



# Management of children with medical needs in schools 2011-2014

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# 1. Preface

This is the first revision of the Management of Children with Medical Needs in Schools Guidelines that were first produced by a multi-professional group drawn from schools, health services and trades unions in 2004.

The management of medical needs of children in schools continues to evolve and it is appropriate to update the guidelines based on current guidance and evidence of best practice.

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## 2. 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. The law imposes duties on employers.

- 2.1 These guidelines provide 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, and are not excluded unnecessarily.
- 2.2 All schools will at some time have pupils on roll with significant medical needs. With increasing inclusion more pupils with this type of need will attend mainstream school including some with complex medical conditions.
- 2.3 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. 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.**
- 2.4 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 (see Appendix 2) should be drawn up. This should be done in collaboration with the child (if appropriate), the parents, school nurse, paediatrician, and the school staff.
- 2.5 Each school should have a policy regarding the management of children with medical needs based on this document 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.

### 3. Legal framework

**The full legal framework for the administration of medication in schools can be found in P34 Annex A of the DES document, (Annex A is included as Appendix 9 of this guidance) *Managing Medicines in Schools and Early Years Settings 2005 (Ref: 1448-2005DCL-EN)*. This replaces *Supporting Pupils with Medical Needs: a good practice guide* and Circular 14/96 *Supporting Pupils with Medical Needs in School.- (DfEE/DH 1996)*.**

Key points from the legal framework

- Local authorities, schools and governing bodies are responsible for the health and safety of children in their care. The legal framework dealing with the health and safety of all pupils in schools derives from health and safety legislation
- Children with medical needs do not necessarily have special educational needs (SEN). For those who do schools should refer to DCFS Guidance. (Section 312 of the Education Act 1996) and the Code of Practice for SEN 2002
- Anyone caring for children including teachers, other school staff and day care staff in charge of children have a **common law duty of care to act** like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips. The Children's Act 1989 describes what is reasonable for promoting or safeguarding children's welfare. This also gives some protection to support staff and teachers acting reasonably in emergency situations.
- There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. **This is a voluntary role.**

## **4. Responsibilities**

### **4.1 Sandwell MBC**

The LA should:

- provide a general policy framework of good practice on supporting pupils with medical needs for governors, head teachers, and teachers
- maintain appropriate insurance cover for school staff who volunteer to administer medicines within these guidelines;
- provide explicit reassurance to staff who volunteer to assist with any form of medical procedure that they are acting within the scope of their employment and are indemnified (see indemnity form/statement Appendix 10 and 10A)
- Have in place procedures to monitor and review management of children with medical needs in schools
- work collaboratively with the health services
- ensure training needs have been addressed
- facilitate training in conjunction with health professionals.

### **4.2 The governing body**

Where the governing body is the employer they will also have the responsibilities indicated above for an LA.

The governing body should:

- ensure that the school has a policy for supporting pupils with medical needs in accordance with LA guidance
- ensure that the policy is appropriately implemented and monitored within the school
- ensure that staff have appropriate training to support pupils with medical needs
- liaise with the health services when necessary regarding the policy in general or its application to specific pupils

### **4.3 The head teacher**

The head teacher should:

- implement the school's policy for management of medical needs
- sign the indemnity form with each employee administering medications in school (Appendix 10)

- ensure that all staff who support children with medical needs are appropriately qualified, trained, and supported
- ensure procedures are followed and Health Care Plans are reviewed as appropriate
- ensure that all staff are familiar with the policy
- ensure that accurate records are kept regarding children with medical needs
- ensure that the school health nurse, community children's nurses and school staff ( in liaison with other health professionals, the parents,) complete together the Health Care Plans for those children who need them
- annually review, with the school health nurse or community children's nurses specific medical needs of children in the school including the need for Health Care 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 data protection requirements
- 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

**N.B. If you have a child with type 1 diabetes who requires an adult to administer injections of insulin and/or undertake blood glucose testing or supervision of an insulin pump, during the school day, you must notify risk management in order to comply with the additional insurance requirements for this procedure. Contact: Steve Insley Insurance Services Manager 0121-569-3650**

#### 4.4 Teachers and other 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. (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 back up 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 on weeks notice.

***NB: only the correct paperwork included in these guidelines should be used when devising care plans and when administering medication etc. Staff should not devise their own paperwork***

#### 4.5 The Health Service

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 officer with specific responsibility for children with SEN, some of whom will have medical needs.

The health service should:

- provide information and communicating effectively with parents and schools, to help them understand the child's medical condition
- provide additional assistance to parents and schools
- provide advice and appropriate training to school staff who are willing 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 (The Infection Control Team in Sandwell PCT provide this advice, see contact details appendix 11)

#### 4.6 The school health nurse

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. Contact details are shown in Appendix 11

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
- advise the school on the need for Health Care Plans for particular children
- draw up individual health care plans for pupils with medical needs in collaboration with the parents, school, and if necessary other health professionals
- advise on training and support for school staff, who volunteer to support children with medical needs. (The school health nurse may provide this training and support herself, or may enlist the help of other nurses/doctors to do this)
- review certain children with medical needs in school regularly where indicated by their condition/progress,
- give advice to parents and staff about health issues.
- work with regard to data protection regulations.

#### 4.7 The therapy team

Some children have complex medical needs/disabilities and have physical/feeding problems that require input from physiotherapy/occupational therapy/speech therapy professionals. These needs require individual care plans and training of support staff in school.

#### 4.8 The school doctor/paediatrician

A consultant paediatrician or paediatric registrar is available to advise schools and school health nurses about specific medical conditions/health care plans etc. In some instances it is appropriate for schools to contact this doctor directly if indicated by the school health nurse.

The paediatrician should:

- work closely with the school health nurse

- provide information about a child's medical needs
- advise the school on the need for a Health Care Plan for a particular child, and where necessary contribute to this
- assess/review children with medical needs in school, or in a paediatric clinic if necessary
- work with regard to data protection regulations

#### **4.9 The community children's nurses**

The community children's nurses provide to support and care to 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 the Health Care Plans for those children they are involved with in partnership with the school health nurse and school staff.
- annually review, with the school health nurse, the specific medical needs of children in the school including the need for Health Care Plans and training for staff
- 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 medical needs.
- Work closely with consultant paediatricians and other health professional 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 gastrostomy button falling out.

#### **4.10 The general practitioner**

The child's GP will have an overview of their health needs. The school health nurse will be able to consult the GP about a child's medical needs. In some instances it is appropriate for schools to contact the GP directly if indicated by the school health nurse.

The GP should:

- inform the school/school health 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 (with the parent's consent) when they know of a child with a significant medical problem.

#### **4.11 The parents/carers**

Parents should:

- ensure their child is well enough to attend school
- provide the head teacher with information about their child'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. The form should then be completed on an annual basis.
- agree jointly with the head teacher, and school health 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
- replace supplies of medication as required if this runs out or is out of date.
- dispose of their child's unused medication
- give permission where their child is self-administering medication.

## 5. Principles that need to be included in school policies regarding the management of medical needs in school

- 5.1 Policies should be clear and understood and accepted by staff, governors and parents and should provide a sound basis for ensuring that children with medical needs receive proper care and support at school.
- 5.2 Parents should be made aware of the policy
- 5.3 Formal systems and procedures should be drawn up in partnership with parents who have children with identified medical needs.
- 5.4 Policies should enable, as far as possible, regular school attendance.

### **Policies should include:**

- Whether the head accepts responsibility, in principle, for school staff giving, or supervising children taking, prescribed medication during the school day.
- The circumstances in which children may take non-prescription medication (e.g. pain killers).
- The school's policy on assisting pupils with long-term or complex needs.
- The need for a prior **written** agreement from parents or carers for any medication, prescribed or not prescribed, to be given to a child.
- Arrangements for staff to access to training in dealing with medical needs.
- A system of record keeping including an authorised staff list, pupil health care plans, records of parental consent and the administration of medicines.
- Storage and arrangements for access to medication.
- Reference to the school's first aid procedures.
- Cross reference to the LA off-site guidelines

## 6. 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.

### 6.1 Arrangements to give medication in school

A parental request form should be completed each time there is a request for medication to be administered (Appendix 4). 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. It should be stressed that, other than asthma inhalers, it is unusual to have to give medication in school (antibiotic courses can be given outside school hours)

Where medication is long-term, a letter must accompany the request from the child's GP or consultant. The school must maintain a health care plan when administering long term medication. Where the medication is short-term parents will include instructions about use on the request form

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). See Section 6.10: Record keeping.

Changes to instructions should only be accepted when received in writing. **Verbal messages must not be accepted.**

### 6.2 Receiving medication in school

No 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

All 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.

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 6.10 below).

### **6.3 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. Some medication may need to be stored at low temperatures and must therefore be kept in a lockable fridge located in a designated area of the school. 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.

### **6.4 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. Any staff willing to accept this responsibility must receive proper training and guidance, and be made aware of the possible side effects of the medication where these occur.

Children may self-administer some 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 self-administering (6.10 below).

### **6.5 Emergency medication**

This type of medication (e.g. epipen for anaphylactic reactions) must be readily available in an emergency. A copy of the consent form 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 the procedure for administration should also be with the medication.

### 6.6 Analgesia (pain killers)

Where pupils regularly require analgesia (e.g. for migraine) it is advisable for them to have a health care 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 ad hoc doses of analgesic, and the administration should be recorded as below (6.10).

**School aged children should never be given aspirin or any medicines containing aspirin.**

### 6.7 Over the counter medicine

(e.g. cough mixture, hay fever remedies.) These should only be accepted in exceptional circumstances, and be treated in the same way as prescribed medication. Parents must clearly label the container with the child's name, dose and time, and complete a consent form.

### 6.8 Controlled drugs for ADHD

Ritalin and other similar controlled drugs are sometimes prescribed 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 storage, and careful recording of administration and amount of drug kept in school (It is advised that only the dose for a day at a time is kept in school).

## 6.9 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.

In the event of a parent wishing a child to administer homeopathic medicines not prescribed by the GP - if this is agreed to by the head teacher - the school should ask the school health nurse to check the contents of the medication with the prescriber and if necessary a pharmacist.

## 6.10 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 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.

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 6).

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 should also keep a copy with her records.

On off-site visits the teacher in charge should carry copies of any relevant Health Care Plans/medication details.

### 6.11 **Staff and visitors requiring medication**

If staff need medication during the course of the working day they are required to bring this to school with them. Staff who require medication should self-administer.

Any medication brought into school should be kept in a suitable locked cabinet/cupboard. (For staff this will usually be in the secure place they keep their belongings.) This should be separate to the location of pupil's medication.

In an emergency, first aid procedures should be adhered to.

In some circumstances where staff require medication at a specific time, appropriate arrangements will need to be made.

**NB:** 'Staff' in this case includes all teaching, non-teaching, contract staff, visitors and volunteers.

### 6.12 **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 local 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 a local pharmacy for disposal and a receipt obtained and filed.

No medicine should be disposed of into the sewage system or into refuse bags. Current waste disposal regulations make this practice illegal.

### ***Safe disposal of medicines requiring injection***

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.
- Cannon Hygiene will deliver a service to schools to collect sharps. The link below will provide details.

See also section 9 on infection

## 7. Children with physical/personal care needs

Some children with medical needs (for instance those with cerebral palsy) will have physical and personal care needs. Therapy, nursing, and medical staff can advise about these children individually and devise care/therapy programmes to be carried out in school.

Individual Health Care Plans are required for these children

See links below to toileting and manual handling guidelines

[Guidance to promote personal development in relation to toileting and continence](#)

[Guidance for moving and handling children and young people who have physical difficulties](#)

Or by following this trail: **extranet>virtual office>special educational needs>policy and guidance.**

**If you are from a school or service that cannot access Sandwell's Virtual Office please, contact the SEN Service on 0121 569 8240**

## **8. Storage, use and transportation of oxygen cylinders**

It is rare for oxygen to be required in school. If this is necessary it is essential to carry out a risk assessment and have appropriate written protocols to ensure appropriate storage, arrangements for supply use and maintenance, and training.

