Wrockwardine Wood Infant School & Oakengates Nursery Federation

Policy for Supporting Children with Medical Conditions and the Administration of Medicine

Policy Document Status			
Date of Policy Creation	June 2024	**Chair of Governors**	Gill Stubbs
Adoption of policy by Governing Board	15 May 2024 Updated February 2025	**Executive Headteacher**	Jenny Gascoigne
Inception of new Policy	16 May 2024	**Governor/Staff Member Responsibility**	Sara Griffiths
Date of policy review	May 2026	**Day Care Manager**	Shelley Thursfield

The Governing Board and staff wish to ensure that pupils with medical conditions receive appropriate care and support whilst at school or nursery. The Executive Headteacher will accept responsibility in principle for members of staff who have been trained to administer prescribed medication to children.

Please note that parents should keep their children at home if acutely unwell or infectious.

- Parents are responsible for providing the school with comprehensive information regarding the children's condition and medication.
- Prescribed medication will not be accepted in school or nursery without complete written and signed instructions from the parent.
- Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
- Only reasonable quantities of medication should be supplied to the school/nursery (for example, a maximum of four weeks supply at any one time).
- Where the pupil travels on provided transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

Each item of medication must be delivered to the Executive Headteacher or authorised staff in the school office by the parent, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

- Children's Name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date

The school or nursery will not accept items of medication in unlabelled containers.

- Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered will be kept in a locked medicine cabinet or in the fridge.
- The school or nursery will keep records of administration which they will have available for parents.

- If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the federation's emergency procedures will be followed.

- It is the responsibility of parents to notify the school/nursery in writing if the child's need for medication has changed or ceased.

- It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

- The staff will not make changes to dosages on parental instructions without the agreement of the doctor/school nurse.

- Staff across the school or nursery will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

- For each child with long-term or complex medication need, the Executive Headteacher, will ensure that an **Individual Health Care Plan** and protocol is put in place, in conjunction with the appropriate health professionals and parents.

- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary, under staff supervision.

- ***Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Nurse and the Health Service.***

- The school and nursery will make every effort to continue the administration of medication to a child whilst on educational visits away from the school or nursery premises, even if additional arrangements might be required.

- All staff will be made aware of the procedures to be followed in the event of an emergency.

UNACCEPTABLE PRACTICE

Although school/nursery staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

- assume that every child with the same condition requires the same treatment.

- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).

- send children with medical conditions home frequently or prevent them from staying for normal school/nursery activities, including lunch, unless this is specified in their individual healthcare plans.

- if the child becomes ill, send them to the office unaccompanied or with someone unsuitable.

- penalise children for their attendance record if their absences are related to their medical condition e.g., hospital appointments.

- prevent children from drinking, eating, or taking toilet or other breaks whenever they need to, to manage their medical condition effectively.

- require parents, or otherwise make them feel obliged, to attend either setting to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school/nursery is failing to support their child's medical needs; or

- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including educational visits from either setting, e.g., by requiring parents to accompany the child.

TRAINING

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with short term, long term and permanent medical conditions.

Training may be delivered by:

- Health Visitor
- School Nurse
- Children's Nurse Acute Unit
- Children's Community Nurse
- Specialist Nurse

There must be adequate numbers of trained persons to provide cover during lunch or other breaks.

School and nursery staff will receive a certificate indicating that they have successfully undertaken training.

Staff are recommended for re-training annually or sooner if appropriate.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. A first aid certificate does NOT constitute appropriate training in supporting children with medical conditions.

EDUCATIONAL VISITS AND SPORTING ACTIVITIES
Schools and settings should consider what reasonable adjustments they might make to their procedures to enable children with medical needs to participate fully and safely in visits and sporting activities.
It may be necessary to include an additional member of staff, parent or volunteer to accompany a particular child. Arrangements for taking any necessary medicines will also need to be considered.

Staff supervising trips, visits and sporting activities should be aware of any medical needs and a copy of any health care plans should be taken on trips and visits in the event of the information being required in an emergency.

Any doubts should be resolved in conjunction with parents and medical advice.

COMPLAINTS
Any complaints concerning the support provided to pupils with medical conditions will be managed by the *governing board.* A written complaint must be presented to the

School and Governor Support	01952 380807
School Nurse Health Visitor	0333 358 3654
Occupational Health Team	01952 383630
Internal Health & Safety Advisor	01952 383627
Department for Education (DfE)	Supporting Pupils at School or Nursery with Medical Conditions

Chairman of Governors. The *complaints committee* will consider all the evidence and implement actions that may need to be taken (see our School or Nursery website for the procedure for making a complaint)

FURTHER SOURCES OF INFORMATION

FURTHER ADVICE
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

ANAPHYLACTIC SHOCK

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention – it can be life threatening. It can be triggered by certain foods (eg nuts, eggs, milk or fish), certain drugs or insect stings. Every effort should be made to prevent known sufferers from coming into contact with substances that are known to bring on the reaction. Symptoms usually occur within minutes of being exposed to the trigger and may include:

- Itching or a strange metallic taste in the mouth
- Swelling of the throat and tongue
- Difficulty in swallowing
- Hives
- Generalised flushing of the skin
- Abdominal cramps and nausea
- Increased heart rate

If the school is aware that a pupil has been diagnosed as having a specific severe allergy and is at risk of anaphylaxis then contact: Sandra Williamson, School Nurse Manager at: Sandra.williamson@shropcom.nhs.uk . They will provide advice and assistance in drawing up a contract of care and staff training.

Pupils who have been diagnosed are likely to carry prescription medication which may include an adrenaline injection to be given via an "Epipen". The age of the child and the severity of the attack will largely determine whether they are able to self-administer the treatment or will require assistance. This makes it essential for an individual care plan to be worked out and for as many staff to be trained in the necessary emergency action as possible.

DfE Allery Guidance

https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

The school keeps an anaphylaxis kit in school to administer in an emergency.

Guidance on how to respond to an allergic reaction and the use of the anaphylaxis kit.

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

ASTHMA
Asthma is a disorder of the lungs affecting the airways which narrow in response to certain triggers. This narrowing produces the classical symptoms of wheezing and breathlessness.

With effective treatment symptoms should be minimal allowing children to lead a normal life and to play a full part in school/nursery activities. If not effectively

controlled, asthma can affect the ability to exercise and lead to waking in the night with consequent tiredness during the day. A very severe asthma attack if not treated, can be fatal.

The asthmatic at school

On entry into school/nursery the parent should tell the school/nursery that the child has asthma and complete form **Med 1** if appropriate. Details of the type of treatment and what to do in the case of a severe asthma attack must be recorded. Action in an emergency will need to be determined in conjunction with the parents.

