

Guidance on Managing Health Care in Schools and Settings

March 2007

Reviewed and updated July 2010 See sections –parents' responsibilities, adrenaline pens, SEN transport, sample health care plans, contact details



Barnet Community Services
Providing community healthcare
services on behalf of NHS Barnet

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The guidance has been produced in consultation with: Barnet council and NHS Barnet and replaces the earlier LB Barnet document “Health Care Plans and the Administration of Medicines at School”

Thanks are due to everyone who has contributed by sharing their expertise.

Foreword

The aim of this new guidance is to help settings to develop policies and procedures on managing children's health care needs and to put in place effective management systems to support individual pupils with medical needs. It updates the Barnet document "Health Care Plans & The Administration of Medicines at School" and was written following the publication of the new government guidance "Managing Medicines in Schools and Early Years Settings" ISBN: 1-88478-459-2. The document does not cover therapy issues but therapy input may need to be included in an individual health care plan. Advice should always be sought from the appropriate named therapist.

Additional information has been included in response to requests and suggestions from schools and early years settings, including a health care plan pro forma and infection control; working practices. Information on SEN transport is also included as although not the direct responsibility of the head teacher it is advisable to consider health care needs on SEN transport as part of the health care plan.

Most pupils will, at some time, have a medical condition that may affect their participation in school, play or childcare activities. This may be a short-term situation (e.g. finishing a course of medication) or a long-term medical condition requiring proper management. Schools, early years settings, clubs and childcare providers are required to develop their own policies to cover the needs of their own schools or settings. This should include procedures for supporting pupils with medical needs, including routines for managing medication. Most pupils with long-term medical needs are able to attend schools and settings regularly and, with some support from them, can take part in most normal activities.

Throughout this document the term "child/young person" is used as the document applies to children and young people from two to nineteen years. The term "parent" is used to denote the principal carer, and the term "manager" denotes head teachers of schools and principal managers of other settings. The term "C&F Nurse" denotes the Children and Families Nurse employed by NHS Barnet

The Associations / Unions recognise that there is a requirement for schools to have a policy on the administration of medicines. Head teachers / staff / managers will ensure that all their staff are made aware of the school policy. In certain cases, contracts for non-teaching staff may include reference to the administration of medicines or the undertaking of medical procedures. These will be agreed on an individual basis and all staff who are required to administer medication will receive training.

If a member of staff administers medicine to a pupil, or undertakes a medical procedure to support a pupil, and as a result, expenses, liability, loss claim or proceedings arise, the Council as employer will indemnify the member of staff provided the following conditions apply:

- a) The member of staff is an employee of the Council.
- b) The medicine/procedure is administered by the member of staff in the course of their employment with the Council.
- c) The member of staff follows:
 - i) the procedures
 - ii) the school's / setting's policy
 - iii) the procedure outlined in the individual pupil's health care plan and directions received through training in the appropriate procedures
- d) Except as set out in the Note below, the expenses, liability, loss, claim or proceedings are not directly or indirectly caused by and do not arise from fraud, dishonesty or a criminal offence committed by the member of staff.

NOTE: Condition (d) does not apply in the case of criminal offence under the Health & Safety at Work Act 1974. In this policy, the term employee includes persons contracted to work for the Council or Governing Body, but who are employees of an external agency or contractor. Exceptionally, this indemnity has been extended by the Council to apply to members of staff in voluntary aided schools by the Council who are employees of the governing body of the school rather than the Council.

Stages of planning

Stage 1

Admission

A health questionnaire should be completed for all children by their parents / carers before entry to an early years setting or school, including any change of school.

If the child has a health care plan and uses SEN transport, parental agreement should be sought to inform the SEN Budget and Contract Manager.

or

Parent / carer discloses to school staff that child has a medical condition.

Stage 2

The C&F nurse meets parent / carer and child for health assessment.

Consent is sought to provide information to school.

Then / or

The C&F nurse and Special Educational Needs Coordinator (SENCO) meet to exchange information about the child's condition.

Stage 3

A meeting is arranged involving the child (if appropriate), parent / carer, C&F nurse and school representative to agree and write the health care plan. The plan should be signed by the parent/carer, nurse and school representative. If appropriate the school could contact the SEN Budget and Contract Manager regarding representation or for further advice.

Stage 4

Training may need to be arranged for staff to manage the child's condition in school and on transport if appropriate.

This could include discussion re: confidentiality, managing emergencies, the storage and administration of medication.

Stage 5

The health care plan should be reviewed at least annually or when the health needs change.

Confidentiality

Parents are not obliged to share information on their children's health needs. However, schools have a duty of care and it is essential that schools and parents work together to safeguard the pupils and meet their health needs. Staff working directly with pupils are deemed to have a need to know their medical / health needs.

- Every child, regardless of their medical condition, has a right to their health details being kept confidential. In most instances these details will be known to the head teacher / manager and will only be shared on a need to know basis, e.g. when disclosure would enhance the child's ability to access the curriculum or if there are issues of safety to be considered including the use of transport.
- Staff designated to administer medication will not always be aware of the medical diagnosis of the pupil. It should not be assumed that any particular medication indicates a particular condition e.g. medicines recognised as being prescribed as anti-depressants can also be used for chronic pain.
- When administering first aid and other treatment all staff should follow universal precautions to protect themselves and / or the casualty (refer to first aid training).
- With the support / consent of parent / carer, pupils may express their wish to share information about their medical condition with their peer group. Each situation needs to be assessed as to the appropriateness of disclosure i.e. will this action improve the support already on offer to the individual?
- In instances where a child has a medical condition which may require them to leave the classroom urgently or at a specific time for treatment it is advised that a 'permission to leave class' card be issued to prevent the child being asked personal or unnecessary questions in front of their peer group. An alternative measure may need to be organised for pupils with communication and / or mobility needs.
- If as a result of the parent not agreeing to information being shared the school feels it may not be able to safeguard the child, a risk assessment should be carried out.
- The LB Barnet / school cannot be held responsible for any treatment given or not given if the child's full and up to date health care plan or other health / medical needs have not been disclosed at the parent's request.

The administration of medicines in schools and early years settings

Rationale

To ensure that pupils with medical needs receive the health related support needed to enable them to be included in school life and to access clubs and childcare facilities.

Introduction

This policy relates to Every Child Matters and to the Authority's priorities:

- improving attainment in schools and standards of education;
- promoting inclusion and meeting the needs of all learners;
- equalities duties.

The following notes of guidance and procedures have been written to support schools and early years settings in the administration of medicines and supporting pupils with medical needs with reference to the DfE /DH document "Managing Medicines in School and Early Years Settings". Additional information has been included at the request of schools.

The administration of medicine - Guidance

Authorised Persons

The head teacher / manager is responsible for the operation of the school / setting policy on the administration of medicine and is therefore the main person responsible for the administration of medicine. The head teacher / manager should authorise at least two named members of staff, with their agreement, to be responsible for the administration of medication (these members of staff are then 'authorised persons'). An authorised person must be available at all times.

It is the duty of the head teacher / manager to ensure that all members of the teaching or non-teaching staff (including supply staff) are made aware of the school policy.

Information for Parents / Carers and Pupils

Reference to the school policy on medication should be included in the school brochure. Copies of the policy on the administration of medicine should be made available to parent / carer as required.

Storage of Medication

All medication should be stored in an appropriate place for safety and according to specific instructions for that medication. Consideration needs to be given for medicines which may be required in an emergency to be accessed immediately. In secondary schools it is expected that pupils carry medicines such as asthma inhalers and adrenaline on their person at all times.

N.B. Methylphenidate (Ritalin ®, Conceta ®, Equasym XL ®), a drug commonly used for the treatment of attention deficit and hyperactivity disorder (ADHD), is a controlled drug under the misuse of drugs legislation and must be kept in a locked cupboard at all times. Records of the number of tablets being stored and administered must be accurately maintained and may be requested for monitoring purposes.

Controlled Drug Register

A register must be kept for any controlled drug. The register should contain the following information: medicine; form; strength; date received; quantity received; received by; pupil's full name; unique pupil number. A register should also be kept of the date; amount supplied; supplied by whom; the balance in stock. This must be completed for every issue.

Self-Administration of Medication

Wherever possible, pupils should be encouraged to self-administer medicines, in an appropriate place, under the supervision of an authorised member of staff, where necessary. Supervised self-administration of medicine should be recorded.

Transport

For the storage of medicines and procedures for their administration while on SEN or school transport please see the transport section on page 17.

Schools are responsible for ensuring health care arrangements are in place for all school-arranged transport. Parents are responsible for ensuring health arrangements are in place when they provide transport for their own children.