Such children will always be under the care of a specialist paediatric team which will be able to help with these arrangements and should be involved in the risk assessment and health care planning

## 9. Infection control

### 9.1 Spillage of bodily fluid

Where there is a likelihood of coming into contact with bodily fluids, the following minimum precautions must be adopted, regardless of whether a risk of infection has been identified:

- Disposable gloves and a disposable apron must be worn.
- Open wounds on anyone handling spillage must be covered with a waterproof dressing.
- Clean up spillages of blood or body fluids however small immediately.
- Blood spillages must be cleaned using an approved hazard spill kit.
- Clean up spillage with an approved cleansing product. Schools should follow health and safety procedures for different types of spillage. Soiled paper towels, protective clothing, gloves etc should be discarded into a yellow bag (used for clinical waste).
- If there is broken glass involved, never pick it up with fingers, even if wearing gloves. Dispose of the glass/any injection materials in a sharps container.
- If a needle stick injury occurs follow the LA Health and Safety Guidance via the link below
- The first sharps box may be supplied to the school by the parent school should contact their service provider for subsequent collection of full sharps boxes and delivery of empty boxes

The link below takes you to the guidance from Sandwell Health and Safety with regard to body fluids and needle stick injuries

[Body fluids and needlestick injuries guidance](#)

Or follow the trail:

Home>health and safety management system>body fluids and needlestick Injuries.

**If you are from a school or service and cannot access Sandwell's Virtual Office, please contact the SEN Service on 0121 569 8240**

Cannon Hygiene can deliver a service to schools to remove clinical waste.

## 9.2 Prevention of cross infections

In order to avoid cross infection the following procedures must be followed:

- Hand washing:
  - before and after all medical contact
  - after skin is contaminated with bodily fluid.
- Protective clothing:
  - wear gloves for direct contact with body fluids
  - wear plastic apron to protect clothing
  - change protective clothing between procedures.
- Keep cuts covered:
  - always cover cuts/skin lesions with a waterproof dressing.
- Use yellow clinical waste bags for infected waste. Don't ask other children to help with cleaning wounds.

## 9.3 Children with personal care needs

Some children in school will require assistance with their personal care. This may include feeding and toileting needs. These situations will present a risk of cross infection.

Where children require assistance with toileting and/or feeding it is important that the following good hygiene procedures are adopted.

With regards to the cleaning and sanitising of equipment used for assisting children to eat and drink. Procedures should be carried out in accordance with the procedures/guidance laid down by catering managers, (colour coded cloths etc). Disposable tissues/wipes should be used to cleanse children's skin and should be disposed of hygienically. Children should be assisted/encouraged to wash their hands before eating or drinking.

With regards to the cleaning and sanitising of equipment used for assisting children with toileting and personal hygiene, personal protective equipment should be used by professionals and any materials used can be disposed of in an appropriate way after one use. Sanitizer spray and disposable medical roll/ hard surface wipes should be used for wiping surfaces. When using a changing bed, in the interests of safety and to show respect for the child, it is good practice to use a new sheet of disposable medical bed roll for each child, each time they are changed. This can then be disposed of appropriately. All surfaces and equipment can be sanitised at the end of each day according to cleaning guidelines laid down by local and national, policy and procedures.

The links below will take you to:

[Guidelines for Moving and Handling Children and Young People \(Pupils\) who have Physical Disabilities](#)

[Policy and Practical Guidance to Promote Personal Development in relation to Toileting/Continence](#)

Or by following this trail: **extranet>virtual office>special educational needs>policy and guidance.**

**If you are from a school or service and cannot access Sandwell's Virtual Office, please contact the SEN Service on 0121 569 8240**

#### 9.4 Infectious illnesses

There are standard periods of exclusion for infectious illnesses. The commonest requiring exclusion are diarrhoea (exclusion 48 hours from last episode of diarrhoea for most cases) and chicken pox (exclusion 5 days from onset of rash). For advice contact the infection control nurses at Sandwell PCT (see appendix 11 for contact details)

## 10. First aid

Under the Health and Safety (First Aid) Regulations 1981 employers are required to provide for employees adequate and appropriate equipment, facilities and qualified first aid personnel. The Regulations do not oblige employers to provide first aid for non-employees but Health and Safety Guidance to the Regulations recommends that organisations such as schools should provide for pupils and other visitors to the school and include them in their risk assessments.

The DfE document 'Guidance on First Aid in Schools 1998' says:

“In the light of their legal responsibilities, schools should consider carefully the likely risks to pupils and visitors, and make allowances for them when drawing up policies and deciding on the number of first aid personnel.”

How much first aid provision a school has to make depends on its own circumstances. There are no levels or fixed ratios. Schools need to consider:

- workplace hazards and risks;
- the size and nature of the school and whether the school is on split sites;
- the nature and distribution of staff and pupils;
- whether staff and pupils have special needs or disabilities;
- the remoteness of the school from emergency medical services;
- the needs of any remote or lone working staff;
- annual leave and absences of first aiders and appointed persons.

Before taking up first-aid duties, first-aiders must hold a valid certificate of competence in either;

- (a) First aid at work (FAW), issued by a training organisation approved by HSE; or
- (b) Emergency first aid at work (EFAW), issued by a training organisation approved by HSE.
- (c) Schools will need to have staff trained in paediatric first aid.

FAW and EFAW certificates are valid for three years. Schools will need to arrange retraining before certificates expire. Where first-aiders attend the relevant course within three months prior to certificate expiry, the new certificate will take effect from that date of expiry. Retraining can be undertaken earlier than this three-month period, in which case the new certificate will take effect from the date the course is completed. Where retraining has not been undertaken before certificate expiry, it should be completed no more than 28 days beyond the expiry date. The new certificate will be dated from the expiry date of the previous certificate. If retraining is not completed by the end of this 28-day period, the individual will need to undertake a full FAW course or EFAW course, as appropriate, to be re-established as a first-aider.

HSE strongly recommends that first-aiders undertake annual refresher training during any three-year FAW/EFAW certification period. Although not mandatory, this will help qualified first-aiders maintain their basic skills and keep up to date with any changes to first-aid procedures.

Communication is important for effective first aid and all schools should prepare and publish the following:

- Names of qualified first aiders indicating where they may be contacted.
- Contact details for emergency services.
- Siting of first aid boxes and first aid rooms. This information should be sited next to each internal and external telephone and other key sites in the school
- Emergency planning guidance re calling an ambulance should be accessible (see Appendix 13).

It is recommended that a record be kept of any treatments given by first aiders and these records should include:

- the date and time of the incident;
- the name (and class) of the injured person;
- details of the injuries/illness and the first aid given;
- what happened to the injured/ill person immediately after treatment.

The first aider administering the first aid should record this on a form (see Appendix 7 for suggested format).

## **11. Invasive procedures**

For some children the treatment required for their condition may be invasive in nature. Where this is the case particular care should be taken to maintain the child's dignity and privacy at all times.

This would include for instance administration of emergency medication for prolonged seizures (most now have buccal midazolam); also those requiring epipen injection for anaphylaxis (this is given in the thigh).

See sections on "information about specific conditions" for more details

## 12. Emergency situations

Teachers and other staff are expected to use their best endeavours at all times in emergencies. In general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. Advice and training is available from the school health service regarding possible medical emergencies. These are mainly related to five conditions:

- Prolonged epileptic seizures requiring buccal midazolam, rectal diazepam or rectal paraldehyde.
- Anaphylactic reaction requiring adrenaline (epipen).
- Diabetic hypoglycaemic attack requiring glucose (glucose tablets or glucogel).
- Acute asthmatic attack requiring more inhalers/attention than usual routine doses.
- Gastrostomy device coming out of it's stoma – in this situation the school staff are not expected to try and replace the device but must get in touch immediately with the relevant health service contact given in the child's health care plan since it must be replaced urgently to avoid the stoma tightening and making this impossible.

More detailed guidance on the first four conditions is given in the following pages on specific conditions

### **Jehovah's Witnesses**

Families who are Jehovah's Witnesses may not want their child to receive a blood transfusion. It must be clarified in advance what procedure would be followed in an emergency situation where a blood transfusion would normally be required. This decision should be made in consultation with the consultant paediatrician and the family. This is particularly relevant in relation to offsite activities.

## 13. Information about specific conditions

### 13.1 Anaphylaxis

#### General information about anaphylaxis

Anaphylaxis is an acute, severe allergic reaction needing immediate medical attention. It can be triggered by a variety of allergens, the most common of which are foods (especially peanuts, other nuts, eggs, cow's milk, fish/shellfish), certain drugs such as penicillin, and the venom of stinging insects (such as bees, wasps or hornets).

In its most severe form the condition is life-threatening.

Not all children with allergies/food sensitivities have severe reactions requiring adrenaline injection, however, it remains appropriate to have a Health Care Plan documenting the type of reactions they experience and how to prevent and manage these.

#### Symptoms

Symptoms, which usually occur within minutes of exposure to the causative agent, may include:

- itching, hives anywhere on the body, generalised flushing of the skin.
- swelling of the lips/eyelids
- a strange metallic taste in the mouth swelling of the throat and tongue difficulty in swallowing.
- abdominal cramps and nausea.
- difficulty in breathing – due to severe wheezing or throat swelling.
- increased heart rate, sudden feeling of weakness or floppiness.
- collapse and unconsciousness.

Not all of these symptoms need be present at the same time or in every child.

#### Anaphylaxis Care Plan

A child at risk of anaphylaxis should have a specific care plan (see below) as well as a standard health care plan drawn up between the school, the school nurse and the doctor supervising the child. This should give details of the symptoms experienced during an attack, the treatment required and who can administer it. The school nurse can help with training and education of school staff. The training competency documents in the training section (16) should be completed.

## Medication

A child at risk of anaphylaxis may be prescribed oral antihistamines, an inhaled bronchodilator, and/or an adrenaline injection (epipen). This injection is in a pre-loaded syringe and is simple to administer. Designated staff who volunteer to support such a child in an emergency situation will be trained by the school health nurse.

Some organisations advise that 2 epipens are kept in school. This is because if there is no improvement in a child's condition 15-30 minutes after administering an epipen a further dose can be given. Since Sandwell is an inner city area and ambulance response time is quick, it is not necessary to keep a second dose in school – additional doses should be considered for school trips however.

## Day to day measures

Day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school.

When school kitchen staff are employed by a separate organisation to the teaching staff, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements.

Appropriate arrangements for outdoor activities and school trips should be discussed in advance between the parents and the school.

Cookery and science experiments with food may present difficulties for a child at risk of anaphylaxis. Suitable alternatives can usually be agreed. The individual child and the family have a right to confidentiality. However, the benefits of an open management policy could be considered. As with any other medical condition, privacy and the need for prompt and effective care are to be balanced with sensitivity.

## Emergency care

If contact with a product known to cause an allergic reaction has occurred, or the child is showing symptoms of a reaction, summon another member of staff.

Once in contact with the product the signs of a reaction occur usually within a few minutes and almost always within 30 minutes. Watch the child carefully during this period.

- (a) If *no reaction* occurs within 30 minutes:
- continue to observe;

- do not leave the child alone for the following 3 hours in view of the possibility of late reaction;
- reactions after 30 minutes are uncommon, and unlikely to be as severe as true anaphylaxis;
- contact parents.

(b) During a *mild reaction* the symptoms are likely to be:

- red blotchy rash on face or hands;
- mild swelling of face especially around eyes/mouth;
- tickly or tight feeling in throat/tingling in tongue;
- tummy ache/feeling sick;
- irritability.

Treatment of mild reaction

- Ensure that one person stays with the child and observes for further reaction.
- **Dial 999** and state “ANAPHYLAXIS” child to be transferred to nearest accident and emergency department.
- Give a dose of oral antihistamine medicine if indicated on the care plan.
- Ensure that the epipen box is brought to the child in case the reaction becomes severe, symptoms described below.
- Get someone to contact parents.

(c) During a *severe reaction* the symptoms are likely to be:

- marked swelling of mouth, lips;
- tongue swelling;
- altered voice;
- difficulty speaking;
- difficulty swallowing;
- difficulty breathing or wheezing;
- feeling faint or loss of consciousness;
- Continue to observe:
- Do not leave the child alone for the following 3 hours in view of the possibility of late reaction.
- Reactions after 30 minutes are uncommon, and unlikely to be as severe as true anaphylaxis.

- Contact parents.

Treatment of severe reaction:

- Put the child in the recovery position if child becomes unconscious.
- Ensure that one person stays with child and observes for improvement or deterioration of the reaction.
- Dial 999 and state “**ANAPHYLAXIS**” child to be transferred to nearest accident and emergency department.
- Give **adrenaline injection** epipen as detailed below.
- Get someone to contact parents.

### **How to use epipen adrenaline injection**

The injection is in a pre-packed syringe. The dosage is set so no calculation is necessary. Administer the whole amount into the outer mid-thigh. Keep the syringe safe to be discarded in sharps box carried on ambulance.

DO NOT delay management by trying to contact parents/carers first.

