging for appropriate support and training for staff in the use of the emergency inhaler in line with this policy.
- Keeping a record of use of the inhaler (including when and where the attack took place, how much medication was given and by whom) and informing parents or carers that their child has used the emergency inhaler (this should be in writing so the parent can pass the information onto the child's GP – a sample letter is attached as Appendix 13).

The Medication Coordinator or Business Manager should monitor the protocol to ensure compliance with it.

Supply of inhalers - Schools can buy inhalers and spacers from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit.

A supplier will need a request signed by the Head (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

Schools may wish to discuss with their community pharmacist the different plastic spacers that are available and what is most appropriate for the age-group in the school. They can also provide advice on use of the inhaler. Schools should be aware that pharmacies cannot provide inhalers and spacers for free and will, therefore, charge for them.

The Emergency Kit

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers;
- a register of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of when the inhaler has been used;
- a copy of the school protocol on the use of the emergency salbutamol inhaler.

Schools should consider keeping more than one emergency asthma kit, especially if they comprise several buildings, to ensure that all children within the school environment are close to such equipment. The Department of Health suggests a stock of five spacers would be adequate for a typical school.

Non prescribed medication

As a rule, non-prescribed medication should not be administered. However, at the discretion of the Medication Coordinator, Paracetamol can be issued, provided the practice is strictly controlled in the same way as prescribed medication. Once again, the written permission of the parents must be sought. The Executive Principal should authorise specific members of staff to dispense medication. In order to monitor and prevent the danger of any individuals overdosing on the medication the nominated member of staff should keep a record of when it was issued, giving the name of the pupil, time, dose and reason for administering the tablets (see Appendix 5). Members of staff should always inquire of the child whether any side effects or allergic reactions have been experienced before administering the drugs.

In the main, children of Primary School age should only be given Paracetamol in exceptional circumstances under the supervision of their GP. However, in certain circumstances, such as if a child has a raised temperature, the Medication Coordinator can authorise the use of Paracetamol via a formal agreement with the parent. Liquid paracetamol such as Calpol will be held.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.

- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.
- Administer, or ask pupils to administer, medicine in school toilets.

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Medication Coordinator. Training will be kept up to date.

Training will:

- be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils;
- fulfil the requirements in the IHPs;
- help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The Governing Body will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

Members of staff administering medication in accordance with appropriate training or the details supplied by the parent may rest assured that they are indemnified under the conditions of the existing insurance policies. In such circumstances, any liabilities rest with the insured party (the County Council). The details of the school's insurance policy are: Zurich Municipal QLA-08U006-0013

12. Complaints

Parents with a complaint about their child’s medical condition should discuss these directly with the Medication Coordinator/SENDCo or AHOS in the first instance. If they cannot resolve the matter, they will direct parents to the school’s complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the Governing Body every two years.

14. Links to other policies

This policy links to the following policies:

- Accessibility Plan
- Complaints
- Equality Information and Objectives
- First Aid
- Health and Safety
- Safeguarding
- Special Educational Needs Information Report and Policy

Chair of ALPT:

Date:

Date:	30/4/18		
Version	2		
Author:	Business Team		
Status:	Update		

Administration of Medication to Pupils Agreement between Parents and School

Note: Medicines must be kept in the original container as dispensed by the pharmacy.

Part 1 – To be Completed by Parent/Carer	
To the Medication Coordinator:	School:
<p>My child (<i>name</i>) _____ Date of birth: _____</p> <p>Class _____ has the following medical condition _____</p> <p>I wish for him/her to have the following medicine administered by school staff, as indicated below:</p>	
Name of Medication:	
Dose/Amount to be given:	
Time(s) at which to be given:	
Means of administration:	
How long will the child require this medication to be administered?	
Known side effects and any special precautions (please attach details)	
Procedures to take in case of emergency (please attach details)	
Emergency Contact 1	Emergency Contact 2
Name: _____	Name: _____
Telephone <i>Work:</i> _____	Telephone <i>Work:</i> _____
<i>Home:</i> _____	<i>Home:</i> _____
<i>Mobile:</i> _____	<i>Mobile:</i> _____
Relationship: _____	Relationship: _____
<p><i>I undertake to deliver the medicine personally to the Medication Coordinator and to replace it whenever</i></p>	

necessary. I also undertake to inform the school immediately of any change of treatment that the doctor or hospital has prescribed.

Name: _____ Signature: _____

Relationship to child: _____ Date: _____

Part 2 - To be completed by Medication Coordinator

Confirmation of agreement to administer medicine

It is agreed that (child) _____ will receive (quantity and name of medicine) _____ every day at (time medicine to be administered, for example, lunchtime or afternoon break) _____.