Procedures

1. The parent is responsible for supplying the manager with adequate information regarding their child's condition and medication. The manager will then initiate the health care plan.

The health care plan must be in writing, signed and current so that procedures for each individual case are known. It is recommended that each school has a standard form for this purpose. It should be updated annually at the start of each academic year or as and when appropriate, e.g. if medication is altered by the child's GP or Consultant.

Copies of the form should be kept in the child's main school file and in the medication administration records file. All schools must have a procedure to ensure that staff working with children with health care plans are aware of the plans and the children's needs on a need to know basis.

2. All medicines for use in school must be delivered directly to the school / setting by the parent or authorised person. It is the parent's responsibility to inform the manager in writing when the medicine or the dosage is changed. When medicine is brought to the school or setting, the parent (or escort, if the pupil travels on SEN transport), should sign the transfer of medication book on arrival, and this should be countersigned by a designated member of staff. The medication book should include information on the medicine, form and strength. For ease of use, a separate page or section should be used for each individual pupil. Please see page 16 for information regarding medicines prescribed for use in an emergency and which travel to and from school with the pupil.
3. After first receipt of medicines at school / setting, additional medication may continue to be accepted without further notice provided any change in dosage, etc, is notified in writing to the manager or accepted authorised person. "As required" medication, e.g. inhalers, will only be accepted if the above procedures have been followed. It is expected that pupils will keep inhalers on their person.
4. Each medicine must be delivered, in the original container with the pharmacist's label, to the head teacher / manager or authorised person. It may be appropriate for the GP to prescribe a separate amount of medicine for school use. This should be negotiated with the parent / carer. Medicines in unlabelled containers will not be accepted.

5. Each container must be clearly labelled with the following:-
 - Name and strength of medicine
 - Pupil's name
 - Dosage
 - Dosage frequency
 - Date of dispensing
 - Storage requirements, if important
 - Expiry date
 - Any cautionary and advisers' labels e.g. may cause drowsiness
 - Name, address and phone number of the pharmacy.
6. It should be made clear in the Health Care Plan whether the medication should go with the pupil at the end of the day or remain in school / setting.
7. All pupils will have full access to the National Curriculum unless medical advice specifically precludes it, or it is clearly impractical (for example: pupils who have epilepsy should participate in swimming lessons unless the school is specifically advised to the contrary by the pupil's consultant).
8. When pupils who have medical conditions which may require emergency treatment , such as epilepsy go out of the school / setting, staff should have access to a mobile telephone or emergency radio. Staff should take the pupils' health care plans and, where necessary, medication.
9. If pupils refuse to take routine medication, staff should not force them to do so. The school / setting should inform the child's parent / carer as a matter of urgency.
10. In the event of a pupil refusing emergency medication dial 999 for an ambulance and inform the child's parent / carer.

Dealing with medicines safely

Storing Medication

- Where a pupil needs two or more prescribed medicines, each should be in a separate container. Staff should never transfer medicines from their original containers. The head teacher is responsible for making sure that medicines are stored safely. Pupils should know as soon as they are able where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers, must be readily available to pupils and must not be locked away. All schools / settings should allow pupils to carry their own inhalers and adrenaline to ensure that inhalers and adrenalin are kept with the child at all times. Other medicines should generally be kept in a secure place not accessible to pupils.
- It is considered best practice not to lock away emergency medication. However, if the school / setting locks away medication that a pupil might need in an emergency, all staff should know how to access it.
N.B. This is different to NHS Barnet Managing Medicines Policy.
- Some medicines need to be refrigerated. There must be a dedicated fridge with a suitable thermometer for recording maximum and minimum temperatures which should be recorded at least daily. A suitable fridge can be kept in the medical room.
- Medicines should never be left on SEN transport or with the escort when the pupil is not in transit.
- Local and community services' pharmacists may give advice to schools / settings about storing medicines.

Disposal of Medicines

- School staff may not dispose of medicines. Parent / carers should collect medicines held at school / setting at the end of each term. Parents / carers are responsible for disposal of date-expired medicines and for replacing them as appropriate
- The local community pharmacist is able to dispose of medicines if necessary.

Training

Appropriate training for members of staff undertaking medical procedures is essential and any training required should be arranged through discussion with the C&F Nurse. Records of all training provided and of training updates must be maintained and retained by the school / setting. The PTS will organise and keep a record of training received by escorts which will be delivered according to the health needs of the pupils they escort and their health care plans.

- It is essential that the appropriate C&F nurse is informed at the earliest opportunity of any child to be admitted to a nursery or school who has a medical need. Training can sometimes take a while to arrange and can sometimes take several weeks to complete.
- The number of staff who should be trained will vary depending on the child's needs or the procedure to be performed but in general at least 3 people should be competent to administer emergency medication or perform a procedure such as gastrostomy feeding. This is to allow for absence. Please be guided by the advice of the appropriate nurse.
- It may be appropriate for all the staff to receive awareness training for a particular condition and for named people to receive more detailed training in dealing with the child's needs.
- For staff undertaking an invasive procedure such as gastrostomy feeding or tracheostomy management it will be necessary for them to undertake competencies.
- Once trained it is important that skills are used regularly. If skills are not used they are lost.
- Training and competencies should be updated annually.
- Epilepsy training is a 1-day course and must be undertaken before emergency medication e.g. buccal midazolam or rectal diazepam can be administered.
- Anaphylaxis awareness training must be undertaken before an Epipen or Anapen can be administered.
- Sometimes it is necessary to involve a specialist nurse.

Pupil responsibilities with regard to medication

- Children develop socially at varying rates. As they mature they should be actively encouraged to take on increasing responsibility for their own medication subject to each individual's need and understanding.
- Responsibility should start during infant school age with pupils able to identify who can help them access their medicine, where their medication is stored and safety with regards to medicines. Even reception age children can begin to take responsibility for their own health needs.
- Pupils should, wherever possible, be encouraged to carry their asthma inhalers and adrenaline upon their person, as agreed at the health care plan meeting.
- During Year 6, in preparation for transfer to secondary school, pupils should be encouraged to take further responsibility for their medical needs.
- Pupils carrying their own emergency medication should be encouraged to take responsibility to ensure their medication is in date.

Please refer to page 11 of the government guidance for further information.

Parent responsibilities with regard to medication

Parents don't have to share health information but to be sure of keeping their pupils safe, schools need to be made aware of the children's and young people's health needs. Schools will share information on a need to know basis.

1. To attend health care plan meetings
2. To provide the school with accurate and up to date information about their children's health needs.
3. To ensure that any medication needed in school is clearly labelled with the following information
 - Name and strength of medicine
 - Pupil's name
 - Dosage
 - Dosage frequency
 - Date of dispensing
 - Storage requirements, if important
 - Expiry date
 - Any cautionary and advisers' labels e.g. may cause drowsiness
 - Name, address and phone number of the pharmacy.
- 4 To replace any medication that is used.
- 5 To replace any medication as it reaches its expiry date.

The schools will endeavour to remind parents / carers of expiry dates but it is recommended that parents / carers make a note of the expiry date and arrange to provide a replacement as appropriate.

If parents wish to discuss any concerns they should contact the designated member of staff on.....
or the school nurse on

Health care plans

The main purpose of a health care plan for a pupil with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan.

This guidance should be read alongside the DfES / DOH document 'Managing Medicines in Schools and Early Years Settings' DFES-1448-2005. This is guidance for general use. It is always appropriate to enquire from the C&F nurse if there is a more detailed protocol available.

Schools and settings need to be sensitive when detailing medical conditions and symptoms. This information should only be shared on a 'need to know' basis in an effort to preserve confidentiality.

Does the pupil need a health care plan?

- Parents are responsible for informing the school of any medical needs or change in circumstances of pupils.
- It is essential that a health care plan be completed where medication is required on a long term basis, e.g. anaphylaxis, epilepsy, diabetes, haemophilia or any complex medical condition.
- A health care plan must be completed for any medical condition which may lead to a medical emergency, however unlikely this is to happen.
- An appropriate health care plan should be compiled collaboratively by the parent, school/setting and the C&F Nurse at least, according to the pupils' individual medical needs. In some cases a doctor's advice, or that of other specialists, may also be sought. In addition, if the pupil travels on SEN transport advice may also be sought from the SEN Budget and Contract Manager.

Guidance for completing health care plans

- Health care plans should be completed by the parent, school representative and health professionals. They should be reviewed at least annually, at change of setting or if the medication/ treatment changes.
- The pupil should be involved in the process as far as they are able.
- The plan should contain details of any medical procedures which are required by the pupil's condition e.g. adrenaline (Epipen ®, Anapen ®)
- If schools require more information on either medical conditions or in drawing up a health care plan they should contact the school C&F Nurse, or the Specialist Team, Standards and Inclusion*.