If in doubt call ambulance and give medication and note the time, you can do no harm by giving it.

When ambulance arrives tell them what you have given and the time it was given.

Photo

## Health Care Plan for Management of Anaphylaxis

Name:

Date of birth:

NHS no:

Current year/class:

**See standard Health Care Plan for contact details.**

**Allergic reaction likely after exposure to:**

In the event of symptoms which indicate the child is suffering an anaphylactic reaction:

- Stay with the child (or get someone else to do this)
- Get medication/adrenaline injection
- Give treatment indicated below depending on the severity of the reaction
- Phone 999 for ambulance
- Report condition to teacher in charge/head teacher and contact Parents

**Usual symptoms of a mild reaction:**

**Treatment required during mild reaction:**

**Usual symptoms of a severe reaction:**

**Dose of adrenaline injection required during a severe reaction:**

**Care Plan Agreement:**

	Parent	Date: <input style="width: 100%;" type="text"/>
	Head teacher	Date: <input style="width: 100%;" type="text"/>
	School health nurse	Date: <input style="width: 100%;" type="text"/>
	Doctor	Date: <input style="width: 100%;" type="text"/>

**Data Protection Act, 1998**

The information that you supply on this form will be used by Children and Families Service 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 Service

**For further information visit: [Department for Education](#).**

## 13.2 Asthma

### General information about asthma

About one in ten children have asthma at some time in childhood but not all of these will be severely affected enough to require inhalers to be kept in school. A few children will have severe asthma and will require regular medication in school to prevent them from getting symptoms. For children requiring inhalers in school a Health Care Plan is appropriate (document at Appendix 2).

### Asthma medication

Asthma medication is usually given by inhalers. There are various different types and the doctor prescribing the inhaler should ensure that it is possible for the child to use it properly. Because of the coordination needed, children under 12 often find it difficult to use the aerosol spray inhalers properly without a spacer. Spacers will often be needed in school. (Occasionally tablets are used in addition to inhalers but these are only given once or twice a day and will not be required in school).

- Reliever inhalers

Relievers are usually blue. This is the inhaler that children need to take immediately when asthma symptoms appear. Relievers work quickly to relax the muscles around the airways. As these muscles relax, the airways open wider and it gets easier to breathe again.

- Preventer inhalers

Preventers may be brown, orange, or sometimes other colours but **not** blue. They are only required two or three times a day and do not have any immediate effect on wheeze/cough. They should not therefore be required in school.

- Where should the school keep reliever medication?

- Immediate access to reliever medication is essential. Delay in taking reliever treatment, even for a few minutes, can lead to a severe attack and in very rare cases has proved fatal.
- As soon as a child is able, allow them to keep their reliever inhaler with them at all times, in their pocket or in an inhaler pouch. The child's parents, doctor or nurse and teacher can decide when they are old enough to do this (usually by the time they are seven).

- Keep younger children's inhalers in an accessible place in the classroom. Make sure they are clearly marked with the child's name. At break time, in PE lessons and on school trips make sure the inhaler is still accessible to the child.

Children should not be prevented from taking part in physical activities because they have asthma. If a child is consistently unable to take part because of symptoms – cough, wheeze, breathlessness, tiredness – you should ask the school nurse to check their treatment. It should almost always be possible to manipulate this so that a child is not incapacitated by their asthma.

### **Management of an asthmatic attack**

- Classroom first aid
  - Ensure that the reliever inhaler is taken immediately.
  - Stay calm and reassure the child.
  - Encourage the child to breathe.

Encourage the child to breathe slowly and deeply. Most children find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Ensure tight clothing is loosened.

- Record the dose(s) of medication given
  - (After the attack: Minor attacks should not interrupt a child's involvement in school. As soon as they feel better they can return to normal school activities.
  - The child's parents must be informed about the attack.
- Emergency situation

Dial 999 and call an ambulance urgently if:

- the reliever has no effect after five to ten minutes
- the child is either distressed or unable to talk
- the child is getting worse/exhausted
- you have any doubts at all about the child's condition.
- Continue to give reliever medication every few minutes until help arrives.

A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate very quickly.

### **Staff training**

If staff will be involved in managing a specific child's asthma, and supervising/giving medications the training competency documents in the training section (16) should be completed. Training is available from the school health nursing team

### 13.3 Diabetes mellitus

#### General information about diabetes mellitus

Diabetes is the most common chronic metabolic disorder in the paediatric population. The annual incidence is rising and estimated to be around 18.5/100,000 in England. This reflects approximately one child in every 350 school aged children being diagnosed with diabetes. Type I diabetes which is autoimmune diabetes accounts for over 90% of all childhood diabetes in young people aged less than 25 years. It is due to beta cell destruction and absolute insulin deficiency. Increasingly children with other types of diabetes are being recognised.

The majority of school aged children with diabetes have what is known as type one diabetes. As you may be aware diabetes is a lifelong condition and therefore cannot be cured but can be effectively treated and managed with injections of insulin, blood glucose monitoring and careful dietary modification. The aim of this treatment is to keep blood glucose levels as close to the normal range as possible without prolonged spells of high blood sugars (hyperglycaemia) or low blood sugars (hypoglycaemia).

#### Definitions

**Type 1 diabetes** - Immune mediated diabetes mellitus associated with *B*-cell destruction usually leading to absolute insulin deficiency and a requirement to have insulin injections for life irrespective of age at diagnosis.

**Type 2 diabetes** - A condition in which the aetiological factor may range from predominantly insulin resistance with relative insulin deficiency to a predominantly defect with insulin deficiency. These children may require treatment ranging from dietary modification up to insulin injection regime.

#### Health care team

Children and adolescents are cared for by a multi-disciplinary team specialising in childhood diabetes. At Sandwell Hospital this consists of (at 1/9/11):

Consultant Paediatrician	Dr Agwu	0121 553 1831
Paediatric Diabetic Nurse Specialist (PDSN)	Lizbeth Hudson	0121 507 3476 or 07979756463
Paediatric Psychologist	Dr A Reynolds	0121 553 1831
Senior Dietician	Lorna Rows	0121 607 3521
Database Coordinator and Dr Agwu's Secretary	Julie Oliver	0121 553 1831

At diagnosis and at any other point in the child's school life the PDSN will be available to give advice, develop care plans and train staff in meeting the diabetic needs of the children in their care.

### **Diabetic treatment regime**

All children diagnosed with type 1 diabetes will require injections of insulin irrespective of age. Historically children were treated with twice daily injections of insulin. This however has now been superseded by a more physiological insulin regime of multiple daily injections. Most children will be on 4 injections a day and therefore require injections at lunch time while in school. Evidence shows that this is a more effective way of maintaining normal blood glucose levels if given alongside a meal. In the majority of cases children will have been taught to inject themselves but will require close supervision and possible assistance during this time. Some children, however, will not be able to inject themselves and will require staff to do this for them. Where children are unable to do injections for themselves, specific training will be given to the staff in order to enable them to inject the child. There will be a specific individualised care plan formulated for that child. Insulin is administered by means of an injection pen and injected to the leg, stomach or the arm dependant on age. The dose of insulin given at meal times is calculated on both the blood glucose level and carbohydrate level of the food eaten. Some children will administer insulin via an insulin pump (continuous subcutaneous insulin infusion).

### **Audit standards**

- 100% of schools will receive training into general care of the diabetic child in school. The training competency documents in the Training section (16) should be completed.
- 100% of school staff who have agreed to inject in school will receive specific training and will be signed off as competent. The training competency documents in the training section (16) should be completed.
- 100% of children with diabetes will have an individual care plan which states their insulin regimen, frequency of injection and blood glucose testing (see format below).
- 100% of children in school who require help with insulin injection will have a signed contract allowing staff to inject (see form to document parental agreement for designated staff to give insulin below).

### **Insulin injection recommendations**

- If able, considering age and ability, children will be taught to do injections themselves.

- Most children will require supervision or a chaperone present during insulin injection.
- A private room with hand washing facilities must be available to inject in.
- A sharps box put in place for safe disposal of used sharps.
- Staff who will be performing insulin injections will have specific training needs assessment completed by the PDSN. They will be assessed as competent at performing injections before injections can be undertaken.
- Parents must sign a contract agreeing to allow staff to inject, and accept responsibility for informing staff any alteration of dosage in writing (see below)
- Parents must have their telephone on for easy contact by staff
- Dose of insulin must be checked by two staff and recorded and signed in book provided or using suggested insulin administration record below

### **Continuous subcutaneous insulin infusion (insulin pump)**

Some children use an insulin pump for delivery of insulin rather than an insulin injection. In such cases they will wear their insulin pump at all times except during contact sports or swimming. Most children on an insulin pump will be able to press the appropriate buttons to deliver insulin. Younger children may need a chaperone or supervision. If the child suspects the insulin pump is blocked, they will need a private room with wash hand basin to enable them change their infusion set. All children on an insulin pump need to carry with them an insulin injection device in case of emergency. This will be stated in their care plan.

### **Insulin pump recommendations**

- If able, considering age and ability, children will be taught to be able to press the necessary buttons to administer their insulin. The older children will be taught how to change their infusion set.
- Young children will require supervision or help in pressing the appropriate button.
- A private room with hand washing facilities must be available in case child needs to change infusion set. If a younger child needs to change their infusion set, the parents must be called in to carry out this procedure.
- A sharps box put in place for safe disposal of used sharps.

- Staff who will help in pressing the appropriate buttons to administer insulin, will have specific training needs assessment completed by the PDSN. They will be assessed as competent at performing this task before it can be undertaken.
- Parents must sign a contract agreeing to allow staff to administer insulin via the insulin pump, accept responsibility for informing staff any alteration of dosage in writing. (see form below).
- Parents must have their telephone on for easy contact by staff.
- Dose of insulin administered must be checked by 2 staff and recorded and signed in book provided or using suggested insulin administration record below.

### **Blood glucose testing**

Children with diabetes have to ensure that their blood glucose levels remain stable and will need to check their blood sugar at least at lunch time at school and possibly during a hypoglycaemic episode (see separate section) or before activity such as PE sessions. As with injections most children will be able to do this procedure themselves however they may need help to interpret these results and know exactly what to do.

### **Blood glucose testing recommendations**

- A private room with hand washing facilities should be available.
- Parents will provide the blood glucose meter, test strips, finger pricker lancets and sharps box.
- The individualised care plan will indicate how to interpret blood glucose levels obtained in testing. Specific training and competence will be assessed with regard to blood glucose monitoring.
- All blood glucose results should be entered into the insulin administration and blood glucose record (see form below).

### **Audit standards**

- 100% of all children who require blood glucose testing in school, as indicated on the personal care plan, will have a room available to adequately test blood glucose levels.
- All staff involved in blood glucose testing in school will receive specific training into how to supervise, support and interpret blood glucose reading.

## **Hypoglycaemia and its treatment**

Hypoglycaemia stands for low blood sugar and has to be seen as a normal part of the life of a diabetic child. Common causes for “hypos” are a missed or delayed meal or snack, cold or very hot weather, stress, mismanaged activity or too much insulin. Children may describe many differing symptoms for their own hypo signs and staff should talk to parents to ask about specific hypo signs for the children. Hypoglycaemia must be treated immediately because if untreated the child may become unconscious and may have a seizure

### **Hypoglycaemia recommendations**

- Common hypo signs are confusion, wobbly, feeling of hot or cold, headache, blurred vision, going very pale, hunger, sleepy and drowsy. However, children may describe hypos in many differing ways so clarification on specific individual signs should be obtained from parents and indicated on the individual care plan.
- Every child should have in school (either in the classroom in the case of primary schools, or in the medical room/ reception in secondary school) a “hypo” emergency box. Contents of this box will be provided by the parents and will include lucozade bottle, dextrose tablets, glucogel and biscuit snacks. Specific advice will be given by the PDSN.

### **Mild hypoglycaemic recognition and treatment**

- Mild hypo management – child is conscious
- Check blood sugar if available to do so. If below 4mmols treatment is required
- Lucozade 50ml OR
- Sugary drink (coke or similar) 150mls or
- Fresh fruit juice 100mls or
- Dextrose tablets x3

Following this, wait for five minutes for this to take effect.

- Recheck blood glucose if about 4 mmols follow up with a starchy snack such as biscuits.
- If remains below 4 mmols or if still feeling unwell repeat the above. This can be repeated until the child is feeling better and then follow up with a biscuit snack.

### **Moderate hypo management – child is conscious but either very drowsy or unable to cooperate**

- Glucogel should be used. Glucogel comes as a tube containing a sugary gel and is squeezed into the side of the mouth. This will bring the blood glucose levels up and the child will wake up. Specific training will be given by the PDSN regarding the use of glucogel.
- When awake follow above management for mild hypo management.