Triggers that can provoke asthma

- Viral infections of the upper respiratory tract eg colds
- Exercise
- Cold air
- Furry animals
- Fumes from science experiments
- Tobacco smoke and atmospheric pollution
- Grass pollen
- Extremes of emotion

Inhalers

Inhalers are the commonest form of medication for asthma and basically are either:

- Relievers (blue) or
- Preventers (commonly brown)

Preventers are usually regularly taken once or twice a day and therefore do not normally need to be taken at school.
Relievers should be available immediately and can be used immediately before exercise if this is in the child's individual health care plan. They should also be used if the child becomes breathless or wheezy or coughs excessively. Relievers are best kept on the child's person, but if not, must be available within one minute wherever the child is. Relievers cause no harm if taken by a non-asthmatic.

Since 1 October 2014 schools have been allowed to keep a **salbutamol inhaler** for use in emergencies when a child with asthma cannot access their own inhaler. The inhaler can be used if the children's prescribed inhaler is not available (for example, because it is broken, or empty).

Keeping an inhaler for emergency use has many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent **(Template J)** has been given, and who have either been diagnosed with asthma or who have been prescribed an inhaler as reliever medication**.**

A record of the administration of the emergency inhaler must be recorded and a letter sent to the parents **(Template K)**

Procedure for dealing with an asthma attack

1. Child becomes breathless, wheezy or develops a continuous cough
2. Sit the child on a chair in the position they feel most comfortable, in a quiet spot.
3. Do not allow others to crowd round and do not lie them down.
4. Get the child to take their reliever in the usual dosage.
5. Wait ten minutes, if symptoms disappear the pupil can continue as normal.
6. If symptoms persist then try giving:
    - a further dosage of reliever
    - or, if prior permission has been given, 6 puffs of reliever through a spacer
    - ***whilst*** calling parent/GP/ambulance as appropriate given the seriousness of the situation or, as has been agreed in the emergency action plan for that child.

If the child has no reliever at school call parent/GP/ambulance as appropriate given the seriousness of the situation, or if permission has been given by the parent to administer the emergency inhaler.

For further information on the use of guidance on emergency use of inhalers in schools click the ink below.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Severe asthma

Severe asthma is characterised by:

- normal relieving medication failing to work
- the child becoming too breathless to talk
- rapid breathing (eg > 30 breaths per minute)

Continue giving inhaler *or* give 6-10 puffs of reliever through a spacer ***whilst*** calling an ambulance or take to hospital/parent/GP as appropriate given the seriousness of the situation or as has been the agreed emergency action for that child.

For further information please refer to the asthma policy on our websites.

DIABETES IN SCHOOL

Shropshire Community Health NHS
NHS Trust

DIABETES MANAGEMENT IN SCHOOL

Diabetes is a condition in which the body is unable to regulate the amount of glucose in the blood, due to either a lack of insulin production or reduced insulin effectiveness. There are several forms of diabetes, two of the most common in childhood being Type1 Diabetes and Type 2 Diabetes. Type 1 Diabetes is always managed by insulin replacement, given via injection or insulin pump therapy. Type 2 diabetes can be managed in a variety of ways, for example with diet control and exercise, oral medications and sometimes insulin injections. The overall aim of any treatment is to maintain blood glucose levels as close to the normal range of 4-8mmol/l as possible.

Diabetes management can affect daily activities such as school attendance, participation in extra-curricular activities, social inclusion and family life, having an impact on the child's mental health, emotional wellbeing and development (DOH 2007).

It has been shown however, that improved management and control of diabetes in children can improve academic performance and school attendance, reduce hospital admissions, and reduce the chances of developing long term complications of diabetes (DCCT 1993).

The Department of Health (2007) therefore recommend that children and young people be offered a range of diabetes management options and support which have the potential to improve control and encourage/enable self-management, and hence lessen the impact diabetes has on their lives.

What does this mean for schools?

Schools have a statutory duty to ensure that arrangements are in place to support pupils with medical conditions and should ensure that children can access and enjoy the same opportunities in school as any other child (Department for Education 2014).
This requires: -

- Completion of an Individual Health Care Plan (see below).
- All staff should be aware that the student has diabetes. They should also be aware of their responsibilities towards the student and any training they should access in accordance with the school's policy for supporting pupils with medical conditions.
- Storage of blood glucose monitoring equipment, insulin pen and insulin, and hypoglycaemia treatments in accordance with school policy on the safe storage medicines in school.
- Maintenance of consumables needed for diabetes management in school via student's parents/guardian.
- Safe storage of used sharps in an approved container and replacement of the container every 3 months via the student's parents/guardian.
- Record of diabetes related activities performed by staff on behalf of the student.

- Relevant training and support for all staff with regard to diabetes management.

Students should be given the option of carrying a blood glucose monitor and fast acting glucose with them to enable the rapid detection and treatment of hypoglycaemia. This will not only encourage and support self-management and reduce time spent out of class in first aid rooms, but also reduce delays in hypoglycaemia treatment which could lead to unconsciousness.

Students may also be given the option of carrying their insulin with them at the discretion of the school. NB. Students using insulin pump therapy will need to be attached to their insulin pump containing insulin throughout the school day.

Additional information:

Absence from school - Children and young people with diabetes are required to attend medical appointments at least every 3 months most of which will be during school hours. They may also require time off school to attend psychology or counselling appointments, dietetic appointments or structured education sessions related to their condition. The student's parent/guardian will inform school whenever such absences are necessary.

Exams – If a student is due to sit an exam, please inform their Diabetes Specialist Nurse, who will provide written information for the examination officer, explaining why extra time may be required to complete the exam.

School trips and activities outside of normal school hours – A risk assessment should be carried out and arrangements put in place to ensure the student can participate fully in all activities. If additional diabetes training is required for staff, this should be requested from the Diabetes Specialist Nurse at least 4 weeks before the activity is due to take place.

INDIVIDUAL HEALTH CARE PLAN FOR DIABETES MANAGEMENT IN SCHOOL

This care plan has been agreed by the student's diabetes specialist nurse, parents/guardian, the child/young person and relevant school staff. The plan should be reviewed at least annually by parents/guardian and school staff, with the involvement of the diabetes specialist nurse if there have been major changes in management.

