Bulletin No 36A

Geoff Knight, Health and Safety Adviser **Oct 2006**

Key Managers of Children and Young People's Services

Administration of Medicines and Healthcare Needs in Schools, Early Years and Youth Settings

THIS DOCUMENT CONSTITUTES THE APPROVED GUIDANCE OF LEICESTER CITY CHILDREN AND YOUNG PEOPLE'S SERVICES AND IS EFFECTIVE FROM THE COMMENCEMENT OF OCTOBER 2006. THIS GUIDANCE SUPERSEDES THAT PREVIOUSLY GIVEN IN BULLETIN NO. 36, ISSUED IN NOVEMBER 2002 AND ALSO SUPERSEDES SUPPLEMENTARY GUIDANCE ISSUED IN JUNE 2005.

The administration of medicines by staff remains a voluntary activity

Employees who volunteer to assist with any form of medical procedure are acting within the scope of their employment and are indemnified by Leicester City Council against any legal action over an allegation of negligence provided they act responsibly and to the best of their ability within the confines of this guidance and any specified training provided.

MANAGING MEDICINES AND HEALTHCARE NEEDS IN SCHOOLS, EARLY YEARS AND YOUTH SETTINGS

CONTENTS

- Introduction .... 1 - 3
- Foreword 4
1 General .... 4 - 6
2 Record Keeping 6
3 Hygiene and Infection Control 7
4 Long Term Medication 7
5 Injections 8
6 Emergency Treatment/Procedures .... 8 - 10
7 Drawing up a Health Care Plan 10
8 Off Site Education/Work Experience Staff 10
9 Off Site Trips/Visits .... 10 - 11
10 Home to School Transport .... 11 - 12
11 Roles and Responsibilities 12
12 Parents and Carers .... 12 - 13
13 The Employer 13
14 The Governing Body 13
15 The Headteacher or Head of Setting 14
16 Teachers and Other Staff 14
17 School Staff Giving Medicines 15
18 Early Years Staff Giving Medicines 15
19 Health Services 15
20 OFSTED 15
21 Implementation and Review 15
22 Documentation 16
23 Advice on Medical Conditions .... 16 - 17

Appendix A: Request for Administration of Medicines (pink) .... 18 - 19

Appendix A – 1: Record of Medicine Administered to an Individual Child .... 20 - 21

Appendix B: Protocol for establishing the administration of adrenaline Injections in response to severe allergic reactions (yellow) .... 22 - 27

Appendix C: Administration of Rectal Diazepam (green) .... 28 - 33

Appendix D: Administration of Buccal Midazolam (blue) .... 34 - 39

MANAGING MEDICINES AND HEALTHCARE NEEDS IN SCHOOLS, EARLY YEARS AND YOUTH SETTINGS

INTRODUCTION

Children with Medical Needs

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

An individual health care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. If a plan is necessary, the school/setting should prepare this plan and may seek help and advice from health professionals.

Access to Education and Associated Services

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day-to-day activities.

Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) **must not** discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips and school clubs and activities. Schools should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies.

Schools are also under a duty to plan strategically to increase access, over time to schools. This should include planning in anticipation of the admission of a disabled pupil with medical needs so that they can access the school premises, the curriculum and the provision of written materials in alternative formats to ensure accessibility.

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

Early years settings not constituted as schools, including childminders and other private, voluntary and statutory provision are covered by Part 3 of the DDA. Part 3 duties cover the refusal to provide a service, offering a lower standard of service or offering a service on worse terms to a disabled child. This includes disabled children with medical needs. Like schools, early years settings should be making reasonable adjustments for disabled children including those with medical needs. However, unlike schools, the reasonable adjustments by early years settings will not include alterations to the physical environment, as they are not covered by the Part 4 planning duties.

Support for Children with Medical Needs

Parents have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's health adviser if needed. This would be the aligned Community Paediatrician (school doctor) or School Health Adviser (school nurse) or a health visitor or possibly a GP. Specialist voluntary bodies may also be able to provide additional background information for staff.