The administration of medicines when a pupil is off site either for visits or travelling between home and school

The school is not responsible for a pupil while they are on SEN transport, but the DfES guidance makes it clear that there should be health care plans in place for some pupils with medical needs who travel on SEN Transport.

If the pupil is in receipt of transport organised by the London Borough of Barnet then the responsibility for the transport aspect of the health care plan will be with the Local Authority.

While the pupil is on SEN transport the health care plan itself will be carried out by the Passenger Transport Service (PTS) on behalf of the Local Authority.

In some situations schools arrange school transport and parents/carers are charged for this service. In these circumstances the school would be responsible for the health care plan as they are for educational visits etc.

A member of staff, parents and the C&F Nurse agree the health care plan and should extend this to cover travel arrangements and school visits. Conditions where this is particularly relevant include:-

- diabetes
- asthma
- epilepsy which may require rectal diazepam or buccal midazolam
- allergic reactions which requires an adrenaline pen
- complex or unusual or rare medical conditions

At the health care plan meeting, parental/carer permission should be sought to share information with key professionals involved in the provision of transport including the escort and driver, to help safeguard the student's safety. Having secured this, a copy of health care plans that cover SEN transport should be sent to the SEN Budget and Contract Manager who will liaise directly with PTS. Any implications for training required by escorts must be highlighted and it may be appropriate that the escorts are trained at the same time as other school staff. **If a health care plan is being reviewed & there are no or only minor amendments, a copy can be given directly to the escort.**

LB Barnet cannot be responsible for any treatment given or not given when the pupil's full and up to date health care plan has not been divulged at the parent's request.

In the case of an emergency on the transport it must be remembered that the space the escort is working in is very tight and some pupils are too heavy to be moved in these circumstances. Therefore it is not always possible to administer some medicines such as rectal diazepam and a risk assessment will be completed in such circumstances. However, it is essential / advisable that the medication is always carried on the transport as this will enable the emergency services to administer the medication quickly and at the correct dosage.

It is advisable that a copy of the health care plan and the medication (secured in a small medical box) are put in a secure plastic folder that is given to the escort by the parent / carer in the morning. The escort then hands the folder to the school and the reverse process takes place at the end of the day. It is essential that the folder is not left with the escort or on the transport for security reasons and in case either are changed at short notice for any reason. It is the responsibility of the parent / carer and the school to ensure the medication is given to the escort.

If a pupil is clearly unwell then it is not advisable to send a pupil on SEN transport. This situation should be covered in the health care plan. In such circumstances it is normally advisable for a parent/carer to collect the pupil.

Once SEN transport arrangements for a pupil are in place any concerns regarding those arrangements should be reported to the SEN Budget and Contract Manager as soon as possible. To ensure pupils' safety it is essential to keep the service updated of any changes in circumstances.

Emergency procedures that PTS normally follow:

- In the case of an emergency the driver secures the vehicle by pulling over to a safe place and puts on the hazard lights.
- The driver phones 999 for the emergency services and will then contact PTS to notify them of the situation. The escorts and drivers have emergency contact numbers in case the emergency occurs outside normal office hours.
- The PTS in turn will notify the parent of the ill pupil, SEN Budget and Contract Manager and will let parents of other pupils still on the transport know about the delay.
- Once the bus has stopped the escort will follow the advice for dealing with the specific pupil and administer medication as appropriate and wait for the emergency services
- The escort will give the health care plan and the medication to the emergency services
- The route will then continue with the remaining pupils once the emergency is over or alternative transport will be sent out depending on the circumstances.

Educational and other visits

All medicines should be stored in a secure, locked receptacle in the charge of a responsible staff member.

Protocol for receiving medication in schools / settings

Medication will be received in school/settings for two purposes:

1. When administration is required regularly during the school day.
2. Where the pupil may require medication in an emergency situation.

When possible the parent / authorised person will hand the medication directly to the staff / manager / authorised person. A risk assessment may be carried out if medication is not available.

Parents are responsible for supplying the school with adequate information regarding their child's condition and medication including a signed consent form

All consent forms should have a 'Record of Medication Administered in School' form attached.

Medicines will not be accepted into school without complete written and signed instructions.

All medicines must be delivered in their original containers and must be clearly labelled with the following:-

- Name and strength of medicine
- Pupil's name
- Dosage
- Dosage frequency
- Date of dispensing
- Storage requirements, if important
- Expiry date
- Any cautionary and advisers' labels e.g. may cause drowsiness
- Name, address and phone number of the pharmacy.

Where the pupil is travelling on school transport, the escort, or driver if there is no escort, must be informed by the parent of any medication the child has with him on the journey to and from school or respite care. Please refer to the section on transport for further details.

It should be noted that medicines required 3 times a day, e.g. antibiotics, should be given before school, after school and during the evening unless instructed by the doctor.

Medication in school and early years settings

Guidance for parents / carers

(This sheet may be copied for parents / carers)

To ensure the safe administration of medicine, the following guidelines have been drawn up. If these are not followed, then unfortunately the medication cannot be given. The head teacher / staff / manager can only accept medicines prescribed for the pupil.

1. Parents / carers are responsible for supplying the head teacher / staff / manager with information regarding their child's condition and medication.
2. Parents / carers are responsible for completing written and signed instructions. Medicines will not be accepted in school without this.
3. Parents / carers are responsible for ensuring medication is delivered in its original container and handed directly to the head teacher / staff / manager / authorised person.

Each container must be clearly labelled with the following:-

- Name and strength of medicine
- Pupil's name
- Dosage
- Dosage frequency
- Date of dispensing
- Storage requirements, if important
- Expiry date
- Any cautionary and advisers' labels e.g. may cause drowsiness
- Name, address and phone number of the pharmacy.

NB Medicines in any other containers will not be accepted.

4. 'As required' medication (e.g. inhalers) will be accepted only if the above guidelines have been followed.
5. If the pupil uses local authority transport, the parent / carer is responsible for handing medication to the escort.
6. Parents / carers are responsible for supplying reasonable quantities to school, e.g. a maximum of four weeks supply at any one time. A risk assessment may be carried out if medication is not available.

It is the parents' / carers' responsibility to inform the school in writing when the medicine is discontinued or the dosage changed. The relevant paperwork will need to be updated.

Guidance on medical conditions and procedures

Procedures

Various invasive procedures may need to be undertaken, such as:

- intermittent self-catheterisation
- care of tracheostomy
- nebulisers
- administering tube feeds.

It is **essential** that staff are trained before carrying out these procedures. Advice should be sought from the C&F nurse at the earliest opportunity to set up training, health care plans and protocols. Training may be delivered by the C&F nurse, or on occasion may be delivered by specialists at a hospital, the G.P. or other practitioner.

Conditions

Information on some of the more common medical conditions follows in the following pages:

- Anaphylaxis
 - Asthma
 - Cystic Fibrosis
 - Diabetes
 - Epilepsy
 - Sickle Cell disease
 - Myalgic Encephalomyelitis (M.E.)

This list is by no means exhaustive and medical information must be obtained immediately for any medical condition disclosed by a parent or child /young person. The information in this document was current at the time of going to print, but up to date information relevant to a particular child / young person should always be sought from the parent, C&F nurse and other practitioners where appropriate.

Anaphylaxis

Definition

Anaphylaxis is a severe and potentially life threatening allergic reaction. It may be triggered by allergens, or allergy provoking proteins that more commonly include foodstuffs such as eggs, cow's milk, shellfish, fish, exotic fruits, nuts and particularly peanuts.

Following testing, to identify which allergens provoke more serious attacks and how severe a response is produced, children may be prescribed a variety of management plans. Severe cases can be potentially fatal and are generally prescribed a preloaded adrenaline injection to be administered into the muscle tissues in an emergency.

Staff will need to complete minimum one-hour training on the management of allergy and administration of adrenaline, as provided by the Children and Families Nursing Service, NHS Barnet, to be deemed competent and be covered by the authority's indemnity. The named C&F nurse should be informed as soon as a child with a possible severe allergy comes to the attention of staff as there is a specific pathway to be followed for each child.