Name of School:
_____

Date of Plan: _____

Review Dates:

Student's Name: _____Date of Birth: _____

Address:
_____

_____

Who to contact for further information/advice

Mother/Guardian:

_____

Telephone: Home: _____Work: _____Mobile: _____

Father/Guardian:

_____

Telephone: Home _____ Work_____ Mobile_____

Diabetes Nurse Name: _____Phone number: _____

School Nurse: _____Phone number: _____

School/Home Link staff member: _____

NB. The school/home link staff member should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes.

Blood Glucose Monitoring

Blood glucose checks should be carried out if the student exhibits symptoms of hyperglycaemia (blood glucose level above 10mmols/l) or hypoglycaemia (blood glucose level below 4 mmols/l) and appropriate action taken (see below).

Blood glucose levels should also be routinely checked at the following times:-
Before Lunch □
Midmorning □ Time _____
Mid-afternoon □ Time _____
At the end of school day □ Before afterschool clubs □
Before, during (every 30-45 minutes) and after exercise □

Target range for blood glucose is _____ mmols/l.

Can student perform own blood glucose checks? Yes/No

If Yes, do they require school staff supervision? Yes/No

Names of staff to perform blood glucose tests/ supervise student carrying out their own blood glucose test. (Delete as applicable)

_____

_____

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Meals and snacks required

Mid-morning snack:

Lunch:

Mid-afternoon snack:

After school snack:

Insulin Injections

Possible side effects of insulin: -

- Localised pain, inflammation or irritation - apply cold compress and inform parent/ guardian.
- Hypoglycaemia (blood glucose less than 4mmol/l) – see later for signs, symptoms and management.

Insulin injection required at lunchtime? Yes / No

If yes, the insulin injection should be given immediately before lunch unless the pre-lunch blood glucose result is less than 4 mmols/l, in which case the student should be treated for hypoglycaemia (see below) and should eat lunch before receiving the insulin injection.

NB. Students should not be required to queue for food after receiving their insulin injection as any delay in eating could result in hypoglycaemia.

Can student determine the correct amount of insulin and give their own injections? Yes / No

If Yes, do they require school staff supervision? Yes/No

Names of staff to determine insulin dose and give insulin injection/supervise student calculating insulin dose and self-injecting insulin (delete as applicable).

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Name of lunchtime insulin:
_____

Usual Lunchtime Dose: _____units

OR flexible dosing using _____units/ _____ grams of carbohydrate.

Dose Amendments: _____ **Date of amendment:**
_____

Additional insulin to be given **at lunchtime only** to correct high blood glucose levels (above 10mmols/l) using the following adjustment:-

Give 1 extra unit of _____ for every _____ mmols/l that blood glucose is above 10 mmols/l. Give this amount in addition to usual lunchtime insulin dose.

Parent/Guardian Agreement for the staff members named above to determine insulin dose and give insulin injection/supervise student calculating insulin dose and self-injecting insulin (delete as applicable).

Signed _____ Date _____

Exercise and Sports

Exercise can lower blood glucose levels and cause hypoglycaemia, therefore always take a blood glucose meter and foods/drinks to treat hypoglycaemia with the student when they exercise. Do not leave this equipment in the changing room or class room.

Check blood glucose levels before, during exercise (every 30–45 minutes), and after exercise and follow the advice below.

Blood glucose:-

- **less than 4 mmol/l** — Allow pupil to treat their hypoglycaemia (see below), then eat a Carbohydrate snack.
- **4-7 mmol/l** — Allow pupil to eat a carbohydrate snack.
- **7.1-14 mmol/l** — No snack needed, but stop and check blood glucose levels after 30-45 minutes of exercise. If levels have fallen to less than 7.1 mmol/l, follow the advice above. If levels have risen to more than 14 mmol/l, follow the advice below. Otherwise carry on.
- **More than 14mmol/l** — Encourage pupil to drink extra sugar-free fluids.

  If it is less than 2 hours since the pupil last ate a meal or snack, it
  should be OK to take part in exercise but stop after 30-45 minutes to check that blood glucose levels have fallen below 14mmol/l (if not fallen, stop exercising and follow advice below).

  <u>However</u>, if it is more than 2 hours since the pupil last ate a meal or snack, check blood for ketones:-

  Ketones less than 0.6mmol/l - it should be OK to take part in exercise, but stop after 30-45 minutes to check blood glucose and ketone levels. If these levels have fallen it should be OK to continue with exercise. However, if these levels have risen, **stop** exercising and contact parents for advice.

  Ketones over 0.6mmol/l – **do not** exercise and advise parents of current blood glucose and blood ketone levels.

Hypoglycaemia (blood glucose level below 4mmols/l)

Hypoglycaemia is the full name for a hypo or low blood glucose level. Hypos occur when blood glucose levels fall too low for the body to work normally. For most people this happens when their blood glucose levels fall below 4 mmols/l.

Common causes	**Common signs**	**Common symptoms**
Too much insulin	Looking pale	Weakness/ Shaking
Not enough food	Sweating	Hunger
Delayed/missed meal or snack	Shaking	Blurred vision
Exercise or activity	Tiredness	Pins & needles
Extremes of hot or cold weather	Unusual behaviour	Dizziness
Stress or excitement	Slurred speech	Headache
		Confusion

Pupil's usual signs & symptoms of hypoglycaemia:

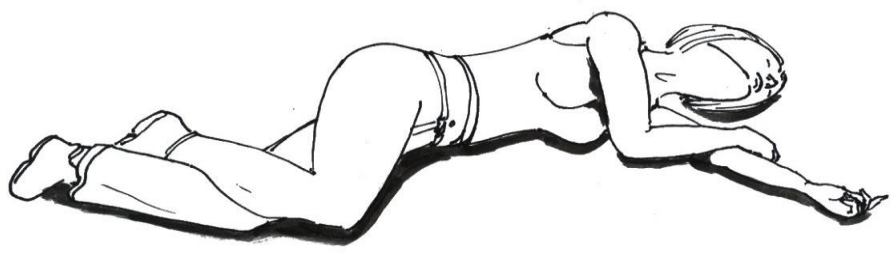
_____

Treatment of hypoglycaemia (requires immediate treatment)

Do not send student out of the room to seek help, call for assistance to come to the student, as walking can further reduce blood glucose levels.

Student should wash their hands and check blood glucose level. If below 4 mmol/l, give 10-20 grams of fast acting carbohydrate to eat or drink such as 3-6 glucose tablets/Fruit Pastilles/Starburst sweets, 1-2 tubes of Glycogen or 100-200 mls fizzy drink or squash (non-diet). Wait 15 minutes then re-check blood glucose levels. If still below 4mmol/l, give more sugary food as above. Repeat this process until blood glucose levels are above 4 mmol/l, then give some starchy food such as 2 plain biscuits, a packet of crisps, cereal bar or next meal if due.