The school health service can provide advice on health issues to children, parents, maintained early years staff and education officers. NHS Primary Care Trusts and NHS Trusts, Local Authorities, Early Years Development and Childcare Partnerships and governing bodies should work together to make sure that children with medical needs and school and setting staff have effective support.

Local Authorities and other employers, schools (including community nursery schools) should consider the issue of managing administration of medicines and supporting children with more complex health needs as part of their accessibility planning duties. It will greatly assist the smooth integration of children into the life of the school or setting.

There is no legal duty that requires school or setting staff to administer medicines. NB it is not any part of a teacher's contract of employment.

Staff managing the administration of medicines to children/pupils/students with specific medical needs as highlighted in the appendices, together with those who administer these medicines should receive appropriate training and support from health professionals. Where employers' policies are that schools and settings should manage medicines, there should be robust systems in place to ensure that medicines are managed safely. There must be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.

Some children and young people with medical needs have complex health needs that require more support than regular medicine. It is important to seek medical advice about each child or young person's individual needs.

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

Introducing a Policy

A clear policy understood and accepted by staff, parents and children provides a sound basis for ensuring that children with medical needs receive proper care and support in a school or setting.

The employer has the responsibility for devising the policy. However schools and settings, acting on behalf of the employer, should develop policies and procedures that draw on the employer's overall policy but which are amended for their particular provision. All schools and settings where the local authority is the employer are required to comply with this guidance. Policies should, as far as possible, be developed in consultation with heads and with governing bodies where they are not the employer. All policies should be reviewed and updated on a regular basis.

Policies should aim to enable those children with medical needs to attend schools/settings as regularly as is practicable. Formal systems and procedures in respect of administering medicines, developed in partnership with parents and staff should back up the policy.

A policy needs to be clear to all staff, parents and children. It could be included in the prospectus, or in other information for parents.

Parents should provide full information about their child's medical needs, including details on medicines their child needs.

Foreword

Medicines should only be taken to schools or settings when essential – that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting day.

Only medicines that have been prescribed by a doctor, dentist, and nurse prescriber or pharmacist prescriber should be administered. Medicines from any other source, e.g. over the counter medicines, should not be administered by staff. It will be necessary for parents/guardians to administer this prior to the child's attendance at the school/setting or to arrange to be present in order to administer it on site. Medicines must always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration.

Schools and settings should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.

The medicines standard of the National Service Framework (NSF) for children, recommends that a range of options in respect of medicines are explored including:

a) Prescribers should consider the use of medicines, which need to be administered once or twice a day (where appropriate) for children and young people so that they can be taken outside of school/setting hours

b) Prescribers should consider providing two prescriptions, where appropriate, and practicable, for a child's medicine – one for home, and one for use in the school or setting, avoiding the need for repackaging or re-labelling of medicines by parents/guardians.

1 GENERAL

1.1 Children who are acutely ill and who require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medical practitioner that the child is fit enough to return to school, the dosage can be adjusted so that none is required at lunchtime. If however this is not possible a parent/guardian may administer the lunchtime dose by arrangement with the Headteacher/staff.

1.2 <u>No medicine</u> should be administered unless clear <u>written</u> instructions to do so have been obtained from the parents or legal guardians and the school has indicated that it is able to do so (see sample proforma – Appendix A). Schools and other settings may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language.

WHILST THERE ARE SOME STAFF WHOSE CONTRACT OF EMPLOYMENT MAY INCLUDE THE ADMINISTERING OF MEDICINES, FOR THE MAJORITY OF STAFF IT IS PURELY VOLUNTARY.