Key Issues in School

- Annually updated staff training
- Completion of an individual treatment plan
- Pupils with uncontrolled asthma are at greater risk of anaphylaxis
- Use of foodstuffs or food packaging in lessons or activities undertaken by pupils with allergies should be risk assessed.
- Meals prepared in schools (most caterers for schools now have a nut free policy) or any sharing of food e.g. social occasions. Vending machines.
- Avoidance of non-food allergens where identified as causing a response e.g. animals, latex, silicone
- Medication to be taken on school outings by pupil
- Trained member of staff with a mobile phone to go on school outings
- Development of a peer 'buddy' system
- Informing staff, including temporary staff, to be aware of these children and their needs
- Setting should undertake a risk assessment, to include policy for emergency procedures e.g. who phones for ambulance, how is adult help summoned in an emergency in any area of the building or grounds, access to emergency medication [including inhalers for asthmatics]

If anaphylaxis occurs the casualty **must** be transferred to hospital, even if they appear to have recovered following receiving adrenaline.

Schools are strongly recommended to allow pupils to carry their medication with them at all times if appropriate. The more quickly the adrenaline is given the better the outcome. Pupils are safer if they understand their allergy management.

Asthma

Definition

Asthma is a reversible inflammatory condition of the respiratory system in which constriction and swelling in the lower airways and excess mucus production occurs in response to a trigger factor.

Symptoms of Asthma include;

- Difficulty breathing
- Tight chest
- Persistent night cough
- Tiredness due to disturbed nights and difficulty breathing
- Noisy breathing or wheezing
- Reduced exercise tolerance

Symptoms are treated with a 'reliever' inhaler [usually blue]. If a child is using their reliever inhaler more than 2 or 3 times a week their asthma is not controlled. They should see their G.P. in case a 'preventer' inhaler [usually brown but not always] is needed. These are rarely prescribed for more than 2 doses a day, which are taken at home not in school. Children should use a spacer device with metered dose inhalers.

Key Issues in School

Avoidance of trigger factors, which may include:

- Pollen
- Gas Fumes
- Solvents
- Aerosols
- Animals
- Feathers
- Dust
- Exercise
- Heightened emotions

This list is not exhaustive and will vary from child to child. It is important that known trigger factors are clearly indicated in the health care plan and that staff are aware of them. The following precautions should be taken:

- Lessons involving activities where trigger factors form part of the curriculum e.g. PE, science and art should be planned to minimise risk to the asthmatic.
- 'Reliever' inhalers should be with the child.
- Health care plan if child has frequent acute attacks, needs a nebuliser in school, has been hospitalised for acute asthma attacks or has brittle asthma.
- Medication to be taken on school outings.
- Development of peer 'buddy' system.

If the pupil does not respond to their normal dose of 'reliever' inhaler do not hesitate to give more 'puffs' and if their condition deteriorates then transfer to hospital. There is a suggested emergency plan on next page. This can be displayed in the medical room.

Schools are strongly recommended to allow pupils to carry their own medication with them at all times as appropriate.

The following page has been written by the pharmaceutical adviser and may be copied for use as a poster or leaflet.



ASTHMA – Emergency Information

The following guidelines are suitable for both children and adults and are the recommended steps to follow in an asthma attack: It is important that each child has his/her own reliever inhaler with him/her at all times.

Relievers are medicines that are taken immediately to relieve asthma symptoms. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again. Most reliever inhalers will contain salbutamol or terbutaline. Most reliever inhalers are blue. Everyone with asthma should have a reliever inhaler that is kept on them at all times.

Symptoms of an asthma attack include:-

- Symptoms getting worse – coughing, breathlessness, noisy breathing, wheezing or tight chest
- Not able to speak in full sentences. Struggling to take breath between words or several words.
- Struggling to breathe by using other muscles [throat and abdominal] as well as chest muscles.
- As asthma becomes more severe wheezing may be absent.

If a child has an asthma attack he or she must use his or her reliever inhaler. This could save their life. They should use their approved administration device. Relievers are essential in treating asthma attacks. You should take a dose of reliever inhaler when you are having asthma symptoms.

Using the inhaler

- Take your reliever inhaler (usually blue), immediately.
- Sit down and ensure that any tight clothing is loosened. Do not lie down.
- You can take up to 10 puffs in quick succession until symptoms improve [may cause you to experience shaking].
- If no immediate improvement during an attack, continue to take one puff of your reliever inhaler every minute for five minutes or until symptoms improve.
- If the symptoms do not improve in five minutes – or you are in doubt – call 999 or a doctor urgently, or ask someone else to do so.
- Continue to take one puff of your reliever inhaler every minute until help arrives.

Remember asthma can be fatal. Asthma must be treated promptly.

Cystic Fibrosis

Definition

Cystic Fibrosis is an inherited condition affecting the lungs and digestive process. Affected individuals produce abnormally thick mucus that is difficult to clear from the airways without regular physiotherapy. The pancreas is affected requiring medication to be taken before each meal / snack. The severity of the disease varies with each individual.

Key Issues in School

- A physiotherapy programme, which is usually undertaken by school staff , may reduce time spent in class (although this is not always the case).
- A private area would be needed for physiotherapy.
- Pupils may tire easily.
- .
- Regular exercise is important for lung function and general fitness.
- Pupils may become breathless on mild to moderate exercise.
- Pupils may be prone to fits of coughing.
- Pupils may require access to medication before mealtimes.
- There may be repeated absences from school due to infection and / or hospital admissions.
- Medication may need to be taken on school trips as advised by parent / carer.

N.B. There can be big differences in the severity of the condition and prognosis between individuals. Do not make assumptions about future outcomes. Some children and young people are not fully aware of the possible implications of their diagnosis. Be guided by parents as to how pupils' questions should be answered.

Diabetes

Definition

Type 1 The type most commonly seen in children and young people. A condition in which the pancreas produces insufficient insulin to regulate blood glucose. It is treated with insulin administered by subcutaneous injection. There are usually 4 injections a day under the skin. Sometimes insulin is administered continuously via a pump through a small needle under the skin.

Type 2 The body has become insulin resistant. It is generally treated by a combination of diet, exercise and tablet medication, although insulin will sometimes be needed.

The Paediatric Diabetes Specialist Nurse for a child or young person should be consulted with regard to their needs in school and training needs. The C&F Nurse should negotiate a health care plan with the family and school.

Key issues in school / setting:

- Pupils may require access to water or snacks between meals / during class times
- Pupils require rapid access to glucose / sugary foodstuff if blood sugars are low, 4.0mmols or less (hypoglycaemia). Pupils must carry a form of glucose with them at all times, e.g. sweets, biscuit.
- All pupils must have opportunity to monitor blood sugar as needed at school (young children will require assistance / supervision)
- Pupils may need to administer insulin by injection at school with help if necessary.
- There must be a protocol for the safe disposal of needles used for injections / blood sugar monitoring.
- All staff must be aware of the pupils' needs and potential diabetes related problems and appropriate action. The health care plan must be known by all staff and freely available for consultation.
- Pupils may need to leave class to access the toilet more frequently than other pupils.
- Symptoms of hypoglycaemia include hunger, sweating, poor pallor, glazed eyes, drowsiness, shaking, poor concentration, irritability, poor or inappropriate behaviour.
- If pupils with diabetes complain of feeling unwell they should never be sent to seek help. If they require assistance with treating a hypo help should come to them.

Epilepsy

Definition

Epilepsy is a state of recurrent episodes of loss of consciousness or altered awareness. These episodes are unpredictable in their pattern of occurrence, although stereotyped in nature in an individual, i.e. the same type of attack occurs again and again in that person. One in two hundred people have epilepsy, making it the most common serious neurological disorder in the UK. Epilepsy is a general term. There are over 40 different types of seizure and seizure syndrome. It is a very individual condition. Seizures can be divided into two main categories: generalised seizures where the whole brain is affected and focal seizures, when only a small portion of the brain is affected. The focal seizures can be again divided into simple focal seizures or complex focal seizures depending on the function on the area of the brain affected. Focal seizures can generalise over the whole brain.

Seizures are named according to the behaviour exhibited. Only the more common ones are outlined here.

Absence Seizure:

The person suddenly appears blank and stares. Fluttering of eyelids may occur. The head may be floppy. An absence seizure could only last a fraction of a second.

N.B. A pupil experiencing absence seizures will generally be able to continue within the class. However, s/he will not have been able to learn /participate during the seizure and will need to be retaught what has been missed.

Myoclonic Seizure:

These seizures are abrupt and very brief. Involuntary flexion or jerking movements which may involve the whole body or just one arm or the head.

Tonic Clonic Seizure:

At the onset of the seizure (the tonic stage) the child becomes rigid and falls to the ground. Breathing ceases and a blue tinge may be seen around the lips and the cheeks. In the second stage, the (clonic stage) the child will develop clonic or jerking movements. Breathing will be noisy and laboured. The child salivates and may bite his/her tongue. Loss of bladder or bowel control may occur. The child may sleep or remain very drowsy or unresponsive.