(Child) _____ will be given medication or supervised whilst he/she takes it by (name of member of staff) _____.

This arrangement will continue until _____ (either the end date for the course of medicine or until the parents instruct otherwise).

Name: _____ Signature: _____

Medication Coordinator

Name: _____ Signature: _____

Business Officer (or other person nominated by the Principal)

School: _____

Parental Request for Child to Carry and Self-administer Medicine

This form must be completed by a parent/carer

To: Medication Coordinator:	
School:	
Name of child:	Class:
Address:	
Name of Medication:	
Procedures to be taken in an emergency:	
Contact Information	
<p><i>I would like my child to keep his/her medicine on him/her for use, as necessary.</i></p> <p>Name: _____ Signature: _____</p> <p>Daytime Tel no(s): _____ Date: _____</p> <p>Relationship to child: _____</p>	

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

Healthcare Plan for a Pupil with Medical Needs

Details of Child and Condition	
Name of child:	<i>Add photo here</i>
Date of birth:	
Class/Form:	
Medical Diagnosis/Condition:	
Triggers:	
Signs/Symptoms:	
Treatments:	
Has the Parental Consent Form been completed? <i>(Medication cannot be administered without parental approval)</i>	
Date:	Review Date:
Medication Needs of Child	
Medication:	
Dose:	
Specify if any other treatments are required:	
Can the pupil self-manage his/her medication? <i>Yes/No</i> If <i>Yes</i> , specify the arrangements in place to monitor this:	
Indicate the level of support needed, including in emergencies: <i>(some children will be able to take responsibility for their own health needs)</i>	

Known side-effects of medication:
Storage requirements:
What facilities and equipment are required? <i>(such as changing table or hoist)</i>
What testing is needed? <i>(such as blood glucose levels):</i>
Is access to food and drink necessary? <i>(where used to manage the condition): Yes/No</i> Describe what food and drink needs to be accessed
Identify any dietary requirements:
Identify any environmental considerations <i>(such as crowded corridors, travel time between lessons):</i>
Action to be taken in an emergency <i>(If one exists, attach an emergency healthcare plan prepared by the child's lead clinician):</i>
Staff Providing Support
Give the names of staff members providing support <i>(State if different for off-site activities):</i>
Describe what this role entails:
Have members of staff received training? <i>Yes/No</i> <i>(details of training should be recorded on the Individual Staff Training Record, Appendix 4)</i>
Where the parent or child have raised confidentiality issues, specify the designated individuals who are to be entrusted with information about the child's condition:

Detail the contingency arrangements in the event that members of staff are absent:

Indicate the persons (or groups of staff) in school who need to be aware of the child's condition and the support required:

Other Requirements

Detail any specific support for the pupil's educational, social and emotional needs
(for example, how absences will be managed; requirements for extra time to complete exams; use of rest periods; additional support in catching up with lessons or counselling sessions)

Emergency Contacts

Family Contact 1

Name: _____

Telephone _____

Work: _____

Home: _____

Mobile: _____

Relationship: _____

Family Contact 1

Name: _____

Telephone _____

Work: _____

Home: _____

Mobile: _____

Relationship: _____

Clinic or Hospital Contact

Name: _____

Telephone: _____

Work: _____

GP

Name: _____

Telephone: _____

Work: _____

Signatures

Signed

(Medication Coordinator)

Signed

(Business Officer)

Emergency Action: Asthma – First Aid

Ensure that the reliever medicine is taken promptly:

A reliever inhaler (usually blue) should quickly open up narrowed air passages; try to make sure it is inhaled correctly. Preventative medicine is of no use during an attack; it should be used only if the child is due to take it.

Stay calm and reassure the child:

Attacks can be frightening and it is important to stay calm and do things quietly and efficiently:

- listen carefully to what the child is saying and what he or she wants (the child has probably been through it before)
- try tactfully to take the child's mind off the attack
- do not put arms around the child's shoulder as this is restrictive

Help the child to breathe:

- encourage the child to try and breathe slowly and breathe out for longer (in an attack people tend to take quick shallow breaths)
- allow the child to take his or her favoured position. Most people find it easier to sit fairly upright or lean forwards slightly. They may want to rest their hands on their knees to support their chest. They must not lie flat on their backs.
- loosen clothing around the neck and offer the child a drink of warm water as the mouth becomes dry with rapid breathing

If any of the following apply call a doctor urgently:

- the reliever has no effect after five to ten minutes
- the child is distressed or unable to talk
- the child is getting exhausted
- there are any doubts at all about the child's condition

If a doctor is not immediately available call an ambulance

Repeat doses of reliever as required (every few minutes, if necessary, until it takes effect)

Do not be afraid of causing a fuss. Doctors prefer to be called early so that they can alter the medication.