If the student is unconscious, having a seizure (convulsion), or unable to swallow effectively, place in the recovery position and call an ambulance (dial 999), then contact the student's parent or guardian. Do not give anything by mouth!



The recovery position

Hyperglycaemia (blood glucose level above 10mmols/l)

Hyperglycaemia is the medical term for blood glucose levels above 10mmol/l. It is common to detect high blood glucose levels if it is less than 2 hours since carbohydrate was last eaten as the insulin has not had sufficient time to work. However, if it is more than 2 hours since the student last ate, high blood glucose may be due to a lack of insulin which can lead to the breakdown of fat for energy and the production of ketones as a waste product.

Common causes	**Common signs & symptoms**
Wrong carbohydrate calculation	Thirst
Missed/ delayed insulin injections	frequent passing of urine
Snacking frequently between meals	Tummy pains
Illness	Tiredness
Problem with insulin or insulin device	Moody
Being less active than usual	Nausea/vomiting
Not drinking enough fluids	fast breathing
Stress and anxiety	Headache
Periods of growth e.g. puberty	Blurred vision

Pupil's usual signs & symptoms of hyperglycaemia:

_____

_____

Treatment of hyperglycaemia.

Allow easy access to drinks and toilet facilities. Be aware that concentration levels, energy levels and mood will probably be affected by high blood glucose levels. If unwell in any way, for example headache, nausea, vomiting, lethargy, check blood ketone level and contact parents/guardian for advice/assessment. If blood glucose levels are above 14mmol/l, check blood ketone levels and if these are above 0.6mmol/l, contact parents/guardian for advice as a correction dose of insulin may be required.

Arrangements in case of support staff absence, pupil refusal of medical support/intervention and prolonged student absence due to medical needs:-

Staff absence:

_____

Pupil refusal of medical support/intervention:

_____

Prolonged student absence due to medical needs:

Is a statement of Special Educational Needs and Disability in place? Yes/No

If Yes, number of hours of support funded

Supplies to be provided by parent/guardian and kept at School

Blood glucose meter, blood glucose and blood ketone test strips
Lancet device and lancets
Insulin pen, pen needles, insulin cartridges
Sharps box (to be replaced by parent/carer every 3 months)
Fast-acting source of glucose
Glycogen (to be used if in a confused state and
Refuses to eat or drink, but can still swallow effectively).
Carbohydrate containing snacks

Area in school where spare supplies to be kept and where pupil will carry out routine

Diabetes management

Signatures

I give permission for the release of information in this health care plan to all staff members of _____ School enable them to support my child with the diabetes care tasks outlined above. I also give permission for any school staff member to contact members of the Diabetes Nursing Service, School Nursing Service or other healthcare professionals for advice or information about managing my child's diabetes and

for these healthcare professionals to release the necessary advice or information required to maintain my child's health and safety.

Student's Parent/Guardian: _____ Date: _____

This Diabetes Care Plan has been agreed with:

Student's Diabetes Specialist Nurse:

Name:_____Signed:_____Date: _____

School staff representative:

Designation

_____

Name:_____ Signed:_____Date: _____

Handling and storage of insulin in school

In accordance with the Control of Substances Hazardous to Health Regulations 2002, (COSHH) insulin, a prescribed medication, must be handled and stored safely. The Head teacher is responsible for ensuring that medicines are stored safely. All emergency medicines such as glycogen should be readily available and not locked away. Insulin should generally be kept in a secure place not accessible to children and young people.
At the discretion of the school, if they are satisfied that the young person will be responsible for the safe handling and administration of their own insulin, they may allow them to keep it with them. This is on the understanding that if the insulin is to be left out of control or sight of the young person, they should hand it in to a member of school staff for safe storage.

This arrangement is agreed between the school, the parents/guardian and the pupil.

_____School Representative _____ Date

_____Parent/Guardian_____ Date

_____Pupil _____ Date

References

Diabetes Control and Complications Trial Research Group (1993) the effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. New England Journal of Medicine, 329(14) 977-86.

Making every person with diabetes matter.pdf

National Collaborating Centre for Women's and Children's Health (commissioned by NICE) 2004. Type 1 Diabetes - Diagnosis and Management of Type 1 Diabetes in Children and Young People. RCOG Press, London.

Shropshire Community Health NHS Trust. Guideline for the management of Hypoglycaemia.

ISPAD Clinical Practice Consensus Guidelines 2009 Compendium – Assessment and management of hypoglycaemia in children and adolescents with diabetes. Paediatric Diabetes, 10 (suppl. 12), 134-145

Health and Safety Executive. Control of Substances Hazardous to Health Regulations 2002 (COSHH) www.hse.gov.uk

Department for Education (2014) Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. London, DFE (2014). Auhtor: Shropshire Paediatric Diabetes team. Implementation date: Feb 2006

INDIVIDUAL HEALTH CARE PLAN FOR DIABETES MANAGEMENT IN SCHOOL USING INSULIN PUMP THERAPY

This care plan has been agreed by the student's diabetes specialist nurse, parents/guardian, the child/young person and relevant school staff. The plan should be reviewed at least annually by parents/guardian and school staff, with the involvement of the diabetes specialist nurse if there have been major changes in management.

Name of School:
_____

Date of Plan: _____ Review Dates: _____

Student's Name: _____ Date of Birth: _____

Address:
_____

_____

Who to contact for further information/advice

Mother/Guardian:
_____

Telephone: Home_____Work_____Mobile_____

Father/Guardian:
_____

Telephone: Home
_____Work_____Mobile_____

Diabetes Nurse Name: _____ Phone number: _____

School Nurse: _____Phone number: _____

School/Home Link staff member:
_____

NB. The school/home link staff member should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes.

Blood Glucose Monitoring

Blood glucose checks are required before the student eats any food containing carbohydrate. They should also be carried out if the student exhibits symptoms of hyperglycaemia (blood glucose level above 10mmols/l) or hypoglycaemia (blood glucose level below 4 mmol/l) and appropriate action taken (see flow charts below).

Blood glucose levels should be routinely checked at the following times:-
Before Lunch □
Midmorning □ Time _____
mid-afternoon □ Time _____
At the end of school day □ before afterschool clubs □
Before, during (every 30-45 minutes) and after exercise □

Target range for blood glucose is _____ mmol/l.

Some blood glucose meters will automatically transfer the test result to the student's insulin pump. For other blood glucose meters, the test result will need to be programmed into the insulin pump.