### **Severe hypo management – child is unconscious and able to swallow**

- Never give the unconscious child anything orally.

Steps to follow:

- Place the child in the recovery position
- Call 999 and ask for the ambulance service. Report diabetic child in hypo crisis.
- Keep someone with the child.
- Inform the child's parents and await emergency services.

### **Hypo audit standards**

- 100% of children with diabetes in school will have specific "hypos" information contained in their individualised care plan.
- 100% of children will have a supplies box within school with supplies contained within to treat hypoglycaemia.
- All staff dealing with diabetes in school will have specific training about the recognition and treatment of hypoglycaemia in children.

### **Hyperglycaemia – recognition and treatment**

Hyperglycaemia means raised sugar in the blood. This could lead to a number of symptoms however the most recognised are increased thirst and an increased need to go to the toilet. Any child showing these symptoms should have this mentioned to parents.

#### **Treatment:**

- Extra insulin can be given if the child is on multiple daily injections. Correction doses of insulin are calculated as extra amounts of insulin to be given to the child along with their usual lunchtime dose in order to bring the blood glucose down.

- Each child will have individualised correction doses on their care plans. These correction doses will change from time to time and will have to be updated.
- Any changes to correction doses will be updated in writing by parents

### **Audit standards**

- 100% of children will have correction doses indicated on their individual care plan if appropriate.
- Any extra insulin injected as correction dose should be indicated on the insulin administration form and parents informed.
- All staff that have a responsibility for diabetes care in school will have teaching in the use of correction dosage.

### **Illness management in school**

A diabetic child is no more likely to become ill as any other child however, special arrangements have to be put into place if a child with diabetes becomes unwell.

- If the child with diabetes is vomiting or unable to eat their meals due to nausea or illness inform the parent immediately to collect their child from school.
- If possible check blood glucose, if high call diabetes nurse specialist for specific advice
- If blood glucose is low encourage the child to slowly sip on lucozade until parents can come to collect him/her. If the child is vomiting and has low blood glucose, the risk is that blood glucose levels may fall further, so slowly sipping on lucozade will help prevent this until parents arrive to collect the child.

### **Audit standards**

- All children to have lucozade available in school.
- Parents to inform school of any illness pre going to school.
- Parents to ensure that school has contact details and that these are up to date.
- 100% of school care plans should have the contact details for the PDSN

### **Dietary needs in school**

The diet for any diabetic child is based on a well balanced varied diet which is low in fat, salt and especially sugar. Meals and snacks should have a proportion of carbohydrates in them. Examples include

items such as bread, rice, potatoes and pasta. Note: Some children with diabetes also have coeliac disease and therefore will require more specialised diet e.g. gluten free diet.

### **Dietary recommendations:**

- Close liaison with parents to formulate diet plans.
- Close supervision of younger children to ensure that they are eating the required amount of food at meal times.
- Avoidance of sugary or sweet desert.
- Further advice and support should be sort from the dietician at the hospital.

### **Exercise management**

Children with diabetes can and should be encouraged to participate in all aspects of physical activity that the school has to offer. Exercise should be encouraged as it improves fitness levels, encourages healthy lifestyles, and ensures that they do not feel like a special case and different from their peers and also helps to improve the action of insulin and will enhance blood glucose control.

### **Exercise recommendations**

- Prior to activity the child should check a blood glucose level and treat according to the individual care plan.
- Individual care plan should highlight what snacks or sweet snacks should be taken prior, during, or after exercise.
- “Hypo” boxes should be available during PE sessions. (see section on hypoglycaemia)
- Following activity a further blood glucose level may be taken and treatment given according to level.

### **Exercise management audit**

- 100% of PE staff to receive training regarding general diabetes management.
- 100% of children to have a “hypos” supplies box available.
- 100% of children with diabetes will have a specific understanding of how to manage exercise effectively.
- 100% of diabetic children to have exercise management highlighted on their care plan in school.

### **School outings and residential trips**

Any school day outing or residential trip for the diabetic child should be encouraged. School day trips are largely without problems as they are usually to somewhere close by and follow the usual school day routine. Residential trips however do require care full planning.

### **School outings and residential trip recommendations**

- Early contact with the PDSN to discuss any outing and residential trip.
- Specific care plan to be drawn up regarding the trip.
- Parents to provide all of the medical and “hypo” supplies for the duration of the outing or trip. Parents to ensure that adequate insulin supplies are provided for the duration of the trip.
- Residential activity trips have to be carefully planned and close liaison with parents is vital.

### **School outings audit**

- All children to be offered school outings and residential trips as appropriate.
- All staff who are involved with the running and staffing of the trip will have specific training into diabetic needs prior to taking any child with diabetes on a trip.
- Specific care plan drawn up for the trip.
- Parents to supply extra food, hypo treatment and sufficient insulin, needles and blood glucose testing equipment for the duration of the trip.

### **Safe storage of insulin and safe disposal of sharps**

If insulin is to be kept in school for use at lunch times it has to be correctly stored. Sharps also have to be carefully looked after and disposed of correctly.

### **Safe storage of insulin and sharps disposal recommendations**

- Insulin remains the responsibility of the child and parents.
- All insulin should be placed in a container indicating the child's name, insulin name and date of opening.
- Any unopened insulin has to be stored in a refrigerator.
- Any insulin currently in use can be kept at room temperature but must be stored in a dry cupboard and out of direct sunlight.
- Sharps box to be supplied to school from the parents.

- All used sharps to be put directly in the sharps box provided.
- The first sharps box may be supplied to the school by the parent school should contact their service provider for subsequent collection of full sharps boxes and delivery of empty boxes.
- When  $\frac{3}{4}$  full the box is to be close shut and contact made with the sharps collection dept who will arrange collection and delivery of a replacement box (this is subject to alteration following on from discussion from pct).

### **Safe storage of insulin audit**

- All staff who have a responsibility for insulin administration or supervision will receive specific training about insulin storage.
- School to ensure that a refrigerator is available for insulin storage.
- All children will have access to a sharps box in school.

### **Staff training**

The training of staff involved in the care of children with diabetes is of paramount importance in order to ensure the child is adequately cared for while in school.

### **Training recommendations**

General training:

- This is designed for those staff who have exposure to the diabetic child.
- General training includes information on what diabetes is, how it is treated and specific information on hypoglycaemia recognition and treatment, exercise and illness management and dietary needs.

### **Intensive training**

- This is designed for those staff who will be undertaking interventions with the child such as the administration or the supervision of insulin injections.
- Staff will be identified and training will take place over three sessions.
- These sessions will include the general training as above and also include insulin administration theory and practical and blood glucose testing and interpretation of results.

- Staff will be assessed by the PDSN to ensure that the necessary competency is achieved before the individual staff member can practice.

**N.B. If you have a child with type 1 diabetes who requires an adult to administer injections of insulin and/or undertake blood glucose testing or supervision of an insulin pump, during the school day, you must notify risk management in order to comply with the additional insurance requirements for this procedure.**

**Contact: Steve Insley Insurance Services Manager  
0121-569-3650**

### **Training audit**

- 100% of staff in school who require general training will have this provided.
- Identified staff in school who will be administering or supervising insulin injections will have intensive training provided.
- Assessment and competence must be achieved prior to being allowed to practice.
- Written competency document will be retained by the staff member and the school (See section 16 on training for forms).
- Home/school consent document to be signed and retained by the school allowing insulin injections in school to be given (form below).

### Insulin Administration Record

Name:

Type of Insulin:

Date/Time	Blood Sugar	Dose of Insulin	Site of Injection	Staff Signature	Witness Signature

## Parental Agreement for Designated Staff to Administer Insulin via Injection

Name of School:	<input type="text"/>
Name of Child:	<input type="text"/>
Date of Birth:	<input type="text"/>
Class Group:	<input type="text"/>
Medical Condition:	Diabetes Mellitus

### Insulin to be Given

Name of Insulin:	<input type="text"/>
Dose:	<input type="text"/>
Given at (time)	<input type="text"/>
Injection Site	<input type="text"/>

### Contact Details of Parents/Diabetes Specialist Nurse

Name:	<input type="text"/>
Relationship:	<input type="text"/>
Daytime tel no:	<input type="text"/>
Address:	<input type="text"/>

Child's Diabetes Nurse Contact Name and Number:

### Contract

It has been agreed that (*child's name*) will have injections of insulin at school administered by specifically trained staff. Any change in dose to be given will be the responsibility of the parents to inform school in writing.

Only specifically trained staff who have been signed off as competent can perform the procedure. All injections to be recorded on the specific sheet.

Signed:	<input type="text"/>	Date:	<input type="text"/>	Head Teacher
Signed:	<input type="text"/>	Date:	<input type="text"/>	Parent/Guardian
Signed:	<input type="text"/>	Date:	<input type="text"/>	Diabetes Nurse

## Diabetes Care Plan

Photo
Photo

### This child has diabetes:

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

See standard Health Care Plan for contact details.

### Hypoglycaemia

Children with diabetes may experience hypoglycaemia (low blood glucose levels). Look out for the following symptoms:

Hunger/sweating/trembling or shakiness/drowsiness/pallor/glazed eyes/lack of concentration/mood changes, especially angry or aggressive behaviour, irritability, or becoming upset.

**Typical symptoms for this child are: (to be completed in consultation with the parents/carers)**

### Treatment

Sugary food should be given immediately. Examples of these are Lucozade, non-diet fizzy drink (e.g. Coke, Tango), fruit juice, glucose tablets, honey or jam.

Sugary food for this child:	
Quantity:	

#### Data Protection Act, 1998

The information that you supply on this form will be used by Children and Families Service 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 Service.

For further information visit: [Department for Education](#)

## 13.4 Epilepsy

### Medication

Children known to be epileptic will be taking one or more anti-epileptic medications. These are only ever given two or three times a day and it is therefore very unlikely that they will need to be administered in school.

### Buccal midazolam, rectal diazepam or rectal paraldehyde for prolonged seizures

A few children who are prone to episodes of status epilepticus have a supply of medication to use during a prolonged seizure. It may be agreed that the emergency medication is kept in school. If this is the case a specific care plan for the child should be kept with instructions about when to give the midazolam/ diazepam or paraldehyde, who can give it, where to keep it etc. (See section 6 re management of medicines; and care plan form below)

Buccal midazolam/ rectal diazepam or rectal paraldehyde are treatments for prolonged convulsions. They should only administered by a member of the school staff who has volunteered and has been trained for this task. Training of designated staff will be arranged via the school health nurse/community children's nurse/ epilepsy nurse specialist and a record of this will be kept by the head teacher. (See training section 16 for competency forms) Training will be updated annually

A specific care plan for the administration of these medications must be maintained (see below)

- (a) Buccal midazolam/rectal diazepam or rectal paraldehyde can only be administered in accordance with an up-to-date written prescription from a medical practitioner and a signed care plan. It is the responsibility of the parent if the dose changes, to obtain a new prescription from the GP. The old prescription should then be destroyed, and the care plan must be updated.
- (b) The care plan should be reviewed yearly by the school nurse who will check with the parents that it remains correct, and the dose of rectal diazepam remains the same. The new care plan should then be issued. The care plan should also be reviewed if there is a change in the medication. Signatures should be obtained on an annual basis.
- (c) Each dose of buccal midazolam/rectal diazepam or rectal paraldehyde must be labelled with the individual child's name and stored in a locked cupboard. The keys should be readily available to all designated staff. A copy of the care plan should be kept with the medication.

- (d) Buccal midazolam/rectal diazepam or rectal paraldehyde can only be administered by designated staff, who have received training from a school nurse/community children's nurse. A list of appropriately trained staff should be attached to the care plan. Training for school staff should occur on an annual basis.
- (e) The care plan must always be checked before the medication is administered. The dose given must correlate with that on the care plan.
- (f) As with all other medications given in school the amount of buccal midazolam or rectal diazepam that is administered must be recorded and signed for by the person who has given it.
- (g) It is primarily the parent's duty to ensure that the medication kept in school is still in date. As a further safeguard, expiry dates of medication must be checked each term by the school nurse. If it is out of date it should be replaced by the parents at the request of the school nurse.

### **School activities**

Placing restrictions on children with epilepsy will only serve to make them feel and appear different. With adequate supervision no activity need be barred, although it is unwise to allow a child to climb ropes and wall bars if he has a history of frequent, unpredictable seizures. Swimming is to be encouraged and should cause no problems provided there is a qualified and informed lifeguard in, or adjacent to, the water to affect an immediate rescue should it be necessary. Many schools adopt the "buddy" system for all children, which means that special attention need not be drawn to the child with epilepsy. The lifeguard should be informed about any child with epilepsy, and whether a buddy system is in operation.