After the attack:

- minor attacks should not interrupt a child's concentration and involvement in school activities; normal activity should be encouraged as soon as the attack is over

Emergency Action: Epilepsy - First Aid for all Seizures

- Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course
- Check the time the child starts to fit
- Cushion the Principal with something soft (a folded jacket would do) but do not try to restrain convulsive movements
- Do not try to put anything at all between the teeth
- Do not give anything to drink
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care
- Arrange for other children to be escorted from the area, if possible
- Call for an ambulance if:
 - a seizure shows no sign of stopping after a few minutes
 - a series of seizures take place without the individual properly regaining consciousness
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position, to aid breathing and general recovery. Wipe away saliva from around the mouth
- Be reassuring and supportive during the confused period which often follows this type of seizure. If rest is required, arrangements should be made for this purpose
- If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence

If a child is known to have epilepsy:

- It is not usually necessary for the child to be sent home following a seizure, but each child is different. If the Principal feels that the period of disorientation is prolonged, it might be wise to contact the parents. Ideally, a decision will be taken in consultation with the parents when the child's condition is first discussed, and a Healthcare Plan drawn up
- If the child is not known to have had a previous seizure medical attention should be sought
- If the child is known to have diabetes this seizure may be due to low blood sugar (a hypoglycaemic attack) in which case an ambulance should be summoned immediately

Emergency Action: Epilepsy

First Aid for Children Known to Have Epilepsy and Prescribed Rectal Diazepam

- Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course.
- Check the time the child starts to fit
- Cushion the Principal with something soft (a folded jacket would do) but do not try to restrain convulsive movements
- Do not try to put anything at all between the teeth
- Do not give anything to drink
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care
- Arrange for other children to be escorted from the area, if possible
- Rectal diazepam must only be given to a child with a prescription that a Consultant Paediatrician has endorsed and updated annually
- Rectal diazepam must only be administered in an emergency by an appropriately trained member of staff in the presence of at least one other member of staff
- Rectal diazepam must only be administered if a trained First Aider is on site
- If the child has been convulsing for five minutes and there is no suggestion of the convulsion abating, the first dose of rectal diazepam should be given. The medication should indicate the name of child, the date of birth, date of expiry, contents and the dosage to be administered
- If after a further five minutes
 - (a) a seizure shows no sign of stopping or
 - (b) a series of seizures takes place without the individual properly regaining consciousness, then call an ambulance
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position to aid breathing and general recovery. Wipe away saliva from around the mouth
- Be reassuring and supportive during the confused period which often follows this type of seizure. Many children sleep afterwards and if rest is required, arrangements could be made for this purpose
- If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence
- A child should be taken home after a fit if he/she feels ill

Individual Care Plan for the Administration of Rectal Diazepam

This care plan should be completed by or in consultation with the medical practitioner

(Please use language appropriate to the lay person)

Details of Child and Condition	
Name:	Class:
Date of birth:	
<p>Identify the seizure classification and/or description of seizures which may require rectal diazepam</p> <p><i>(Record all details of seizures, for example goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc. If in status epileptics, note whether it is convulsive, partial or absence)</i></p>	
Usual duration of seizure?	
Other useful information:	
Diazepam Treatment Plan	
<p>When should rectal diazepam be administered? <i>(Note here should include whether it is after a certain length of time or number of seizures)</i></p>	

Initial dosage: how much rectal diazepam is given initially? *(Note recommended number of milligrams for this person)*

What are the usual reactions to rectal diazepam?

What action should be taken if there are difficulties in the administration of rectal diazepam *such as constipation/diarrhoea?*

Can a second dose of rectal diazepam be given? *Yes/No*

If **Yes**, after how long can a second dose of rectal diazepam be given? *(state the time to have elapsed before re-administration takes place)*

How much rectal diazepam is given as a second dose? *(state the number of milligrams to be given and how many times this can be done after how long)*

When should the person's usual doctor be consulted?

When should 999 be dialled for emergency help?