Can student perform own blood glucose checks? Yes / No

If Yes, do they require school staff supervision? Yes/No

Names of staff to perform blood glucose tests/ supervise student carrying out their own blood glucose test. (Delete as applicable)

_____

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Meals and snacks required

Mid-morning snack:
_____

Lunch:
_____

Mid-afternoon snack:
_____

After school snack:
_____

Insulin administration

Insulin is delivered continuously (basal insulin) via an insulin pump which is worn by the student throughout the day and night. Additional insulin is delivered via the pump when foods containing carbohydrate are eaten or to correct an elevated blood glucose level (bolus insulin). Please refer to the insulin pump instruction manual/sheets for step by step instructions on how to use the pump.

Name of insulin in the insulin pump:

_____

Possible side effects of insulin:

- Localised pain, inflammation or irritation - apply cold compress and inform parent/ guardian.
- Hypoglycaemia (blood glucose less than 4mmol/l) – see below for signs, symptoms and management.

Correction bolus (for elevated blood glucose levels) to be considered if blood glucose is above _____mmol/l

Please refer to hyperglycaemia flow chart for action required if the blood glucose level is above 14mmol/l.

If insulin is to be delivered to correct an elevated blood glucose level (determined by a blood glucose test), the blood glucose level should be programmed into the insulin pump. The insulin pump will then calculate the dose of insulin required and this should be delivered via the pump as a *normal* bolus.

Insulin bolus for food

If insulin is to be delivered for carbohydrate foods, a blood glucose test should be carried out and the result programmed into the insulin pump along with the number of grams of carbohydrate to be eaten. The insulin pump will then calculate the dose of insulin required and this should be delivered via the pump immediately before the food is eaten unless blood glucose result is less than 4 mmols/l, in which case the student should be treated for hypoglycaemia (see below) and should eat before receiving the insulin bolus.

NB. Students should not be required to queue for food after receiving their insulin bolus as any delay in eating could result in hypoglycaemia.

Type and duration of insulin bolus required for food at:-
Morning snack

Lunch

_____

_____

_____

Afternoon snack

_____

Can student programme the blood glucose result and carbohydrate amount (if required) into their insulin pump and deliver their insulin via the pump? Yes / No

If Yes, do they require school staff supervision? Yes/No

Names of staff to programme the insulin pump and deliver insulin/supervise student self-programming the insulin pump and self-delivering insulin via the pump (delete as applicable).

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Exercise and Sports

Exercise can lower blood glucose levels and cause hypoglycaemia, therefore always take a blood glucose meter and foods/drinks to treat hypoglycaemia with the student when they exercise. Do not leave this equipment in the changing room or class room.

Does the insulin pump require disconnection for sport? Yes/No

If the pump is disconnected for sport, a blood glucose test should be carried out when the pump is reconnected and a correction dose of insulin given if the blood glucose level is above _____mmol/l.

Can the student disconnect their own insulin pump? Yes/No

Is a temporary basal rate reduction required for sport? Yes/No

If Yes, time temporary basal rate to begin

_____

% basal rate reduction required

_____

Duration of basal rate reduction

_____

Can student programme temporary basal rate reduction into their insulin pump? Yes/No

If Yes, do they require school staff supervision? Yes/No
Names of staff to disconnect insulin pump/programme temporary basal rate reduction into insulin pump/supervise student self-programming temporary basal rate reduction into their insulin pump (delete as applicable).

All staff named above should have received training by a Paediatric Diabetes Specialist Nurse and been assessed as competent to support the student in the management of their diabetes (see attached competency documents).

Check blood glucose levels before, during (every 30–45 minutes) and after exercise and follow advice below.

Blood glucose:-

- **less than 4 mmol/l** — Allow pupil to treat their hypoglycaemia (see below), then eat a Carbohydrate snack (**do not** give insulin for this snack)
- **4-7 mmol/l** — Allow pupil to eat a carbohydrate snack (**do not** give insulin for This snack).
- **7.1-14 mmol/l** — No snack needed, but stop and check blood glucose levels after 30-45 minutes of exercise. If levels have fallen to less than 7.1 mmol/l, follow the advice above. If levels have risen to more than 14 mmol/l, follow the advice below. Otherwise carry on.
- **More than 14mmol/l** — Encourage pupil to drink extra sugar-free fluids.

  If it is less than 2 hours since the pupil last ate a meal or snack, it should be OK to take part in exercise but stop after 30-45 minutes to check that blood glucose levels have fallen below 14mmol/l (if not fallen, stop exercising and follow advice below).

  <u>However</u>, if it is more than 2 hours since the pupil last ate a meal or snack, check blood for ketones:-
  Ketones less than 0.6mmol/l - it should be OK to take part in exercise, but stop after 30-45 minutes to check blood glucose and ketone levels. If these levels have fallen it should be OK to continue with exercise. However, if these levels have risen, **stop** exercising and contact parents for advice.

  Ketones over 0.6mmol/l – **do not** exercise and follow the advice on the hyperglycaemia flow chart.

Parent/Guardian Agreement for the staff members named above to programme the insulin pump and deliver insulin/supervise student self-programming the insulin pump and self-delivering insulin via the pump (delete as applicable).

Signed _____ Date _____

Hypoglycaemia (blood glucose level below 4mmols/l)

Hypoglycaemia is the full name for a hypo or low blood glucose level. Hypos occur when blood glucose levels fall too low for the body to work normally. For most people this happens when their blood glucose levels fall below 4 mmols/l.

Common causes	**Common signs**	**Common symptoms**
Too much insulin	looking pale	Weakness
Not enough food	Sweating	Shaking
Delayed/missed meal or snack	Shaking	Blurred vision

Exercise or activity	Tiredness	Pins & needles
Extremes of hot or cold weather	Unusual behaviour	Dizziness
Stress or excitement	Slurred speech	Headache
		Tiredness
		Hunger
		Confusion

Pupil's usual signs & symptoms of hypoglycaemia:

Treatment of hypoglycaemia (requires immediate treatment)

Do not send student out of the room to seek help, call for assistance to come to the student, as walking can further reduce blood glucose levels. Student should wash their hands and check blood glucose level. If below 4 mmol/l, follow the advice in the hypoglycaemia flow chart below:-

N.B. If the student has a blood glucose level under 4mmol/l and the pump is delivering an extended bolus of insulin from a meal or snack, or there is a temporary increased basal rate active, these should be cancelled and treatment for hypoglycaemia given as below.

HYPOGLYCAEMIA MANAGEMENT FLOW CHART

Can _____ eat or drink safely?

Yes

Give _____ grams of dextrose.

Eg._____

Repeat glucose blood test after 15 mins

If glucose above 4 mmol/l.