Most tonic clonic seizures are self limiting and should last no longer than five minutes. If a seizure is prolonged with a potential to last more than thirty minutes the sufferer is said to have "status epilepticus" which is a life threatening disorder. These seizures may be terminated by the administration of rectal diazepam or buccal midazolam.

Atonic Seizure

Tone is lost in all the muscles causing the person to collapse in a heap.

Tonic seizure

Tone is increased in all muscles causing the person to become stiff and collapse rigidly to the floor.

Simple focal Seizures:

These seizures involve isolated twitching of a limb and sensory disturbance. The child will be aware of their surroundings and may respond to questions.

Complex focal Seizure:

The child may pluck at clothing or even undress and may fiddle with objects. Lip smacking, chewing movements and aimless wondering may occur. The child will be unaware of their surroundings and will not respond to instruction. These seizures are followed by confusion and may progress to a secondary generalised seizure.

[Engel,2001]

Key issues

- The child must be assessed and diagnosed by a specialist paediatrician
- Sometimes it takes a long time to get a diagnosis as it is important to avoid misdiagnosis
- It is vital to accurately record any seizure activity witnessed
- Not all children with a diagnosis will need medication
- Anti-epileptic medication must not be stopped unless advised by a doctor
- Anti-epileptic medication can affect a child's behaviour and learning
- There must be a healthcare plan and a risk assessment of activities
- Some pupils will have specific triggers which provoke seizures; these should be included in their health care plans and risk assessments.
- There are not many activities that a child with epilepsy can not do

There must be staff training for the use of emergency rescue medication Engel, J Jr. [2001] A Proposed Diagnostic Scheme for People with Epileptic Seizures and With Epilepsy: report of the ILAE Task Force on Classification and Terminology. Epilepsia, Vol. 42, pp 796-803

Sickle Cell disease

Definition

Sickle cell disease is an inherited disorder of the red blood cells. It is characterised by 'crisis' episodes during which the normally round blood cells become sickle shaped reducing capacity to carry oxygen. The abnormal cells clump together disrupting the flow of blood particularly through joints resulting in extreme pain. Sufferers are also extremely sensitive to the cold.

Key Issues

- Pupils may need to wear extra clothing to maintain body heat.
- It is not advisable for pupils to be outdoors for PE or breaks in the school day in very cold or wet weather.
- Pupils may require regular extra drinks.
- Pupils may require regular visits to the toilet.
- Pupils need rapid access to painkillers if in pain.
- Pupils may need regular blood transfusions.
- Pupils may be tired if transfused overnight in hospital (lack of sleep).
- Pupils may be generally hospitalised for 'crises'.
- It often involves pupils having time off for regular hospital appointments.
- Pupils will need a health care plan
- Advice will need to be taken regarding care on residential trips and swimming
- Pupils usually take prophylactic antibiotics at home; these will need to be taken on residential trips. Residential trips are issues in themselves, also swimming.
- Some individuals are affected more severely than others, some will need psychological support.

Myalgic Encephalomyelitis (ME)

Definition

M.E. is a syndrome [a group of related symptoms] precipitated by a viral infection in an individual who has previously been fit and attended school regularly.

Symptoms may include

- Chronic fatigue made worse by minimal physical or mental exertion, with a prolonged recovery time.
- Painful or tender muscles
- Poor concentration
- Recall difficulties – verbal and numeric
- Difficulty assimilating new information.
- Reversals of sleep rhythms.
- Emotional lability [can include hyperactivity followed by exhaustion.]
- Disturbances of appetite, taste and smell.
- Hypersensitivity to light and sound.
- Clumsiness
- Impaired body temperature regulation
- 30% chance of cardiac symptoms.

Diagnosis can be complex and take time. Information from staff about the nature of symptoms in a setting can be invaluable in this process.

Key Issues

- Limited energy, involve the young person in planning their workload
- Need to prioritise learning due to poor concentration skills
- Absences, co-ordination between subject teachers so as not to overload with catch up work
- Selective P.E. participation e.g. gentle swimming maybe better than running
- Use of a lap top may be helpful
- May need strategies to cope with forgetfulness
- May need to eat frequently
- May have difficulty with fumes in labs
- May need extra clothing at times
- Could need longer between lesson changes, help with carrying books etc.
- May need emotional support.
- Problems with peer relationships.
- May need extra time for tests and exams.



Barnet Community Services
 Providing community healthcare
 services on behalf of NHS Barnet

Insert photo here

Health care plan for

Date _____.

Pupil information

Surname	Gender <i>Male</i> <i>female</i>
First name	date of birth
	UPN
School	Who transports the pupil to & from school?
School contact	<i>LBB</i> <i>parent/carer</i> <i>other</i> (please specify)
Parent / carer	Key health professionals supporting this
Address	pupil
	name tel. no.
Contact numbers	
Medical condition	
Description of the medical condition for this pupil	
Every child, regardless of their medical condition has a right to their health details being kept confidential. In most instances these details will be known to the head teacher / manager and will only be shared on a need to know basis, e.g. when disclosure would enhance the child's ability to access the curriculum or if there are issues of safety to be considered including the use of transport. Staff working directly with a pupil are deemed to have a need to know.	

Insert photo here

Health care plan for _____.

Date _____.

Emergency plan

Signs / symptoms	Actions to be taken

Emergency transport plan

Please refer to the section on transport on pages 17 and 18 of the guidance before completing this part

Signs / symptoms	Actions to be taken

Insert photo here

Health care plan for.....

Date

Consent to treatment

I agree to my child receiving medication and/or treatment as documented in the health care plan whilst in the care of education staff or transport staff.

I understand this is a service which the school is not obliged to undertake if appropriate information has not been supplied.

I understand I am responsible for ensuring the appropriate medication is available to the school including replacing medication used and / or out of date. I authorise the C&F nurse to contact my GP and other health professionals involved with my child.

I confirm I am the parent/guardian for this child and I am able to give authority for the administration of the medication.

Signed: (Parent/Guardian) Please print name	Date:
Signed: (Head teacher/staff)Please print name	Date:
Signed: (C&F Nurse) Please print name	Date:
Sent to SEN Budget & Contract Manager	Date:

This plan will be copied to the following people; (please print names and roles)

•

A copy of previous plans may be kept in the pupil's main school and/or medical file, other copies should be destroyed to avoid confusion.

The LB Barnet / school cannot be held responsible for any treatment given or not given if the child's full and up to date health care plan or other health / medical needs have not been disclosed at the parent's request.

Date this plan should be reviewed by:

Insert photo here

Health care plan for _____.

Date _____.

Form for parent / carers to complete if they wish their child to carry his/her own medication

Pupil's name		Name of school	
D.O.B.			
Pupil's address		School address	
Condition or illness			
Details of medication			
Name	Dose	Frequency	
Name	Dose	Frequency	
Name	Dose	Frequency	

Contact Information

Name: _____ Class/form: _____

I would like my son/daughter to keep his medication on him/her for use as necessary.

Signed: _____ Date: _____

Daytime Phone No: _____

Relationship to child: _____

Example form for schools/settings to record details of medication given to pupils

Date	Pupil's name	Time	Name of medication	Dose given	Any reactions	Signature of staff	Print name



EPILEPSY SEIZURE WRITTEN RECORD

Pupil's name:

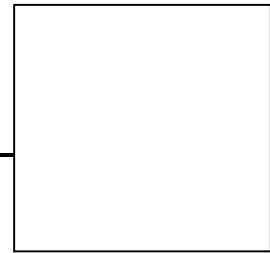
Date	Time	What happened prior to the seizure, i.e. triggers, illness, menstruation, PMT, constipation	Description of seizure What happened during seizure, i.e. jerking of limbs, Cyanosed	Recovery – confused, tired, incontinent. PRN drugs given i.e Rectal Diazepam, Clobazam, Midazolam, taken to hospital.	Duration of Seizures	PRINT NAME

Health care plan for

Date _____



Barnet Community Services
Providing community healthcare
services on behalf of NHS Barnet



PUPIL INFORMATION

SURNAME FIRST NAME	GENDER Female DATE OF BIRTH UPN
SCHOOL SCHOOL CONTACT	WHO TRANSPORTS THIS CHILD TO & FROM SCHOOL? LBB
PARENT/CARER ADDRESS CONTACT NUMBERS	KEY HEALTH PROFESSIONALS SUPPORTING THIS CHILD Name Tel. no. GOSH Consultant Paediatrician Community Consultant paediatrician GP
MEDICAL CONDITION Cerebral Palsy – spastic quadriplegia Hydrocephalus - ventriculo-peritoneal shunt Epilepsy – tonic/clonic seizures	
DESCRIPTION OF THE MEDICAL CONDITION FOR THIS PUPIL ***** has motor difficulty in all four limbs. She mobilises using a wheelchair. Hydrocephalus is a build up of fluid around the brain causing pressure. This is drained via a tube called a shunt. The shunt runs from her brain, behind her ear, down her neck and chest to her tummy where the fluid drains away. The shunt is threaded under her skin. Problems that are associated with having a shunt are blockage or infection. She can have tonic clonic seizures which usually last 2-3 minutes and resolve spontaneously. She is prescribed emergency rescue medication for prolonged seizures.	
Every child, regardless of their medical condition has a right to their health details being kept confidential. In most instances these details will be known to the head teacher / manager and will only be shared on a need to know basis, e.g. when disclosure would enhance the child's ability to access the curriculum or if there are issues of safety to be considered including the use of transport. Staff working directly with a pupil are deemed to have a need to know.	