- if the full prescribed dose of rectal diazepam fails to control the seizure? *Yes/No*
- Other (please give details)

Who Should:

- administer the rectal diazepam? *(ideally someone should be trained in at least 'Emergency Aid,' preferably 'First Aid at Work'):*
- witness the administration of rectal diazepam? *(this should normally be another member of staff of the same sex):*

<p>Who/where needs to be informed?</p> <p>Parent _____ Tel: _____</p> <p>Prescribing Doctor: _____ Tel: _____</p> <p>Other: _____ Tel: _____</p>
<p>Precautions: under what circumstances should rectal diazepam not be used? (for example, Oral Diazepam already administered within the last.....minutes)</p>

All occasions when rectal diazepam is administered must be recorded on the "Record of Use of Rectal Diazepam" log sheet (Appendix 10)

This plan has been agreed by the following:

Prescribing Doctor

Name _____ Signature _____ Date _____

Authorised person(s) trained to administer rectal diazepam

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Parent

Name _____ Signature _____ Date _____

Medical Coordinator

Name _____ Signature _____ Date _____

This form should be available at every medical review of the patient and copies held by the GP and the school.

Expiry date of this form: _____

Copy holders to be notified of any changes by: _____

Record of Use of Rectal Diazepam

Name of Child: _____ Class: _____

Date:					
Recorded by:					
Type of seizure:					
Length and/or number of seizures:					
Initial dosage:					
Outcome:					
Second dosage (if any):					
Outcome:					
Observations:					
Parent informed:					
Prescribing doctor informed:					
Other information:					
Witness:					
Name of Parent re-supplying dosage:					
Date delivered to school:					

Bothal Primary School – lower site	
Medication Coordinator	Clare Duncan
Medication Stored	Inhalers in class. Locked cupboard in main office
Spare Inhalers Stored	1 in locked cupboard in main office, 1 in main hall
Paracetamol Stored Securely at	Locked cupboard in main office
Names of staff volunteering to prescribe spare inhaler	

Bothal Primary School – upper site	
Medication Coordinator	Erica Forsyth
Medication Stored	Locked cupboard in medical room
Spare Inhalers Stored	1 in PE block, 2 in office
Paracetamol Stored Securely at	Locked cupboard in medical room
Names of staff volunteering to prescribe spare inhaler	

Central Primary School – lower site	
Medication Coordinator	Susan Jarvis
Medication Stored	Prescribed Inhalers kept in classroom. All other medication stored in locked cupboard or in fridge (if required) in main office.
Spare Inhalers Stored	Locked cupboard in main office.
Paracetamol Stored Securely at	Locked cupboard in main office.
Names of staff volunteering to prescribe spare inhaler	

Central Primary School – upper site	
Medication Coordinator	Susan Jarvis
Medication Stored	Prescribed Inhalers kept in classroom. All other medication stored in locked cabinet or in fridge (if required) in main office.
Spare Inhalers Stored	Locked in cabinet in main office
Paracetamol Stored Securely at	Locked cupboard in main office.
Names of staff volunteering to prescribe spare inhaler	

Parental Consent: Use of Emergency Salbutamol Inhaler

School Name:	
Name of child:	
Date of birth:	Class/Form:
<p>Child showing symptoms of asthma/having an asthma attack</p> <ol style="list-style-type: none"> 1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler <i>[delete as appropriate]</i>. 2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day. 3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. 	
Name: _____ Signature: _____	
Date: _____ Relationship to child: _____	
Address: _____	
Daytime Tel no(s): _____	

Specimen letter to inform parents that the emergency salbutamol inhaler was used

(The Principal, Business Manager or Medication Coordinator should feel free to tweak this letter so as to reflect the school's own tone and style when writing to parents)

Child's name: _____

Class: _____

Date of Incident: _____

Dear *[enter name of parent(s)]*

I thought I would drop you a line to let you know that *[enter child's first name]* experienced problems with *his/her breathing today. This happened when *[enter details]*.

*A member of staff helped *[enter child's first name]* to use *his/her asthma inhaler.

*Unfortunately, *[enter child's first name]* did not have *his/her own asthma inhaler with *him/her, so a member of staff helped *him/her to use the school's emergency asthma inhaler, which contains salbutamol. *[Enter child's first name]* took *[enter number]* puffs on the inhaler.

* Unfortunately, *[enter child's first name]* own asthma inhaler was not working, so a member of staff helped *him/her to use the school's emergency asthma inhaler which contains salbutamol. *[Enter child's first name]* took *[enter number]* puffs on the inhaler.

Although *[enter child's first name]* soon felt a lot better, I think it might be a good idea if you were to take *him/her to see the family doctor for a check-up.

Yours sincerely

[Enter signature]

Medication Coordinator