Encourage _____ to return to normal

If blood glucose still below 4mmol/l give further _____ grams of dextrose.

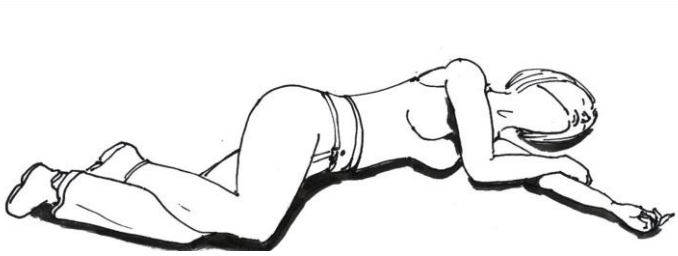
Repeat blood test after 15 mins.

If blood glucose still below 4 mmol/l, disconnect pump from infusion site and repeat another _____ grams dextrose.
Repeat blood glucose after 15 mins and if above 4mmol/l give a starchy snack such as a biscuit and reconnect the pump.

No

If unconscious or unrousable,place in the recovery position

Call 999 immediately



The Recovery Position

If blood glucose remains below 4 mmols after this time, continue 15 minute cycle of dextrose treatment and blood glucose tests and contact parents immediately for advice.

If conscious levels are starting to deteriorate place in the recovery position and call 999.

NOTE.
Glucogel can be used if child unco- operative but can still eat and drink safely

Hyperglycaemia (blood glucose level above 10mmols/l)

Hyperglycaemia is the medical term for blood glucose levels above 10mmol/l. It is common to detect high blood glucose levels if it is less than 2 hours since carbohydrate was last eaten as the insulin has not had sufficient time to work. However, if it is more than 2 hours since the student last ate, high blood glucose may be due to a lack of insulin which can lead to the breakdown of fat for energy and the production of ketones as a waste product.

Common causes	**Common signs & symptoms**
Wrong carbohydrate calculation	Thirst
Missed/ delayed insulin injections	Frequent passing of urine
Snacking frequently between meals	Tummy pains
Illness	Tiredness
Problem with insulin, insulin pump or cannula	Moody
Being less active than usual	Nausea/vomiting
Not drinking enough fluids	fast breathing
Stress and anxiety	Headache
Periods of growth e.g. puberty	Blurred vision

Pupil's usual signs & symptoms of hyperglycaemia:

_____

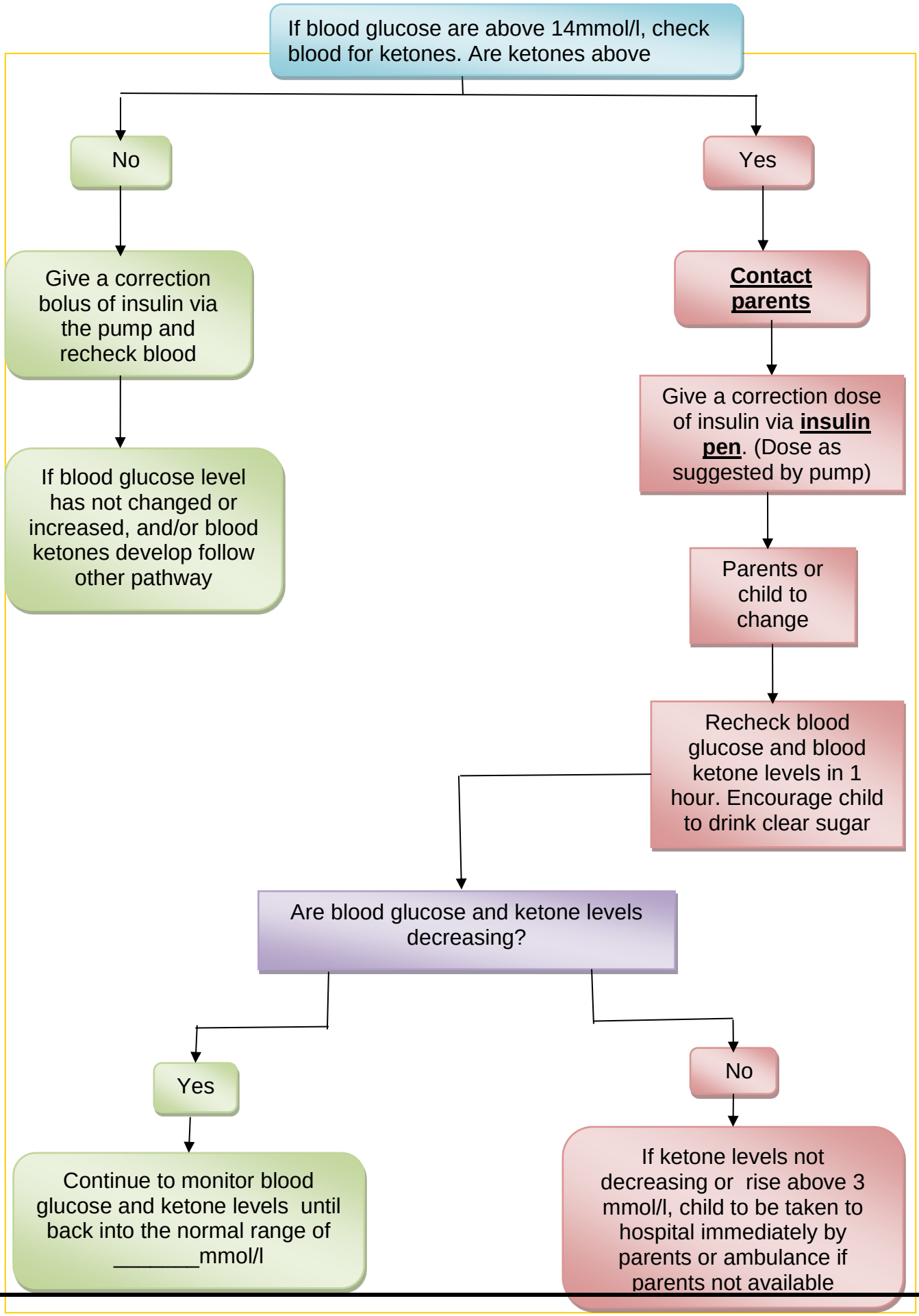
Treatment of hyperglycaemia.