### **Essential information**

It is recommended that teachers find out as much as possible about a child's epilepsy from the parents. Some questions to ask could include:

- what type of seizures a child has
- how long they last and what they look like
- what first aid is appropriate and how long a rest the child may need
- any particular conditions or events that might trigger a seizure
- how often medication is taken and what side-effects may be experienced
- whether the child has a warning (aura) before the seizure

- what activities, if any, the parents or doctor require limiting
- whether the child has any other medical conditions.

Finally, it can be helpful to know how much understanding the child themselves has of their condition and its treatment.

### **Management of epileptic seizures**

Children who have epilepsy should have a health care plan giving details of the type of seizure they usually have, and what management of this is likely to be necessary in school. Some children may have an additional care plan for the administration of buccal midazolam/ rectal diazepam or rectal paraldehyde (see below).

There are different types of seizures. “Absence seizures” simply cause the child to become unresponsive for up to a few minutes, but do not cause falls or unconsciousness. Tonic-clonic seizures require first aid or, on some occasions, emergency care:

#### **Classroom first aid**

If a child has a tonic-clonic seizure, classmates will look to the teacher for guidance. Calmly reassure the other children and ensure that the child having the seizure cannot harm themselves. Only move the child if there is danger of sharp or hot objects or electrical appliances. Then follow these simple guidelines.

- (a) Cushion the head with something soft, e.g. a folded jacket, but do not try to restrain movements.
- (b) Do not put anything at all between the teeth or in the mouth.
- (c) Do not give anything to drink until the seizure is over.
- (d) Loosen tight clothing around the neck but remember to do this with care as it may frighten a semi-conscious child.
- (e) Do not call for an ambulance or doctor unless the seizure lasts more than 5 minutes (unless the child has a specific requirement in their care plan to deviate from this instruction) – see emergency care section.
- (f) As soon as possible, turn the child onto their side in the semi-prone (recovery) position. Wipe away saliva from around the mouth.
- (g) Be reassuring and supportive during the child's period of drowsiness or confusion which often follows this type of seizure. The child may need to rest quietly or sleep for a while, preferably somewhere private, but with adult supervision.

- (h) 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.
- (i) Record the details of the seizure
- (j) Contact the parents.

It is not always necessary to send a child home after a seizure, but each child is different, and it depends on factors such as how often fits occur, whether the typical course is followed etc. Ideally, a decision will be taken in consultation with the parents when the child's condition is first discussed and a procedure established.

### **Emergency care**

Although the average convulsive seizure is not a medical emergency there are three exceptions of which a teacher should be aware:

- (a) When a seizure shows no sign of stopping after 5 minutes.
- (b) A series of seizures take place without the child properly regaining consciousness in between.
- (c) If a child who is not known to have epilepsy experiences a convulsive seizure – even if the seizure stops naturally after a few minutes. In such a case, the condition may be caused by some underlying infection or metabolic problem.

**If one of these situations occurs dial 999 and call for an ambulance.** Continue first aid as above whilst waiting for this to arrive.

## Care Plan for the administration of buccal midazolam/ rectal diazepam/rectal paraldehyde

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

\* Delete either "midazolam, diazepam or paraldehyde" from the sections below\*

**Description of seizure requiring treatment with buccal midazolam/rectal diazepam/rectal paraldehyde\*:**

**NB:** If the child has a seizure which is different from the type shown above, and they do not lose consciousness, midazolam/rectal diazepam/paraldehyde may not be appropriate.

After onset of seizures: Wait \_\_\_\_\_ minutes then, if seizure has not stopped:

- administer \_\_\_\_\_ mls volume buccal midazolam fluid (equivalent to \_\_\_\_\_mgs)
- or administer \_\_\_\_\_ mls volume rectal diazepam (equivalent to \_\_\_\_\_ mgs)
- or administer \_\_\_\_\_ mls volume rectal paraldehyde (50% solution in olive oil)

***(Delete as applicable)***

- Wait \_\_\_\_\_ minutes. If seizure does not stop, then **call for ambulance.**
- Inform parents.

### Care Plan Agreement:

	Parent	Date:	
	Head Teacher	Date:	
	School Health Nurse	Date:	
	Doctor	Date:	

**Data Protection Act, 1998**  
 The information that you supply on this form will be used by Children and Families Service 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 Service  
**For further information visit: [Department for Education](#)**

## **Sickle cell disease**

Sickle cell disease is an inherited chronic illness which results in anaemia, episodes of pain and increased susceptibility to infections. Some symptoms, when mild, can be managed without requiring school absence, but severe symptoms need hospital care.

Overall this is not a common condition but it is much commoner in certain ethnic groups (particularly African Americans and Africans; and also Mediterranean and Middle Eastern groups)

Children should have a Health Care Plan which indicates what symptoms they usually get when unwell, when to call parents/hospital, and what treatments can be given in school for mild pain

## **Preventing painful episodes**

- Allowing the child to keep well hydrated with water.
- Not allowing the child to become over heated or exposed to cold temperatures.
- Because of their anaemia, children with sickle cell may tire before others and a rest period may be appropriate. Encourage gym and sports participation but allow the person to stop without undue attention.

## **When to seek medical attention**

- Medical attention is needed if any of the following occur:  
fever, headache, chest pain, abdominal pain, numbness or weakness.

(A mild painful episode may be managed with increased fluid intake and paracetamol or brufen)

## **Sickle cell trait**

- This term is used where children have inherited only partial susceptibility to sickle cell formation. It is more common than sickle cell disease and since it very rarely causes any problems it is not usually classed as a medical disorder and it is not necessary to ask families about it.

## 14. Offsite/out of hours activities

### **Cross reference with Sandwell LA document: "Guidelines for offsite/out of hours educational activities" 2003**

Risk assessments undertaken before arranging offsite/out of hours activities must include consideration of participating pupils' medical needs. See section on pupils with medical needs in the "Guidelines for offsite/out of hours educational activities" for details of what to check.

If a child has specific needs it must be clear how these are going to be met during the activity (this may include the need for a trained member of staff or parental attendance).

A parental request form for administration of medication or treatment during an offsite/out of hours activity should be completed (this includes a section for treatments other than medication) (see Appendix 8a)

A parental consent form must be completed for all pupils involved in an offsite/out of hours activity (from the LA Document: "Guidelines for offsite/out of hours educational activities"). There are separate forms for onsite out of hours; off site non-residential; and offsite residential activities. (see Appendices 8 b,c,d).

The group leader should have details of a child's medical needs including copies of the above form and any other health care plans

It is essential that all staff members who will be involved with a child with medical needs during an event are informed of the child's requirements

School procedures for administering medicines must be followed. It should be clear whether the child is competent to self-administer medication or not. If this is not the case it will be necessary to either train a member of staff to do this or ask the parent to accompany the child

Medication required can be carried by the child if this is normal practice (e.g. asthma inhalers). If not, then the head teacher or group leader should decide how medication will be carried during the activity by a member of staff, or the parent if present.

All teachers supervising activities should be aware of procedures to follow in an unexpected medical emergency.

## **15. Children in out of borough placements**

Children in out of borough schools will usually be subject to the Management of Medical Needs Policy used by the school and the local health team. It is up to the LA and school health team in Sandwell to check that suitable arrangements are in place when making such placements.

## 16. Health service organisation

(See Appendix 11 for contact details)

### Nurses

- School health nurses are based in teams within the 3 primary care areas in Sandwell. Each mainstream school will have a designated team to call upon for advice and support.
- School nurseries will have a nominated attached health visitor who should be able to provide advice about any medical issues which have been noted before a child attends nursery
- The Orchard and Meadows Special Schools have community children's nurses onsite, and Westminster school and St. Michael's unit have additional nursing support. These staff have a high level of expertise in managing complex medical needs and can act as a resource for the mainstream school nurses.
- There are community children's nurses based at Sandwell General Hospital who are involved with a small number of children with complex medical needs in the community. They may be involved in support and training for school staff themselves, or may act as a resource for the mainstream school nurses.
- The school nurse is the first point of contact for school staff requesting medical advice, support or training. A specific form to request information about a child's medical needs is suggested at Appendix 1.

### Therapists

- Speech and language therapists are based in health centres around Sandwell and are directly accessible to schools.
- Physiotherapists and occupational therapists are accessible if children are felt to have significant motor difficulties. This is only possible after an assessment by a paediatrician.
- All therapists are able to visit schools and provide advice and training for staff.

### Doctors

- All children will be registered with a GP who will be able to provide general information about a child's medical needs.
- Children with medical issues significant enough to be causing difficulties in school will usually either be under the care of a paediatrician, or will need referring to one to investigate their problems.

- Paediatricians visit Orchard and Meadows special schools and St Michael's CE High School regularly, and occasionally see children in other mainstream schools. There are also clinics in health centres and at Sandwell and Rowley Hospitals
- Consultant paediatricians can be contacted by school staff directly if necessary by phoning the paediatric secretaries at Sandwell General Hospital (see appendix 11)

### **CAMHS**

The child and adolescent mental health service can be directly accessed by schools - contact details in Appendix 11.

## 17. Training of Staff

In supporting children with complex health needs in schools and early years settings there are a number of clinical procedures which non-health qualified staff may be trained to undertake. In the main such training is undertaken by school health nurses or community children's nurses/specialist nurses who are employed by primary care trusts or other NHS organisations. The Royal College of Nursing in 2005 provided the following advisory list of procedures which may be safely taught and delegated to non-health qualified staff. (This is meant to show examples and other procedures may be taught if mutually agreed.)

- administering prescribed medicine in pre-measured dose via nasogastric tube or gastrostomy tube
- giving bolus or continuous feeds via a nasogastric or gastrostomy tube
- tracheostomy care including suction and emergency change of tracheostomy tube
- injections (intramuscular or subcutaneous) with pre-filled syringe/pen device (e.g. adrenaline or insulin)
- intermittent catheterisation and catheter care
- care of a supra-pubic mitrofanoff catheter
- stoma care
- inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine
- rectal medication with a pre-packaged dose
- administration of buccal or intra-nasal midazolam
- emergency treatments covered in basic first aid training
- assistance with inhalers, insufflation cartridges and nebulisers
- assistance with oxygen administration
- basic life support/resuscitation

The Royal College of Nursing has also advised that the following tasks should not be undertaken by non-health qualified carers

- re-insertion of nasogastric tube
- re-insertion of gastrostomy tube
- injections involving: drawing up injection fluid from a vial/bottle into a syringe; administering intravenous drugs; giving controlled drugs (other than the single doses provided daily for ADHD if necessary).
- programming of syringe drivers
- filling of oxygen cylinders

These lists are provided here as a general guide only and it is important to acknowledge that for children with complex health needs creative and innovative solutions are sometimes required.

It is absolutely imperative that any delegation of clinical tasks to non-health qualified staff is undertaken within a robust governance framework including arrangement for:

- initial training and preparation of staff
- assessment and confirmation of competence of staff
- confirmation of arrangements for on-going support, updating of training and re-assessment of competence of staff.

Training should take place at two levels:

- general training about the child's medical condition(s). This may be applicable to all staff working with the child.
- training regarding specific procedures or care that child will require for the staff who will need to perform them.

A competency assessment should be completed and signed by both trainee and trainer (see forms below). These forms are for fairly generic competencies such as use of an epipen which may be applicable to more than one child – More child - specific competencies are needed for some skills which vary between individual children and the nurses doing this training will use alternative forms when necessary

## Staff Training Record

Name of School/Setting:	<input type="text"/>
Name of Staff Member:	<input type="text"/>
Type of training received:	<input type="text"/>
Date training completed:	<input type="text"/>
Training provided by:	<input type="text"/>
Profession and Title:	<input type="text"/>

**Name of Child(ren) this training relates to:**

<input type="text"/>
<input type="text"/>
<input type="text"/>

**Trainer Declaration**

I confirm that \_\_\_\_\_ has received the training detailed above and is competent to carry out this treatment/procedure.

Trainer's signature:	<input type="text"/>	Date:	<input type="text"/>
----------------------	----------------------	-------	----------------------

**Trainee Declaration**

I confirm that I have received the training detailed above.

Staff signature:	<input type="text"/>	Date:	<input type="text"/>
------------------	----------------------	-------	----------------------

.....