HEALTHCARE PLAN FOR**DATE****EMERGENCY PLAN**

SIGNS / SYMPTOMS	ACTIONS TO BE TAKEN
<p><u>Seizure</u> In a tonic/clonic seizure she becomes:</p> <ul style="list-style-type: none"> • Unconscious • Unresponsive • Stiff followed by • Rhythmical jerking of limbs • Eyes deviate <p>May become pale or grey/blue around mouth.</p> <p>Recovering within 4 minutes, sleepy but breathing normally, maybe confused.</p> <p>Seizure continues for 5 minutes or several recurrent seizures without recovery.</p>	<ul style="list-style-type: none"> • Note time. • Stay with her and call for help. • Make sure her head is protected. • Loosen straps so as not to restrict her movements. • Talk to her to re-assure her. • Monitor her breathing. • DO NOT PUT ANYTHING IN HER MOUTH <p>Allow her to rest in the recovery position. Do not leave her alone. Inform parent. Record seizure.</p> <p>Trained person to administer buccal Midazolam 10mg/1ml Call 999 Note time. Monitor breathing. Put in recovery position when seizure stops. Do not leave her alone. Record details of seizure and medication</p>
<p><u>Blocked or infected shunt:</u></p> <ul style="list-style-type: none"> • Headache • Blurred vision/photophobia • Vomiting • Confusion • Fever • Drowsiness 	<p>***** will need urgent medical attention if her shunt is blocked.</p> <p>Symptoms mild – contact mother</p> <p>Symptoms increasing and becoming moderate to severe – call 999</p>

N.B. A further dose of buccal Midazolam to only be given by a medical practitioner.

The child needs to go to hospital for assessment if they have breathing difficulties, the seizure lasts longer than usual, their condition deteriorates or if they are injured.

EMERGENCY TRANSPORT PLAN

SIGNS / SYMPTOMS	ACTIONS TO BE TAKEN
As above	Stop in a safe place following LBB guidelines. Dial 999 Follow above guidance. Buccal Midazolam and HCP to be taken on all trips by a trained member of staff.

ROUTINE SCHOOL TREATMENT

Prevention is the first and foremost important step to take.

ROUTINE MEDICATION

- There is no regular medication required in school
- ***** takes Carbamazepine 200mg morning and 300mg evening at home.
- Buccal Midazolam 10mg/1ml to be kept in school in a cupboard inaccessible to unauthorised people but easily available to staff in an emergency. It should be protected from light and heat.
- Staff working with the child must know where it is stored at all times.
- It is parental responsibility to replace medication if used or out of date and to inform school and named nurse of any changes.
- Buccal midazolam to be taken on all trips from school by trained personnel.

ROUTINE PREVENTATIVE MEASURES

- All staff working with the child to be aware of the child's needs and the emergency plan
- At least 3 appropriate staff members should attend Epilepsy Awareness Training and updates 2 yearly.
- If in exceptional circumstances there are no trained staff in school the child's parents should be informed
- The child should take part in all school activities where there is no unreasonable risk to them, other pupils or members of staff. All activities involving sources of heat, water or potentially dangerous equipment should be risk assessed. This includes PE, hydrotherapy, science, design and technology lessons.
- There must be a lifeguard present if the child goes swimming. They should be aware that the child has seizures and 1 other person must monitor the child at all times whilst in the water.
- If the child becomes unwell in class they should not go to the medical room alone. Any head injury must be reported to the parents.
- All school trips should be risk assessed for the child. A copy of the healthcare plan should be carried along with the emergency medication.
- Questions from other pupils should be answered simply but honestly.
- The child's privacy and dignity should be protected at all times.
- Therapy programmes should be followed as advised by the therapists

HEALTHCARE PLAN FOR

DATE

I agree to my child receiving medication and/or treatment as documented in the health care plan whilst in the care of education staff or transport staff.

I understand this is a service, which the school is not obliged to undertake if appropriate information has not been supplied.

I understand I am responsible for ensuring the appropriate medication is available to the school. I authorise the C&F nurse to contact my GP and other health professionals involved with my child.

I confirm I am the parent/guardian for this child and I am able to give authority for the administration of the medication.

Signed: [Parent/Guardian]	Date:
Signed: (Head teacher/staff)	Date:
Signed: (C&F Nurse)	Date:
Sent to SEN Budget & Contract Manager	Date:

This plan will be copied to the following people; (please print the names)

•

A copy of previous plans may be kept in the pupil's main school and/or medical file, other copies should be destroyed to avoid confusion.

LB Barnet cannot be responsible for any treatment given or not given when the child's full and up to date health care plan has not been divulged at the parent's request.

Date this plan should be reviewed by;

HEALTHCARE PLAN FOR

DATE

PUPIL INFORMATION

SURNAME FIRST NAME XXXX	Gender male Date of birth UPN								
SCHOOL SCHOOL CONTACT	Who transports the pupil to & from school? LBB								
PARENT/CARER ADDRESS CONTACT NUMBERS	Key health professionals supporting this pupil <table border="0"> <tr> <td>Name</td> <td>tel. no.</td> </tr> <tr> <td>Consultant North Middlesex Hospital</td> <td></td> </tr> <tr> <td>G.P.</td> <td></td> </tr> <tr> <td>Specialist Nurse</td> <td></td> </tr> </table>	Name	tel. no.	Consultant North Middlesex Hospital		G.P.		Specialist Nurse	
Name	tel. no.								
Consultant North Middlesex Hospital									
G.P.									
Specialist Nurse									
MEDICAL CONDITION Sickle Cell Anaemia									
DESCRIPTION OF MEDICAL CONDITION FOR THIS CHILD <p>Sickle cell anaemia is an inherited blood disorder. It is called this because the red blood cells become sickle shaped when they give up oxygen. The condition is characterised by episodes of anaemia and pain often with infection. This is called crisis. In between crises XXXX is usually well. He takes prophylactic antibiotics at home. He often requires blood transfusions, which he finds very upsetting.</p> <p>It is important that good health and nutrition are maintained. Extra care must be taken to protect him in cold and wet conditions. He needs to drink extra fluids throughout the day. Signs of infection must be treated immediately. His condition should be regularly monitored at a local hospital.</p>									
<p>Every child, regardless of their medical condition has a right to their health details being kept confidential. In most instances these details will be known to the head teacher / manager and will only be shared on a need to know basis, e.g. when disclosure would enhance the child's ability to access the curriculum or if there are issues of safety to be considered including the use of transport. Staff working directly with a pupil are deemed to have a need to know.</p>									

HEALTHCARE PLAN FOR**DATE****EMERGENCY PLAN**

SIGNS/SYMPTOMS	ACTIONS TO BE TAKEN
Acute pain [joints, hands, feet, back, chest or abdomen] Joints may become stiff or swollen	Give prescribed painkillers Ibuprofen 200mg 1 tablet [check not given in last 8 hours] Inform mother Encourage fluids
Fever Unwell	Inform mother Encourage fluids
Acutely unwell, above symptoms increasing, pale or jaundiced, short of breath, neck stiffness, drowsy	Inform mother immediately, if not available transfer to hospital by ambulance to North Middlesex Hosp.

EMERGENCY TRANSPORT PLAN

SIGNS/SYMPTOMS	ACTIONS TO BE TAKEN
As Above	Pull over in a safe place following LBB guidelines. Follow above advice. A copy of healthcare plan to be taken on transport.

HEALTHCARE PLAN FOR

DATE

ROUTINE SCHOOL TREATMENT

Prevention is the first and foremost important step to take.