Allow easy access to drinks and toilet facilities. Be aware that concentration levels, energy levels and mood will probably be affected by high blood glucose levels. If unwell in any way, for example headache, nausea, vomiting, lethargy, check blood ketone level and contact parents/guardian for advice/assessment. If blood glucose levels are above 14mmol/l, check blood ketone levels and follow the advice on the hyperglycaemia flow chart below:-

Love, Laugh, Learn'

Resourcefulness, Reciprocity (Teamwork), Reflectiveness, Resilience

HYPERGLYCAEMIA MANAGEMENT FLOW CHART



Arrangements in case of support staff absence, pupil refusal of medical support/intervention and prolonged student absence due to medical needs:-

Staff absence:

_____

_____

_____

Pupil refusal of medical support/intervention:

_____

_____

_____

Prolonged student absence due to medical needs:

_____

_____

_____

Is a statement of Special Educational Needs and Disability in place? Yes/No

If Yes, number of hours of support funded _____

Supplies to be provided by parent/guardian and kept at school

Blood glucose meter, blood glucose and blood ketone test strips	□
Lancet device and lancets	□
Insulin pen, pen needles, insulin cartridges	□
Sharps box (to be replaced by parent/carer every 3 months)	□
Fast-acting source of glucose	□
Glucogel	□
Carbohydrate containing snacks	□
Spare cannula, infusion set and batteries	□

Area in school where spare supplies to be kept and where pupil will carry out routine

diabetes management

_____

Signatures: _____

I give permission for the release of information in this health care plan to all staff members of staff to enable them to support my child with the diabetes care tasks outlined above. I also give permission for any school staff member to contact members of the Diabetes Nursing Service, School Nursing Service or other healthcare professionals for advice or information about managing my child's diabetes and for these healthcare professionals to release the necessary advice or information required to maintain my child's health and safety.

Student's Parent/Guardian: _____Date: _____

This Diabetes Care Plan has been agreed with:

Student's Diabetes Specialist Nurse:

Name: _____Signed:_____ Date: _____

School staff representative:
Designation
_____

Name: _____Signed:_____ Date: _____

Handling and storage of insulin in school (for spare insulin to be used in the event of hyperglycaemia with elevated blood ketones)

In accordance with the Control of Substances Hazardous to Health Regulations 2002, (COSHH) insulin, a prescribed medication, must be handled and stored safely. The Head teacher is responsible for ensuring that medicines are stored safely. All emergency medicines such as glucogel should be readily available and not locked away. Insulin should generally be kept in a secure place not accessible to children and young people.
At the discretion of the school, if they are satisfied that the young person will be responsible for the safe handling and administration of their own insulin, they may allow them to keep it with them. This is on the understanding that if the insulin is to be left out of control or sight of the young person, they should hand it in to a member of school staff for safe storage.
This arrangement is agreed between the school, the parents/guardian and the pupil.

School Representative _____ Date: _____

Parent/Guardian _____ Date: _____

Pupil _____ Date:_____

References

Diabetes Control and Complications Trial Research Group (1993) The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. New England Journal of Medicine, 329(14) 977-86.

Department of Health (2007) Making Every Young Person with Diabetes Matter. London, DOH (2007).

National Collaborating Centre for Women's and Children's Health (commissioned by NICE) 2004. Type 1 Diabetes - Diagnosis and Management of Type 1 Diabetes in Children and Young People. RCOG Press, London.

Shropshire Community Health NHS Trust. Guideline for the management of Hypoglycaemia.

ISPAD Clinical Practice Consensus Guidelines 2009 Compendium – Assessment and management of hypoglycaemia in children and adolescents with diabetes. Paediatric Diabetes, 10 (suppl. 12), 134-145

Health and Safety Executive. Control of Substances Hazardous to Health Regulations 2002 (COSHH) www.hse.gov.uk

Department for Education (2014) Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. London, DFE (2014). Author: Shropshire Paediatric Diabetes team. Implementation Feb 2006

TEMPLATES AND FORMS ARE SAVED SEPARATELY

- **Template A: Individual Healthcare Plan (IHP)-** this must be completed for a child who has a medical condition or need.
- **Template B: Parental agreement for setting to administer medication (Med1)-** this is a parental permission slip to allow the school to administer medication.
- **Template C: Record of medicine administered to an individual child -**this must be completed for each child when medication has been administered.
- **Template D: Record of medicine administered to all children (Med2) -**All medication administered in school must be recorded, this is in addition to the child's individual record.
- **Template E: Misadministration of Medication form (Med3)** this must be completed in the event of misadministration of medication.
- **Template F: Staff training record –**administration of medication training records.
- **Template G: Contacting emergency services-** this must be displayed in school offices near the telephones.
- **Template H: Model letter inviting parents to contribute to IHP.**
- **Template J: Emergency Salbutamol permission slip.**
- **Template K: Model letter inviting parents to review IHP.**

Appendix 1

INDIVIDUAL HEALTHCARE PLAN (IHCP)

Name of school/setting:	Wrockwardine Wood Infant School & Nursery/Oakengates Nursery School
Child's photograph:	
Child's name:	
Date of birth:	
Child's address:	
Year group:	
Class:	
Medical diagnosis or condition:	
Date IHCP begins:	
Review date:	

Family Contact Information

1. Name:	
Relationship to child:	
Phone no. (work):	
(mobile)	
2. Name:	
Relationship to child:	
Phone no. (work):	
(mobile):	

Clinic/Hospital Contact

Name:	
Phone no:	

G.P.

Name:	
Phone no:	

Who is responsible for providing support in school: (eg Class teacher/ Teaching assistant)	

Describe medical needs:
Give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Describe Medication:
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Medication taken at home:	**Medication taken at school:**
	***Please see separate medication form**

Daily care requirements:

At Home:	**In School:**

Additional arrangements for school visits:

Describe what constitutes an emergency, and the action to take if this occurs:

Additional information from health professionals (if applicable):

Staff training needed/undertaken – who, what, when (if applicable):

Plan developed with:

Role	Name	Signature
Parent/Carer		
Parent/Carer		
Admin staff		
Headteacher	Jenny Gascoigne	
SENDCo	Hayley McNamee/Hannah Firmstone	
Daycare Manager/ Deputy Day care Manager	Shelley Thursfield Katie Vernon	

Form shared with:

Role	Name	Signature
Class teacher		
Class teaching assistant/ Early Years Educators		
Class Lunchtime Supervisor		

Appendix 2

Medical Information for Transition	**Date:**

Teacher		**Lunchtime Supervisor**	
Teaching Assistant/ Early Years Educator		**Other**	

Children with Individual Health Care plans *e.g., asthma, allergies, other medical needs*		
Child's Name	**Medical Need** *e.g., asthma, allergy to milk, eczema*	**Comments (if required)**

Signatures to show the information shared has been read and understood			
Teacher		**Lunchtime Supervisor**	
Teaching Assistant/ Early Years Educator		**Other**	