**Training Update: (must be updated annually, or more often)**

Training must be updated by:	<input type="text"/>
------------------------------	----------------------

**Employers of non-NHS trainees Declaration**

We will use our best endeavours to ensure that our employee/staff members delivers care to the person(s) named within the boundaries of this competency as outlined below:

Name:	<input type="text"/>		
Designation:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>

## Persons Trained to Carry Out Procedures

Name:

Date:

School:

Area trained in:

Name:

Date:

School:

Area trained in:

Name:

Date:

School:

Area trained in:

Name:

Date:

School:

Area trained in:

Name:

Date:

School:

Area trained in:

# Competency Assessment

This competency is for (procedure):

This competency expires on:  (max duration 12 months)

This competency certifies carer (Name):

## Required skills and knowledge:

Areas Covered	Signature Trainee	Signature Trainer
Basic anatomy and physiology	<input type="text"/>	<input type="text"/>
Psychological implications	<input type="text"/>	<input type="text"/>
Demonstration of skill	<input type="text"/>	<input type="text"/>
Complications and trouble shooting	<input type="text"/>	<input type="text"/>
Safety routines	<input type="text"/>	<input type="text"/>
Record keeping	<input type="text"/>	<input type="text"/>
Privacy and dignity	<input type="text"/>	<input type="text"/>

Levels of competency	Signature Trainee	Signature Trainer
Initial teaching	<input type="text"/>	<input type="text"/>
Supervised practice	<input type="text"/>	<input type="text"/>
Safe to practice	<input type="text"/>	<input type="text"/>
Competent/confident practice	<input type="text"/>	<input type="text"/>

## Competency assessment completed by:

Name:  Title:

Signature:  Date:

I certify that the person named, as carer on this document is competent to carry out the procedure detailed above and that I have current NMC registration.

.....

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 only use this training in respect of the child(ren) specifically named on the front of this form and I will not carry out procedures, which are contrary to or not covered by this training. 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, or if I have concerns about my competency, I will discontinue undertaking the procedure detailed in this document and seek appropriate advice from a suitably qualified clinician and/or my employer. I will seek any necessary advice, guidance and further training needed from time to time in order for me to continue to operate within these competencies.

Name:

Signature:  Date:

## 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 or 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) Your not having 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.

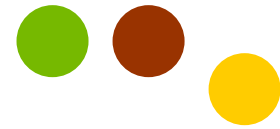
Signed:	<input type="text"/>
Post held:	<input type="text"/>
Date:	<input type="text"/>
Head Teacher:	<input type="text"/>
School:	<input type="text"/>

## Indemnity Statement – Points to be Noted

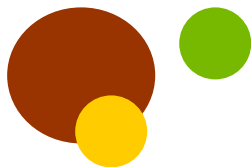
This form would be in favour of members of school staff who agree to administer medication, and who work in community schools as employees of the council.

- Staff in 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



# Appendices

## Appendices

- 1 Referral to school health nursing service
- 2 Form SS 12
- 3 Health care plan for a child with medical needs
- 4 Request for school to administer medication
- 5 Confirmation of agreement for school to administer medication
- 6 Pupil medicine record
- 7 Record of administration of first-aid
- 8 Standard information for offsite visits
- 8(a) Request for the administration of medication or treatment during an offsite activity
- 8(b) Parental consent form (AA) for onsite activity out of hours
- 8 (c) Parental consent form (AB) for offsite activity non-residential
- 8 (d) Parental consent form (AC) for offsite activity residential
- 9 Legal framework
- 10 Indemnity form for the administration of medication in schools
- 10a Indemnity statement – points to be noted
- 11 Health service contact numbers
- 12 Internet resources
- 13 Emergency planning

**Sandwell Community Healthcare Services**

# **School Health Nurse Service**

## **Referral to service guidelines**

1. Please complete referral form in full.
2. Please be specific about the reason for the referral.
3. Please consider if the relevant people have been informed of the referral.
4. Please include relevant background information including any cause for concern.
5. Please state if there is a reason that you are aware of why the School Health Nurse should not visit alone?
6. Please ensure that parents/carers have been informed of the referral. This is important as we usually mention where the referral has come from. If you do not want the parents/carers to be aware of the referral please give a valid reason.

## Referral to school health nursing service

Surname:  Forename:   
 DOB:  NHS No:   
 M  F  School:  GP:

Home Address:

Contact Number:

Parental consent obtained: Yes  No  Parent/Carer Name:

Parental consent should be obtained on all referrals. If not, please clearly state the reasons why:

Other Agencies Involved With Contact Name And Numbers:

Do you wish the health visitor to be informed (ie if the child is a nursery child, or has a sibling in nursery)? Yes  No

Reason for Referral:

Referred By:	Designation:	Tel No:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Base:  Date:

### Secure Fax To School Health Nurses

Oldbury and Smethwick	Rowley Regis and Tipton	Wednesbury and West Bromwich
Holly Lane Clinic	Oldbury Health Centre	Yew Tree Healthy Living Centre
0121 612 2940	0121 612 2108	01922 423010

**Reply Slip**

Plan of Action or Outcome:

Signed:

Print Name:

Designation:

Contact Number:

**Data Protection Act, 1998**

The information that you supply on this form will be used by the "Peoples" Services 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 the "Peoples" Services.

For further information visit: [Department for Education](#)

**Please ensure that this form is kept confidential**

(Revised August 2009)



Children &amp; Families

Sandwell Child Health Service  
Sandwell and West Birmingham Hospitals NHS Trust

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) 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 2424.

## 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:

**Confidential**

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	<input type="checkbox"/>	<input type="text"/>
3 months	2nd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	<input type="text"/>
4 months	3rd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	<input type="text"/>
12-18 months	Measles, Mumps, Rubella (1st MMR) (2nd MMR – usually at 3-5 years)	<input type="checkbox"/>	<input type="text"/>
3-5 years	Diphtheria, Tetanus, Whooping Cough, Polio Booster	<input type="checkbox"/>	<input type="text"/>
10-14 years	BCG ( <b>only for children with identified risk factors</b> )	<input type="checkbox"/>	<input type="text"/>
14 years	Tetanus, Polio and Diphtheria Booster	<input type="checkbox"/>	<input type="text"/>

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

	Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Poor Vision	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Serious allergic reaction e.g. to medicines/ foods	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Other significant conditions	<input type="checkbox"/>	<input type="checkbox"/>

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)	<input type="text"/>	Name	Daytime Tel No	<input type="text"/>
(2)	<input type="text"/>	Name	Daytime Tel No	<input type="text"/>

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

Signed:

Date:

(Parent or Guardian with parental responsibility)

**Data Protection Act, 1998**

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For further information visit [Department for Education](http://www.gov.uk/government/organisations/department-for-education)

**Please return this form as soon as possible to school.**

**Confidential**

**Appendix 3**

**Health care plan for a child with medical needs**

Photo  Photo	Name:	<input type="text"/>
	Date of Birth:	<input type="text"/>
	Current Year/Class:	<input type="text"/>
	Medical Conditions(s):	<input type="text"/>
	NHS No:	<input type="text"/>

**Family Contact 1:**

Name:	<input type="text"/>
Home Telephone:	<input type="text"/>
Work Telephone:	<input type="text"/>
Relationship:	<input type="text"/>

**Family Contact 2:**

Name:	<input type="text"/>
Home Telephone:	<input type="text"/>
Work Telephone:	<input type="text"/>
Relationship:	<input type="text"/>

**GP:**

Name:	<input type="text"/>
Telephone:	<input type="text"/>

**Hospital Clinic Contact:**

Name:	<input type="text"/>
Telephone:	<input type="text"/>

**Details of medical symptoms: (including any regular medications):**

**Regular requirements: (e.g. PE; lunchtimes)**

**What constitutes an emergency, and what action should be taken:**

**Review of Care Plan:**

Name:

Designation:

Date due for review:

**Copies of Plan to:**

<input type="checkbox"/> School	<input type="checkbox"/> Family	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Paediatrician or GP
---------------------------------	---------------------------------	---------------------------------------	--

Health Care Plan reviewed on (date):

Persons reviewing plan:

**This Plan does not need changing**

Next review on (date):

*(The Care plan should be updated fully at least every 2 years)*

**Copies of Plan to:**

<input type="checkbox"/> School	<input type="checkbox"/> Family	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Paediatrician or GP
---------------------------------	---------------------------------	---------------------------------------	--

**Data Protection Act, 1998**

The information that you supply on this form will be used by Children and Families Services 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 Services..

**For further information visit:** [Department for Education](#)

**Appendix 4****Request for school to administer medication**

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.

Child's Surname:	<input type="text"/>		
Forename(s):	<input type="text"/>		
DOB:	<input type="text"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
NHS No:	<input type="text"/>		
Address:	<input type="text"/>		
Post Code:	<input type="text"/>	Year/Class	<input type="text"/>
Condition/Illness:	<input type="text"/>		

**Medication**

Name/Type of medication (as per dispensary label):

For how long will your child take this medication?

Date dispensed:

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:

**Data Protection Act, 1998**

The information that you supply on this form will be used by Children and Families Service 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 Service  
For further information visit: [Department for Education](#)

**Appendix 5**

**Confirmation of agreement for school to administer medication**

I agree that (*name of child*) \_\_\_\_\_ Date of birth \_\_\_\_\_

will receive: (*quantity and name of medicine*): \_\_\_\_\_

every day at (*time(s) medicine to be administered*) \_\_\_\_\_

Delete one

\* Medication will be given:

\* Supervision will occur whilst he/she takes their medicine:

Delete one

\* *Insert named member of staff:* \_\_\_\_\_

\* *see attached list of staff*

Delete one

\* This will continue until the end date of the course of medicine on \_\_\_\_\_

\* This will continue until instructed by parents

---

Authorised School Signature:

Position:

Name: (print)

Date:

Signature of Parent/Carer:

Relationship to Child:

Name: (print)

Date:

A copy of this form should also be given to the parent.

## Persons trained to carry out procedures

Name:

Date:

School:

Area trained in:

Name:

Date:

School:

Area trained in:

Name:

Date:

School:

Area trained in:

Name:

Date:

School:

Area trained in:

Name:

Date:

School:

Area trained in:

**Pupil medicine record**

Photo  Photo	Name:	<input type="text"/>
	Date of Birth:	<input type="text"/>
	NHS No:	<input type="text"/>
	Medicine name	<input type="text"/>
	Dosage and Method of administration:	<input type="text"/>
	Timing	<input type="text"/>
	Name of Administrator/Supervisor:	<input type="text"/>
	Self administered:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Date:	Time:	Dosage:	Administered by:	Witnessed by:	Pupil (if appropriate):	Comments

These are the recommended headings and formats to be used. Schools may wish to consider a file or bound book system for their records.

**Appendix 7**

**Record of administration of first aid**

Date	Time	Name (of injured person)	Occupation or Class	Nature/location of Injury	First Aid administered	Outcome	Administered by:	Signature	Monitored by:

Date	Time	Name (of injured person)	Occupation or Class	Nature/location of Injury	First Aid administered	Outcome	Administered by:	Signature	Monitored by:

## Standard information for offsite visits

### Parental information forms

#### 1. Young people with medical needs

Additional safety measures to those already in place in the school/centre may be necessary to support young people with medical needs during visits. Arrangements for taking medication and ensuring sufficient supplies for residential visits may be required.

All staff supervising visits should be aware of a young person's medical needs and any medical emergency procedures. Summary sheets held by all staff, containing details of each young person's needs and any other relevant information provided by parents, is one way of achieving this. If appropriate, a volunteer staff member should be trained in administering medication, if they have not already been so trained, and should take responsibility in a medical emergency. If the young person's safety cannot be guaranteed, it may be appropriate to ask the parent or a care assistant to accompany a particular individual.

The group leader should discuss the young person's individual needs with the parents. Parents should be asked to supply:

- Details of medical conditions.
- Emergency contact numbers.
- The child's GP's name, address and phone number.
- Information on whether the young person has spent a night away from home before and their ability to cope effectively.
- Written details of any medication required (including instructions on dosage/times) and parental permission to administer.
- Parental permission if the young person needs to administer their own medication or agreement for a volunteer staff member to administer.
- Information on any allergies/phobias.
- Information on any special dietary requirements.
- Information on any toilet difficulties, special equipment or aids to daily living.
- Special transport needs for young people who require help with mobility.

Enquiries should be made at an early stage about access and facilities for securing wheelchairs on transport and at residential centres etc if appropriate.

If ramps are not going to be available in certain places, the organiser may wish to arrange to take portable ramps with them. The group leader should at

an early stage assess whether manual-handling skills will be needed and, if so, whether training should be sought.