ROUTINE MEDICATION (to include storage arrangements)

- Prescribed analgesia to be kept in school in a locked cupboard
- It is parental responsibility to supply all medication
- Parents must inform the school if analgesia has been given at home in the last 8 hours
- School must inform parents in writing if analgesia is given in school
- Phenoxymethylpenicillin 250mg and Folic Acid 5mg given daily at home.
- Oramorph given for severe pain at home

ROUTINE PREVENTITIVE MEASURES

- The child must be protected from cold or wet conditions
- He should stay indoors in bad weather
- Do not allow him to become chilled after exercise
- He should be encouraged to participate in all activities but should not over exert himself
- He must not become dehydrated during exercise or in hot weather
- Extra fluids should be encouraged
- He may need to access the toilet frequently.
- Communication between school and home should be frequent and robust.
- He may need emotional support at times

ROUTINE TREATMENT

- He will need time away from school for hospital appointments

**HEALTHCARE PLAN FOR
DATE**

CONSENT TO TREATMENT

I agree to my child receiving medication and/or treatment as documented in the health care plan whilst in the care of education staff or transport staff.

I understand this is a service, which the school is not obliged to undertake if appropriate information has not been supplied.

I understand I am responsible for ensuring the appropriate medication is available to the school. I authorise the C&F nurse to contact my GP and other health professionals involved with my child.

I confirm I am the parent/guardian for this child and I am able to give authority for the administration of the medication.

Signed: [Parent/Guardian]	Date:
Signed: (Head teacher/staff)	Date:
Signed: (C&F Nurse)	Date:
Sent to SEN Budget & Contract Manager	Date:

This plan will be copied to the following people; (please print the names)

A copy of previous plans may be kept in the pupil's main school and/or medical file, other copies should be destroyed to avoid confusion.

Date this plan should be reviewed by;

-

LB Barnet cannot be responsible for any treatment given or not given when the child's full and up to date health care plan has not been divulged at the parent's request.

**Health care plan for
Date**

Form for parent / carers to complete if they wish their child to carry his/her own medication

Pupil's name		Name of school	
D.O.B.			
Pupil's address		School address	
Condition or illness			
Details of medication			
Name	Dose		Frequency
Name	Dose		Frequency
Name	Dose		Frequency

Contact Information

Name: _____ Class/form: _____

I would like my son/daughter to keep his medication on him/her for use as necessary.

Signed: _____ Date: _____

Daytime Phone No: _____

Relationship to child: _____

Example form for schools/settings to record details of medication given to pupils

Date	Pupil's name	Time	Name of medication	Dose given	Any reactions	Signature of staff	Print name

Infection control; Working practices

“Children and staff are at risk of contracting infections from each other”

Very few of us know what we may be carrying – we carry all sorts of infectious diseases without even realising it. The same is true of the children in our care. The best way to protect everyone is to build safe working practices into normal procedures.

We have certain responsibilities; we have a duty to:

- take reasonable care of ourselves and others who may be affected by our acts or omissions
- comply with any guidelines on infection control the setting may have
- report to the head teacher / manager any health and safety hazards or deficiencies in the infection control arrangements they identify.

Infection may be transmitted by:

- direct contact - usually dirty hands
- indirect contact
 - toilets/potties/changing mats
 - clinical waste e.g. used pads, dressings etc
 - classroom equipment and toys
 - clothing/linen/cloths/mats
- airborne – such as coughs and sneezes
- skin punctures – cuts, grazes and blood / body fluids on sharp instruments or needles
- sexual transmission
- vectors – flies, etc.
- food

All of our working practices should include as normal, routine procedures which minimise the transmission of such infections as flu, MRSA, Hepatitis B and other contagious diseases.

Hand cleaning is the routine precaution which most reduces the risk of infection

Hot soapy water is the most effective way of cleaning hands:

- ✓ At the beginning of the day
- ✓ Before handling food and drink
- ✓ After the using the toilet
- ✓ After handling contaminated equipment and bodily fluids
- ✓ After smoking
- ✓ After handling animals

General school / setting practice – as appropriate

1. Gloves protect staff and children
 - whenever bodily fluids are involved – blood, vomit, urine, faeces, saliva, anything
 - whenever a child is toileted/changed – A FRESH PAIR OF DISPOSABLE GLOVES FOR EACH CHILD ON EACH OCCASION IS ABSOLUTELY ESSENTIAL
 - soiled gloves should be disposed of in the yellow clinical waste bins
2. Disposable aprons should be ...
 - worn when clearing up bodily fluids, including pad-changing
 - changed for each separate child
 - worn when undertaking any invasive procedures
3. All wounds should always be covered
 - any scratches, wounds or cuts, on either staff or pupils should always be covered by a waterproof dressing
 - if staff have open wounds on their hands, they should avoid invasive procedures until healed.
4. Procedures in biting incidents
 - Where the skin is not broken:
 - ✓ clean the area with hot soapy water and record in the incident book
 - Where the skin is broken:
 - ✓ inform the first aider, who will administer appropriate 1st aid, including covering the wound
 - ✓ the first aider will inform the injured child's parents and advise them to take the child to the GP
 - ✓ record in the incident book
5. Snack and meal times
 - all hands, staffs' and children's, should be washed before handling food
 - tables should be wiped down with disinfectant spray before and after each use, and washed weekly
 - bowls, cutlery, cups, mats etc must be washed in a bowl reserved for that purpose, in hot soapy water and then dried with disposable white roll, rather than being left to drain
 - food debris should be removed from chairs and tables

6. Equipment, linen and toys

- keep all equipment as clean as possible
- toys and equipment should be wiped between children if handled with soiled hands
- children should have their own mat/towel when lying down in the classroom
- beanbag and cushion covers should be washed at least weekly on a hot wash
- children's chairs, standing frames, mobility aids should be wiped down weekly with disinfectant
- if a child is known to be unwell, that child should have his/her own bowl for hand washing before and after paint/craft etc activities

7. Spillages must be cleared effectively

- all spillages of blood and body fluids must be cleared promptly, wearing gloves, and the surfaces disinfected immediately
- all materials used for cleaning must be disposed of in a plastic bag and then into the class bin (i.e. double-bagged).

Communal areas – as appropriate

1. The toilets

- staff should always wash their hands/use alcohol gel before and after each child, in addition to wearing gloves
- self-sufficient children must always wash their hands, using soap and water
- children being changed need to either wash their hands in the sink, or have them wiped with moist tissues
- mats should be covered in fresh white roll for each child, where possible
- mats and couches must be wiped down with disinfectant between each child, and when you finish.
- potties, toilet seats and sani-chairs must be wiped with disinfectant between each child

2. The pool

- staff should always wash their hands/use alcohol gel before and after each child, in addition to wearing gloves
- mats and couches should be wiped down with spray disinfectant between each child and at the end of the session
- all towels, dressing gowns and costumes to be washed on a hot wash or sent home after each session

3. Soft Play and the Sensory Room

- normal classroom procedures apply in these area – particular attention should be paid to the bubble tube in the sensory room
- all equipment should be thoroughly washed termly.

Methicillin Resistant Staphylococcus Aureus (MRSA)

MRSA stands for Methicillin Resistant Staphylococcus Aureus.

This simply refers to an organism (Staphylococcus Aureus) which is resistant to the antibiotic Methicillin.

MRSA is a very common type of bacteria and lives on the skin and in the nose of many healthy people (about 5 – 10%) without doing any harm. This is called “being colonised” by MRSA.

Although for most people, it causes no problems, it has the potential to become a problem if you are run down, ill, injured or particularly if you have undergone surgery. It can cause infections if it enters the body, such as through wounds or instruments placed in the body. At this point, a person is no longer colonised by MRSA, but has a generalised MRSA infection.

“For most healthy people there is no threat, even when they are colonised by MRSA”.

How is MRSA passed?

Like any other bacteria or virus, MRSA can be passed by direct contact, skin, droplets from the nose or mouth, bodily fluids, etc.

How do we prevent MRSA from being passed on?

The answer is very simple – through sticking to all the hygiene procedures which should be standard practice, detailed in the Infection Control Policy.