Telford & Wrekin COUNCIL

Appendix 3

Form MED1

School:

Address:

PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICATION

DETAILS OF PUPIL (*Capitals please*)						
Name		M/F	Date of Birth	/ /	class/ form:	
Condition or illness (*eg Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc):*						
DOCTOR'S DETAILS						
Doctor's Name		Medical Practice		Telephone Number		
MEDICATION AND ADMINISTRATION						
Name of medication (*give full details given on the container label issued by the pharmacist)* Type of Medication (eg tablets, mixture, inhaler, Epipen, other (*please specify*)						
Date Dispensed:	Dosage and method:					
Times to be Taken in School:	Is precise timing critical? Yes/ No					
Time of last dosage?						
For how long will your child need to take this medication?						
For medication that need not be administered at pre-set times please indicate when it should be given: (eg before exercise, onset of asthma attack, onset of migraine, likely symptoms etc.)						
The medication needs to be administered by a member of staff					Yes	No
My child is capable of administering the medication him/herself under the supervision of a member of staff					Yes	No
I would like my child to keep his/her medication on him/ her for use as necessary					Yes	No
The medication needs to be readily accessible in case of emergency					Yes	No
ADDITIONAL INFORMATION						
Precautions or Side Effects:						
What to do in an emergency:						

(Please read the notes on the reverse of this form carefully.* If you are in doubt about how the medicine is to be given you must seek the advice of your child's doctor before completing this form.*)

The doctor named above has advised that it is necessary for my child to receive his/her medication during school time. I understand that teachers have no *obligation* to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under supervision of a member staff, who may not have had any first aid or medical training. The school, the Headteacher and staff accept no responsibility for any injury, death or damage suffered by

a pupil as a result of the administration of medicine mentioned in this form, other than any injury, death or damage which arises because the school or any members of its staff have been negligent I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

Signed: Parent/Carer..... Date: .....

NOTES

1. The school will consider each request on its merits. Where it is practicable the school may well prefer parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.

2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.

3. The school will not agree to administer any medication in school without a written request using this form, having first been made.

4. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).

5. All requests will need to be discussed fully with the head teacher or other authorised member of staff before any medicines are sent into school.

6. Any prescribed medicine must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. Any non-prescribed medicine bought by the family should be in the original container bearing the manufacturer's instruction/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.

7. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.

8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.

9. Parents are responsible for notifying the school immediately the doctor has stopped the medication.

10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.

11. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.

12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctor's note to support/confirm the information given on the request form.

13. You may find it necessary to seek your Doctor's help in completing this form

Appendix *4 (Oakengates Nursery School Only)*

	Parent/Carer Consent Form to Administer Emergency Calpol.

I hereby authorise the administration of Calpol (paracetamol) to my child, in case of emergency during their time at the nursery. If my child exhibits symptoms such as a fever (temperature higher than 38°C is considered a fever), or discomfort, and the staff deem it necessary to administer Calpol to alleviate these symptoms, I consent to the following:

✓ I understand that Calpol will only be administered according to the manufacturer's recommended dosage for my child's age and weight.
✓ I acknowledge that the staff will make every effort to contact me, or the emergency contact listed below before administering Calpol, unless it is deemed urgent or if I cannot be reached in a reasonable amount of time.
✓ I agree to inform the staff at of any allergies or medical conditions my child may have that could affect the administration of Calpol.
✓ I understand that the staff at will document the administration of Calpol, including the time and dosage given, and will inform me of this upon my child's pickup.
✓ I acknowledge that while Calpol is generally safe when administered correctly, there are potential risks and side effects associated with its use, and I release and its staff from any liability arising from the administration of Calpol to my child.

Emergency Contact Information	
Name	
Relationship to Child	
Phone Number	
Parent/Carer Signature	
Date:	

Please ensure that this form is completed and returned before your child's attendance. If there are any changes to the information provided on this form, please notify us immediately

RECORD OF EMERGENCY MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting:	Oakengates Nursery School
Name of child:	
Date medicine provided by parent:	
Group/class/form:	
Quantity received:	
Name and strength of medicine:	**CALPOL**
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	

Staff signature:			Print name	
Signature of parent/carer			Print name:	

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			
Parent/Carer Signature:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			
Parent/Carer			

Signature:			

Appendix 5

	RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD
Name of school/setting:	**Oakengates Nursery School**
Name of child:	
Date medicine provided by parent:	
Group/class/form:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	

Staff signature:		Print name	
Parent/Carer signature:		Print name:	

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			
Parent/Carer Signature:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			
Parent/Carer Signature:			

Appendix 6

SCHOOL RECORD OF MEDICATION ADMINISTRATION TO ALL CHILDREN

Name of school: Wrockwardine Wood Infant School/Oakengates Nursery School

No medication should be administered to any pupil without a parental request form **(Med 1)** having been received. Med 1 should be held within this administration record file until the completion of the period of medication when the request form should be transferred to the pupil's personal file.

1. Any administration of medication including analgesic (pain reliever) to any pupil must be recorded.

Date	Time	Pupil's Name	Name of Medication	Dose Given	Any Reactions/Remarks	Signature of Staff - Please print name

Appendix 7

Telford & Wrekin COUNCIL

Form MED 3

School:

Address:

Misadministration of Medications for Schools Form

Name of child who received the Incorrect medication.		**Name:** **Address:**			
Date incident occurred					
Time incident occurred					
Who was the original medication prescribed for?					
Please list the incorrect medication administered	**Name of Medication**	**Dose given**	**Comments**		
Was the child admitted to Hospital ?(please tick)		**Yes**		**No**	
If yes, which hospital and what time were they admitted?					
Advice sought from a doctor or Pharmacist ?(other than hospital)		**Yes**		**No**	
		Date and time advice sought			
Name of Doctor or Pharmacist Contact details: **(address, telephone, number)**					

Persons on duty at the time incident occurred			
Child's parents contacted	*Record summary of conservation:*		
Was the member of staff administering the medication trained and authorised to do so ?(please circle**)**		**Yes**	**No**
How did the incident occur?	*Describe in full details:*		

Outcome:	**Please tick/add comments**
Parents informed and incident report form completed	
Child monitored with no ill effects	
Outcome uncertain	
Child may have short term side effects	
Child survived but may have long term damage	
If admitted to hospital how long did they stay in for (dates from/to)	
What systems were in place at the time medication was incorrectly administered?	
Risk assessment reviewed	
Training needs identified	
Misadministration form completed • **copy sent to Internal Health and Safety** • **copy on child's file**	