All staff supervising the visit should be given the opportunity to talk through any concerns they may have about their ability to support the child. Extra help should be requested if necessary, e.g. a care assistant.

If staff are concerned about whether they can provide for a young person's safety or the safety of other participants on a trip because of a medical condition, they should seek general medical advice from the school health service or further information from the young person's parents.

The group leader should check that the insurance policy covers staff and young people with pre-existing medical needs.

**The group leader should also check the LA policy document "Management of children with medical needs in schools".**

## 2. **Young people with special educational needs**

Schools/centres will already be familiar with the nature of a young person's special educational needs. Any limitations or problems the young person may have should be taken into account at the planning stage and when carrying out the risk assessment. Offsite visits may pose additional difficulties for a young person with SEN and the behaviour of some young people may prove challenging. The following factors should be taken into consideration:

- Is the young person capable of taking part in and benefiting from the activity?
- Can the activity be adapted to enable the young person to participate at a suitable level?
- Will additional/different resources be necessary?
- Is the young person able to understand and follow instructions?
- Will additional supervision be necessary?

It may be helpful to the young person if one of the supervisors already knows them well and appreciates their needs fully. The group leader should discuss the visit with the parents of young people with SEN to ensure that suitable arrangements have been put in place to ensure their safety.

### **Parental information forms**

- Appendix 8(a) - Request for the administration of medication during an activity onsite out of hours, or offsite
- Appendix 8(b) - Parental consent form AA for onsite out of hours activity
- Appendix 8(c) - Parental consent form AB for offsite non-residential activity
- Appendix 8(d) - Parental consent form AC for offsite residential activity

## Appendix 8 (a)

## Request for the administration of medication or treatment during an offsite 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	<input type="checkbox"/>
		F	<input type="checkbox"/>
Address:			
Post Code:		Year/Class	
Condition/Illness:			

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

Name/Type of medication (as described on the container):	
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 <input type="checkbox"/> No <input type="checkbox"/>
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:

**Data Protection Act, 1998**  
The information that you supply on this form will be used by Children and Families Service 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 Service  
**For further information visit: [Department for Education](#)**



Children & Families

## Parental consent form (AA) for onsite activity out of hours

School/Group:

Out of hours clubs/  
activities:

Date(s) and times:

I consent to:

Participating in all the clubs/activities listed above and described in the **accompanying letter/information sheet**.

### Medical Information about your son/daughter/ward:

Date of birth:

Does your child suffer from any condition requiring regular treatment?

Yes  No

If yes, please give details:

If you have answered yes, do you give your permission for the staff to administer the medication should this be necessary?

Yes  No

### Emergency Contact Details

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:

### Declaration

I have read the **accompanying letter/information sheet** and understand that I am agreeing to my son/daughter/ward participating in the activities as described.

Signed:  Parent/Guardian Date:

Print full name:

**NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.**

After the activity this form should be retained in the Evidence File together with:

1. The Approval Form.
2. The Emergency Contact Form.
3. The Risk Assessment Form.
4. The Evaluation Form.

**Data Protection Act, 1998**

The information that you supply on this form will be used by Children and Families Service 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 Service.

For more information visit: [Department for Education](#)

Appendix 8 (c)



Children & Families

**Parental consent form (AB) for offsite activity non-residential**

School/Group:

Visit to:

Date and times:

I consent to:  (full name)

taking part in this visit and have read the **accompanying letter**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given.

*(Where a visit includes water based activities, parents should be consulted as to their child's swimming ability/level of water confidence. Where a visit includes period of remote supervision, parents/wards should be asked for their specific consent for this.)*

**Medical information about your son/daughter/ward:**

Date of birth:  (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment? Yes  No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary? Yes  No

Is your son/daughter/ward allergic or sensitive to any medication? e.g. penicillin Yes  No

If yes please give details:

Please outline any dietary needs or food allergies:

I will inform the group leader/head teacher/principal/manager as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

**Emergency Contact Details:**

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

Day:  Evening:  Mobile:

Address:

Alternative Emergency Contact:

Name

Relationship:

Tel: Day:  Evening:  Mobile:

Address:

**Declaration**

I **agree/disagree** to my son/daughter/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I **agree/disagree** to my son/daughter/ward receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:  (Parent/Guardian)

Print name:  Date:

**NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.**

This form should be taken on the visit by the group leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File together with:

1. The Approval Form.
2. The Emergency Contact Form.
3. The Risk Assessment Form.
4. The Evaluation Form

**Data Protection Act, 1998**  
The information that you supply on this form will be used by Children and Families Service 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 Service  
For further information visit: [Department for Education](#)



## Parental consent form (AC) for offsite activity residential

Children & Families

School/Group:

Visit to:

Date and times:

I consent to:  (full name)

taking part in this visit and have read the **accompanying letter**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given.

*(Where a visit includes water based activities, parents should be consulted as to their child's swimming ability/level of water confidence. Where a visit includes period of remote supervision, parents/wards should be asked for their specific consent for this.)*

### Medical information about your son/daughter/ward:

Date of birth:  (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment? Yes  No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary? Yes  No

Has your child to the best of your knowledge been in contact with any infectious or contagious diseases or suffered from anything that may become infectious or contagious in the last three weeks? Yes  No

If yes please give details:

Is your son/daughter/ward allergic or sensitive to any medication? e.g. penicillin Yes  No

If yes please give details:

Has your son/daughter had any serious medical condition in the last few years that we should know about? Yes  No

If yes please give details:

Has your son/daughter/ward been immunised against tetanus? Yes  No  Date of last injection:

Please outline any dietary needs or food allergies:

Name of child's doctor:

Address:

Post code:

Tel no:

I will inform the group leader/head teacher/principal/manager as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

**Emergency Contact Details**

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

Day:

Ev:

Mob:

Home Address:

**Alternative Emergency Contact**

Name

Relationship:

Tel: Day

Ev:

Mob:

Address:

**Declaration**

I **agree/disagree** to my son/daughter/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I **agree/disagree** to my son/daughter/ward receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:

(Parent/Guardian)

Print Name:

Date:

**NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.**

This form should be taken on the visit by the group leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File together with:

1. The Approval Form
2. The Emergency Contact Form
3. The Risk Assessment Form
4. The Evaluation Form

**Data Protection Act, 1998**

The information that you supply on this form will be used by Children and Families Service 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 Service.

For further information visit: [Department for Education - Data Protection](#)

# **Annex A: Legal framework**

## **Contents**

### **Introduction**

### **General background**

Staff administering medicine

Staff 'duty of care'

Admissions

### **The Law<sup>25</sup>**

SEN and Disability Act 2001

Health and Safety at Work etc Act 1974

The Management of Health and Safety at Work Regulations 1999

Control of Substances Hazardous to Health Regulations 2002

Misuse of Drugs Act 1971 and associated regulations

Medicines Act 1968

The Education (School Premises) Regulations 1999

The Education (Independent Schools Standards) (England) Regulations 2003

National Standards for under 8s day care and childminding – Premises

Special Educational Needs – Education Act 1996

Care Standards Act 2000

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## **Introduction**

1. This part sets out the legal framework for schools and local authorities in the management of medicines in schools and early years settings.

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<sup>25</sup> Acts of the UK Parliament since 1988 can be viewed at Her Majesty's Stationery Office (HMSO) website [www.hmso.gov.uk/acts.htm](http://www.hmso.gov.uk/acts.htm)

2. It summarises:

- The main legal provisions that affect local authorities' and schools' responsibilities for managing a pupil's medical needs
- The main legal provisions that affect early years settings' responsibilities for managing a child's medical needs

3. It is to be noted that this annex does not constitute an authoritative legal interpretation of the provisions and any enactments, regulations or common law – that is exclusively a matter for the courts. It remains for local authorities, schools and settings to develop their policies in the light of their statutory responsibilities and their own assessment of local needs and resources.

### **General background**

4. Local authorities, schools and governing bodies are responsible for the health and safety of pupils in their care. The legal framework dealing with the health and safety of **all** pupils in schools derives from health and safety legislation. The law imposes duties on employers. primary care trusts (PCTs) and NHS trusts have legal responsibilities for the health of residents in their area.
5. The registered person in early years settings, which can legally be a management group rather than an individual, is responsible for the health and safety of the children in their care. The legal framework for registered early years settings is derived from both health and safety legislation and the national standards for under 8s day care.

### **Staff administering medicine**

6. There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. The only exceptions are set out in the paragraph below. Support staff may have specific duties to provide medical assistance as part of their contract. Of course, swift action needs to be taken by any member of staff to assist any child in an emergency. Employers should ensure that their insurance policies provide appropriate cover.

### **Staff 'Duty of Care'**

7. Anyone caring for children including teachers, other school staff and day care staff in charge of children have a common duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

## **Admissions<sup>26 27</sup>**

8. Children with medical needs have the same rights of admission to school as other children, and cannot generally be excluded from school for medical reasons. In certain circumstances, e.g. where there is a risk to health and safety of staff or other pupils, children can be removed from school for medical reasons. This, however, is not exclusion.

## **The Law**

9. Legislation, notably the Education Act 1996, The Disability Discrimination Act 1995, The Care Standards Act 2000 and the Medicines Act 1968 are also relevant to schools in settings in dealing with children's medical needs. The following paragraphs outline the provisions of these Acts that are relevant to the health and safety of children attending early years setting and schools.

### **SEN and Disability Act (SENDA) 2001**

10. The SEN and Disability Act (SENDA) 2001 amended Part IV of the Education Act 1996 making changes to the existing legislation, in particular strengthening the right of children with SEN to be educated in mainstream schools.
11. Schools and early years settings are both required to take 'reasonable steps' to meet the needs of disabled children.

### *LAs and schools*

12. SENDA also amended Part 4 of the Disability Discrimination Act (DDA) 1995 bringing access to education within the remit of the DDA, making it unlawful for schools and LAs to discriminate against disabled pupils for a reason relating to their disability, without justification. This might include some children with medical needs.
13. Part 4 duties apply to all schools; private or state maintained, mainstream or special and those early years settings constituted as schools.
14. Some medical conditions may be classed as a disability. The responsible body of a school will need to consider what arrangements can reasonably be made to help support a pupil (or prospective pupil) who has a disability. The Disability Rights Commission has produced a Code of Practice for Schools. Advice and training from local health professionals will help when looking at what arrangements they can reasonably make to support a pupil with a disability.

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<sup>26</sup> *School Admissions Code of Practice (DfES/0031/2003)*

<sup>27</sup> *Improving Attendance and Behaviour: Guidance on Exclusion from Schools and Pupil Referral Units (DfES/0354/2004)*

15. Since September 2002 schools and LAs have been under a duty:

- not to treat less favourably disabled pupils or students, without justification, than pupils and students who are not disabled
- to make reasonable adjustments to ensure that disabled pupils and students are not put at a substantial disadvantage in comparison to those who are not disabled

16. Schools are not, however, required to provide auxiliary aids or services or to make changes to physical features. Instead, schools and LAs are under a duty to plan strategically to increase access, over time, to schools. This duty includes planning to increase access to the school premises, to the curriculum and providing written material in alternative formats to ensure accessibility.

17. Part 4 duties cover discrimination in admissions, the provision of education and associated services and exclusions.

18. The reasonable adjustments duty in Part 4 includes provision of:

- auxiliary aids and services
- making physical alterations to buildings (from October 2004)

### *Early years settings*

19. Early years settings, not constituted as schools, must comply with Part 3 of the DDA; this includes day nurseries, family centres, pre-schools, playgroups and childminders (including those in a childminding network). The duties cover the refusal to provide a service, offering a lower standard of service or offering a service on worse terms to a disabled child.

20. Under Parts 3 and 4 of the DDA all settings are required not to treat a disabled child 'less favourably' than any other child for a reason relating to their disability. There may sometimes be justification for less favourable treatment, but it may not be possible to justify if there is a reasonable adjustment that might have been made but was not.