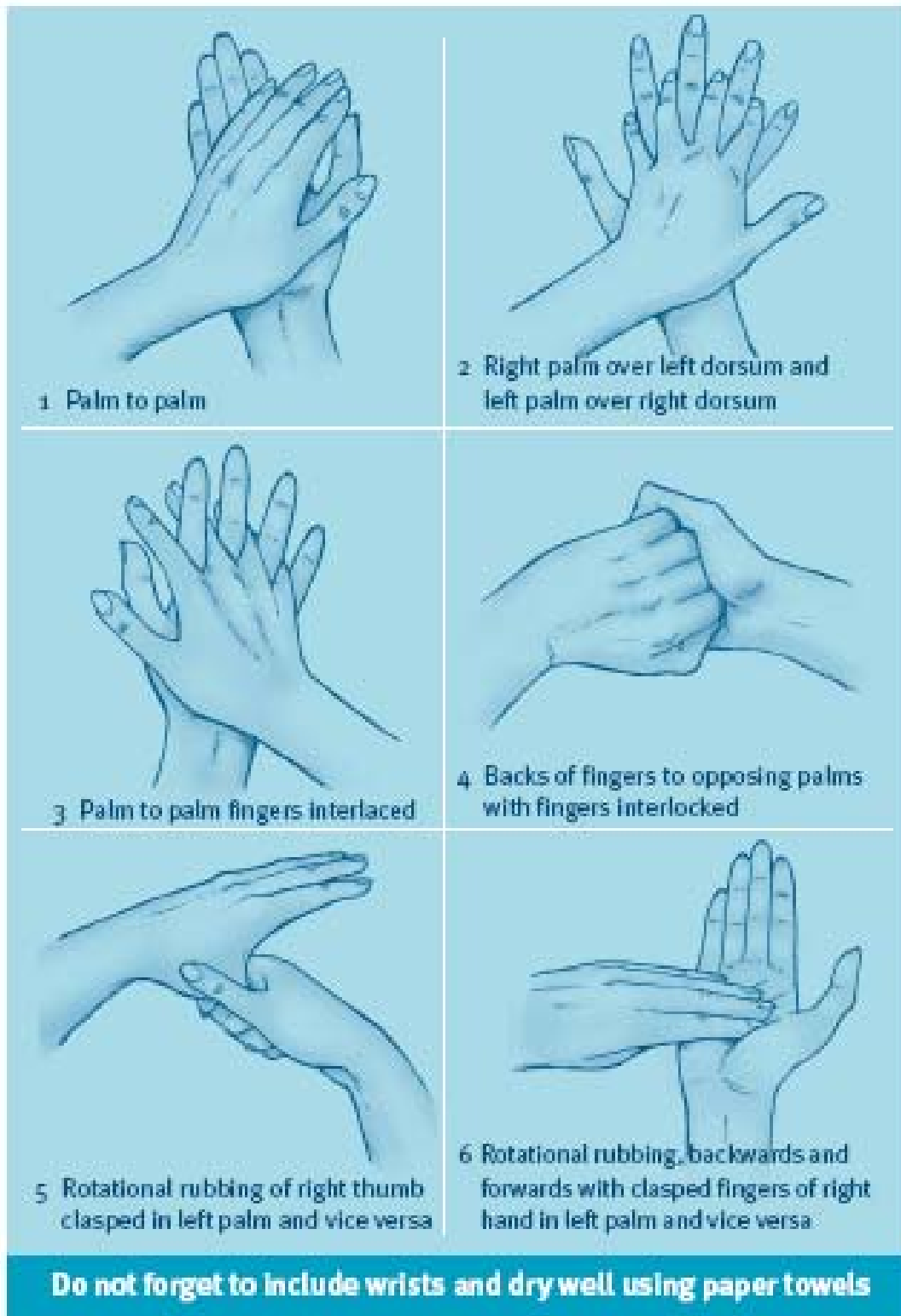
Effective hygiene, hand washing and the use of gloves/aprons when appropriate are the best way to avoid passing MRSA from person to person.

For further guidance refer to your C&F nurse

Hand Washing

Wet hands, apply soap (preferably liquid) and use the following procedure

Hand washing technique



With thanks to The Royal College of Nursing - July 2006

Ambulance Call Chart

For accidents, serious medical or life-threatening situations dial 999 and ask for ambulance.
The ambulance operator will require:
The location where an ambulance and possibly other fast response vehicles are required

If not with the Patient

- ◆ Confirmation of telephone number and location
- ◆ Age
- ◆ Conscious
- ◆ Breathing
- ◆ If illness related do they have chest pains
- ◆ If trauma/injury related are they bleeding

If with the Patient

- ◆ Confirmation of telephone number and location
- ◆ Diagnosis/nature of the problem
- ◆ Then guided by emergency medical dispatcher

Help will be with you as soon as possible

If the child / young person needing the ambulance has a health care plan a copy of the plan should be available for the ambulance crew along with details of any medication administered e.g. empty packet and emergency medication that may be needed.

Contact Numbers for NHS Barnet, Community Services for Children and Families Teams

Children and Families Nursing Teams consist of Health Visitors, School Nurses, Community Staff Nurses, Nursery Nurses and Health Care Assistants.

Every local authority school should have a contact number for their Named Nurse. Each child under 5 years will have a named Health Visitor. The parents should know who this is.

If you need advice and are not sure who to contact phone the clinic local to your setting and speak to a member of the Children and Families Team.

Childs Hill Clinic – 020 8209 0333

Oak Lane Clinic – 020 8349 7000

Grahame Park Health Centre – 020 8205 6204

Edgware Clinic, Edgware Community Hospital [Health Visitors] – 020 8732 6532

Watling Clinic - 020 8959 2188

Mill Hill Clinic – 020 8959 3005

Torrington Park Health Centre – 020 8446 4201

Vale Drive Primary Care Centre – 020 8447 3500

East Barnet Health Centre – 020 8440 1251 – no health visitors based here

In addition one of the community matrons for special needs can be contacted on

07811 459677

Contact Numbers for Barnet Children's Service

Specialist Team Manager 020 8359 7721

SEN Budget and Contract Manager 020 8359 7709
(Responsible for SEN Transport)

Contact Numbers for Passenger Transport Service (SEN Transport)

Passenger Transport Office hours are Monday to Friday 7am to 5pm

At other times a message can be left on the answer phone for action on the next working day.

Passenger Transport Office 020 8359 5110
(Out of hours answer phone on all numbers) 020 8359 5113
020 8359 5115

Environmental Service Manager – Transport (landline) 020 8359 5100

Passenger Transport Coordinator 020 8359 5116
(Responsible for day to day management of transport)

In the event of an emergency please call

Passenger Transport Out of Hours Duty Officer 07960 077 861

Environmental Service Manager –Transport (mobile) 07946 391 584
(In case of emergency and the above numbers cannot be contacted)

Glossary

ADD	attention deficit disorder
ADHD	attention deficit and hyperactivity disorder
C&F nurse	Children and Families Nursing Teams
CPAP	continuous positive airway pressure
GOSH	Great Ormond Street Hospital
GP	general practitioner
HCP	health care plan
LBB	London Borough of Barnet
PMT	pre menstrual tension
PRN	pro re nata (as required)
PTS	Passenger Transport Service
SEN	Special Educational Needs
SENCO	Special Educational Needs Coordinator
UPN	unique pupil number
Adrenaline	emergency drug used in the treatment of anaphylaxis (Epipen®, Anapen®)
Buccal cavity	between the lower gum and cheek
Diazepam	approved name for Valium®, administered rectally as an emergency drug to treat prolonged seizures [Stesolid®, Diazepam Rectubes®]
Methylphenidate	Controlled drug used to treat ADHD also known as Ritalin®, Concerta®, Equasym XL®,
Midazolam	generic name for Epistatus® [formerly Epistat], emergency drug administered into the buccal cavity to treat prolonged seizures.
Salbutamol	generic name for Ventolin®, drug used in the treatment of asthma

Spacer	A spacer device with an inhaler allows a child to use the reliever without having to coordinate pressing the reliever and breathing in at the same time
Subcutaneous	under the skin

Resources

Managing Medicines in Schools and Early Years Settings

www.teachernet.gov.uk/publications – reference 1448-2005DCL-EN

Including Me – Managing complex health needs in schools and early years settings

Jeanne Carlin

Council for Disabled Children / DfES

www.ncb.org.uk/cdc

Code of Practice for Schools – Disability Discrimination Act 1995:Part 4

Disability Rights Commission

www.drc-gb.org

The Dignity of Risk

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National Children's Bureau

8 Wakley Street

London EC1V 7QE

Asthma UK

www.asthma.org.uk

Diabetes UK

www.diabetes.org.uk

Anaphylaxis Campaign

www.anaphylaxis.org.uk

www.allergyinschools.org.uk

Cystic Fibrosis Trust

www.cftrust.org.uk

Epilepsy Action

www.epilepsy.org.uk/education

Sickle Cell Society

www.sicklecellsociety.org

M.E. Association

www.meassociation.org.uk

All of these conditions affect individuals in different ways. Please always check the relevance and validity of any information with a health care professional who knows the child/young person.