### **Health and Safety at Work etc Act 1974**

21. The Health and Safety at Work etc Act (HSWA) 1974 places duties on employers for the health and safety of their employees and anyone else on the premises. This covers the head teacher and teachers, non-teaching staff, children and visitors.<sup>28</sup>

22. Who the employer is depends on the type of school:

- for community schools, community special schools, voluntary controlled schools, maintained nursery schools and pupil referral units the employer is the local authority (LA)

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<sup>28</sup> *Health and Safety: Responsibilities and Powers (DfES/0803/2001)*

- for foundation schools, foundation special schools and voluntary-aided schools the employer is the governing body
  - for academies and city technology colleges the employer is the governing body
  - for non-maintained special schools the employer is the trustees
  - for other independent schools the employer is usually the governing body, proprietor or trustees
23. The employer for registered day care will depend on the way it has been set up. Settings may be run by private individuals, charities, voluntary committees, local authorities, school governors, the proprietor or the trustees in some independent schools, and companies that provide day care as an additional service to customers (e.g. crèches in shops or sports clubs).
24. The employer of staff at a school or setting **must** do all that is reasonably practicable to ensure the health, safety and welfare of employees. The employer must also make sure that others, such as pupils and visitors, are not put at risk. The main actions employers must take under the Health and Safety at Work etc Act are to:

- prepare a written health and safety policy
- make sure that staff are aware of the policy and their responsibilities within that policy
- make arrangements to implement the policy
- make sure that appropriate safety measures are in place
- make sure that staff are properly trained and receive guidance on their responsibilities as employees

25. Most schools and settings will at some time have children on roll with medical needs. The responsibility of the employer is to make sure that safety measures cover the needs of *all* children at the school or setting. This may mean making special arrangements for particular children.

### **Management of Health and Safety at Work Regulations 1999**

26. The Management of Health and Safety at Work Regulations 1999, made under HSWA require employers to:

- make an assessment of the risks of activities
- introduce measures to control these risks
- tell their employees about these measures

27. The national standards for day care settings make it clear that the registered person **must** comply with all relevant health and safety legislation. Registered persons in early years settings are also required under the national standards to take positive steps to promote safety. Supporting criteria under the safety standard includes undertaking risk assessments.

28. HSWA and the Management of Health and Safety at Work Regulations 1999 also apply to employees. Employees **must**:

- take reasonable care of their own and others health and safety
- cooperate with their employers
- carry out activities in accordance with training and instructions
- inform the employer of any serious risk

29. In some cases children with medical needs may be more at risk than other children. Staff may need to take additional steps to safeguard the health and safety of such children. In a few cases individual procedures may be needed. The employer is responsible for making sure that all relevant staff know about and are, if necessary, trained to provide any additional support these children require.

### **Control of Substances Hazardous to Health Regulations 2002**

30. The Control of Substances Hazardous to Health Regulations 2002 (COSHH) require employers to control exposures to hazardous substances to protect both employees and others. Some medicines may be harmful to anyone for whom they are not prescribed. Where a school or setting agrees to administer this type of medicine the employer **must** ensure that the risks to the health of staff and others are properly controlled.

### **Misuse of Drugs Act 1971 and Associated Regulations**

31. The supply, administration, possession and storage of certain drugs are controlled by the Misuse of Drugs Act 1971 and Associated Regulations. This is of relevance to schools and settings because they may have a child that has been prescribed a controlled drug. The Misuse of Drugs Regulations 2001 allows 'any person' to administer the drugs listed in the Regulations.

### **Medicines Act 1968**

32. 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. Anyone may administer a prescribed medicine, with consent, to a third party, so long as it is in accordance with the prescriber's instructions. This indicates that a medicine may only be administered to the person for whom it has been prescribed, labelled and supplied; and that no-one other than the prescriber may vary the dose and directions for administration.
33. The administration of prescription-only medicine by injection may be done by any person, but must be in accordance with directions made available by a doctor, dentist, nurse prescriber or pharmacist prescriber in respect of a named patient.

### **The Education (School Premises) Regulations 1999**<sup>29</sup>

34. The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It **must** contain a washbasin and be reasonably near a water closet. It **must not** be teaching accommodation. If this room is used for other purposes as well as for medical accommodation the body responsible **must** consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the local authority.
35. The 1999 Regulations specify the accommodation provisions that apply to boarding schools only, these state that a boarding school must have one or more sick rooms.

### **The Education (Independent Schools Standards) (England) Regulations 2003**

36. The Education (Independent Schools Standards) (England) Regulations 2003 require that independent schools have and implement a satisfactory policy on First Aid and have appropriate facilities for pupils in accordance with the Education (School Premises) Regulations 1999.

### **National Standards for Under 8s Day Care and Childminding – Premises**

37. The national standards do not require day care settings to have a separate first aid room but they do cover the promotion of good health and taking positive steps to prevent the spread of infection. Such settings should also have one washbasin for every ten children over two years of age.
38. The national standards also require premises to be safe, secure and suitable for their purpose. They must provide adequate space in an appropriate location, be welcoming to children and offer all the necessary facilities for a range of activities that promote their development. Supporting criteria under the standards includes space standards, outdoor play areas, toilets, staff facilities, kitchens and laundry facilities.

### **Special Educational Needs – Education Act 1996**

39. Section 321 of the Education Act 1996 sets out that a child has special educational needs if he has a learning difficulty that calls for special educational provision to be made for him. Children with medical needs will not necessarily have special educational needs (SEN). For those who do, schools should refer to the DfE SEN guidance.<sup>30</sup>

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<sup>29</sup> *Standards for School Premises* (DfEE/0020/2000)

<sup>30</sup> *SEN Code of Practice* (DfES/0581/2001) paragraphs 7:64-7:67

40. Section 322 of the Education Act 1996 requires that local health services **must** provide help to an LA for a child with SEN (which may include medical needs), unless the health services consider that the help is not necessary to enable the LA to carry out its duties or that it would not be reasonable to give such help in the light of the resources available to the local health services to carry out their other statutory duties. This applies whether or not a child attends a special school. Help from local health services could include providing advice and training for staff in procedures to deal with a child's medical needs if that child would otherwise have limited access to education. local authorities, schools and early years settings should work together, in close partnership with parents, to ensure proper support for children with medical needs.

## Care Standards Act 2000

### *Schools*

41. Residential special schools are required to register with the Commission for Social Care Inspection (CSCI) and are subject to the requirements set out in the Children's Homes Regulations 2001. In respect of medicines, this is set out in Regulation 21 and places a duty on the registered person to make 'suitable arrangements for the recording, handling, safekeeping, safe administration and disposal of... medicines'. The Department of Health has also published National Minimum Standards (NMS) that set out guidance of how the Regulations may be met (Standard 13).
42. CSCI also works in conjunction with Ofsted to monitor health and social welfare in boarding schools. There are also NMS for boarding schools although such schools are not subject to Regulations under the Care Standards Act.

### *Day care provision*

43. The Children Act 1989 was amended by the Care Standards Act 2000 by the introduction of Part XA. In accordance with 79B in Part XA of the Children Act, the Office for Standards in Education (Ofsted) registers day care provision (day nurseries, crèches, out of school clubs and pre-school provision) and childminders. As regulator, Ofsted ensures that those who provide day care or childminding services are suitable and that the requirements set out in the national standards for under 8s day care and childminding are met. The registered person in early years settings in the private and voluntary sectors **must** meet the requirement of the national standards for under 8s day care and childminding.
44. The national standards for under 8s day care and childminding require that the registered person in an early years setting promotes the good health of children and takes positive steps to prevent the spread of infection and appropriate measures when they are ill (Standard 7).

45. The criteria for this standard sets out that the registered person has a clear policy, understood by all staff and discussed with parents, regarding the administration of medicines. If the administration of prescription medicine requires technical/medical knowledge then individual training **must** be provided for staff from a qualified health knowledge then individual training **must** be provided for staff from a qualified health professional and that training **must** be specific to the individual child concerned.
46. There is a requirement in the national standards for under 8s day care and childminding that the registered person must take positive steps to promote safety within the setting and on outings and ensure proper precautions are taken to prevent accidents (Standard 6).
47. For day care settings, the criteria sets out that the registered person must take reasonable steps to ensure that hazards to children on the premises, both inside and outside, are minimised and is aware of, and complies with, health and safety regulations. Staff must be trained to have an understanding of health and safety requirements for the environment in which they work.
48. The national standards do not override the need for providers to comply with other legislation such as that covering health and safety, food hygiene and so on. The registered person would therefore need to be aware of all other legislative requirements as set out in this annex.

## 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 or other compensation that may be made against you.

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

- (d) 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.
- (e) 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
- (f) Your not having 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:

## 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 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.

## Appendix 11

### Health service contact numbers

- **School Health Nurse Team Leaders**

Oldbury/Smethwick/Rowley Regis	Holly Lane Clinic Holly Lane Smethwick B66 1QW Telephone: 0121 612 2956
Wednesbury/West Bromwich/Tipton	Yew Tree Healthy Living Centre Redwood Road Yew Tree Estate Walsall WS5 4LB Telephone: 01922 423002

- **School Nurse message taking service** 0121 612 2424

- **Health Visiting Team Leaders**

Wednesbury/West Bromwich (Yew Tree Healthy Living Centre)	01922423001
Friar Park Ward (SureStart Friar Park)	0121 505 4401
Tipton (Glebefields Health Centre)	07814 258857
Rowley/Cradley Heath (Victoria Health Centre)	07817 875052
Smethwick/Warley (Victoria Health Centre)	0121 612 3079
Oldbury/Smethwick (Oldbury Health Centre)	0121 612 2440

- **Community Children's Nurses are based in:**

The Orchard School	0121 552 6185
The Meadows School	0121 544 6754
St Michael's CE High School Business and Enterprise College	0121 559 5224
Priory Ground Ward, Sandwell General Hospital	0121 507 2633

- **Paediatric Diabetic Nurse Specialists**

Community Children's Nursing Team  
Sandwell General Hospital  
Lyndon  
West Bromwich B71 4HJ  
0121 507 3476 or 07979756463

- **School Medical Service**  
Consultant Paediatricians  
Sandwell General Hospital  
Lyndon  
West Bromwich  
B71 4HJ  
0121 507 3417
  
- **Children's Therapy Services**
  - **Speech and Language**
  - **Physiotherapy**
  - **Occupational Therapy**Glebefields Health Centre  
St Marks Road  
Tipton  
0121 530 8030
  
- **Child and Adolescent Mental Health Service:**  
48 Lodge Road  
West Bromwich  
B70 8NY  
0121 612 6620
  
- **Child Health Administration:**  
Child Health Offices  
Sandwell General Hospital  
Lewisham Street  
West Bromwich B71 4HJ  
0121 507 3273
  
- **Infection Prevention Sandwell PCT**  
Infection Prevention Nurse Consultant  
Kingston House  
438 High Street  
West Bromwich B70 9LD  
0121 500 1500

**Appendix 12****Useful internet resources relating to medical needs**

All the sites below are chosen for their usefulness to schools (as well as families and professionals). A specific site has not been included for ADHD - there are numerous sites (which can be accessed from ref.11 below) though most have a specific slant on the condition and are not entirely objective.

1. [www.asthma.org.uk](http://www.asthma.org.uk) (Asthma UK)
2. [www.epilepsy.org.uk](http://www.epilepsy.org.uk) (Epilepsy Action)
3. [www.diabetes.org.uk](http://www.diabetes.org.uk) (Diabetes UK)
4. [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) (The Anaphylaxis Campaign)
5. [www.scope.org.uk](http://www.scope.org.uk) (Voluntary Organisation for Cerebral Palsy)
6. [www.muscular-dystrophy.org](http://www.muscular-dystrophy.org) (Muscular Dystrophy + other muscle disorders)
7. [www.ndcs.org.uk](http://www.ndcs.org.uk) (National Deaf Children's Society)
8. [www.rnib.org.uk](http://www.rnib.org.uk) (Royal National Institute for the Blind)
9. [www.asbah.org](http://www.asbah.org) (Association for spina bifida and hydrocephalus)
10. [www.eczema.org](http://www.eczema.org) (National Eczema Society)
11. [www.patient.co.uk](http://www.patient.co.uk) (This is a useful site with links to information sites for a wide range of specific conditions)
12. [www.cafamily.org.uk](http://www.cafamily.org.uk) (Contact a Family - link to several support organisations for specific conditions)
13. [www.education.gov.uk/medical](http://www.education.gov.uk/medical) (Link to "Managing Medicines in Schools and Early Years Settings" DES/DoH 2005)
14. [www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc) (Council for Disabled Children and link to "Including Me" CDC/DES 2005)
15. [www.ich.ucl.ac.uk/](http://www.ich.ucl.ac.uk/) Institute for child health at Great Ormond Street Hospital. Clinical information and advice sheets.

## Emergency planning

Request for an ambulance to:

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

1 Your telephone number:

2. Give your location as follows: *Insert school address and postcode*

3. State that the A-Z reference is:

4. Give exact location in the school: *Insert brief description*

5. Give your name:

6. Give brief description of pupil's symptoms:

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to:

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