<u>PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT</u>

1.3 All medicines must be clearly labelled with the child's name, route i.e. mode of administration oral/aural etc., dosage, frequency and name of medication being given. The parents or legal guardians must take responsibility to update the school of **any** changes in the administration for routine or emergency medication and maintain an in-date supply of the medication.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

1.4 As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility. Older children with a long-term illness should, whenever possible, seek complete responsibility under the supervision of their parents. Which children have the ability to take responsibility for their own medicines varies. There may be circumstances where it is not appropriate for a child of any age to self manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

Where it is agreed by the parents and teachers some medications or related products e.g. inhalers or Creon will be carried by the child for self-administration. These may be carried in "bum bags" or swimming pouches.

All other medicines, except emergency medication, should be kept securely.

If children can take their medicines themselves, staff may only need to supervise.

1.5 The Headteacher/Head of Setting is responsible for making sure that medicines are stored safely. **All emergency medicines such as asthma reliever inhalers/adrenaline pens should be readily available to children and should <u>not</u> be locked away.**

All other medicines except emergency medications and inhalers should be kept securely. Large volumes of medicines should not be stored Oral medication should be in a childproof container. . Medicines should be stored strictly in accordance with product instructions. Some medication needs to be stored in a refrigerator in order to preserve its effectiveness – this will be indicated on the label. In order to meet the requirement for security, it is suggested that medication is stored in a locked cash box within a refrigerator. If a refrigerator is not available, medication may be kept for a short period in a cool box or bag with icepacks, provided by the parent/guardian. If stored in a cool box with ice packs <u>do not</u> store medicine in direct contact with ice packs as efficacy may be hindered. All medication should be kept out of direct sunlight and away from all other heat sources. Any unused or time expired medication must be handed back to the parents or legal guardians of the child for disposal. Where children have been prescribed **controlled drugs**, staff need to be aware that these should be kept in safe custody. Children could access them for self-medication if it is agreed that it is appropriate.

1.6 Medicines should be administered by a named individual member of school or setting staff with specific responsibility for the task in order to prevent any errors occurring. Where practicable a witness should be present who should also sign the appropriate box on appendix A-1. All children who require medication to be given during school/setting hours should have clear instructions where and to whom they report. Staff should only store, supervise and administer medicine that has been prescribed for an individual child

1.7 **Emergency medication and reliever inhalers must follow the child at all times.** Inhalers and emergency treatment medication must follow the child to the sports field, swimming pool etc. Children may carry their own emergency treatment, but if this is not appropriate, the medication should be kept by the teacher in charge in a box on the touchline or at the side of the pool. The school may hold spare emergency medication if it is provided by the parents or guardians in the event that the child loses their medication. In these circumstances the spare medication should be kept securely in accordance with the instructions above. It is the parents' responsibility to ensure that medicines are in date and replaced as appropriate.

1.8 Advice for school/setting staff on the management of conditions in individual children (including emergency care) may be provided through the School Nurse or School Doctor or Health Visitor on the request at the outset of the school/setting consideration of the need for medication. Similarly any difficulties in understanding about medication usage should be referred to the School Nurse, School Doctor or Health Visitor for further advice.

1.9 If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures in respect of the individual child. Parents should be informed of the refusal on the same day, and if the refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

2 RECORD KEEPING

2.1 All schools and other settings **must** keep written records of all medicines administered to children, and make sure that parents sign the record book to acknowledge the entry.

2.2 Incorrect Administration of Dosage - individual protocols/health plans will contain emergency actions in respect of this happening. The incident must be notified to the department using Form SO2. In the event of an excess dose being accidentally administered or the incorrect procedure being carried out, the child concerned must be taken to hospital as a matter of urgency.

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

3 HYGIENE AND INFECTION CONTROL

3.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids, and disposing of dressings or equipment.

OFSTED guidance provides and extensive list of issues that Early Years Providers should consider in making sure that all settings are hygienic.

4 LONG TERM MEDICATION

4.1 The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instructions, see paragraph 1.3 – page 5, otherwise the management of the medical condition is hindered. (NB specific requirements: E.g. it is important that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties or when specifically required prior to exercise and outings).

4.2 It is important to have sufficient information about the medical condition of any child with long term medical needs.

Schools and settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is also helpful to have a written healthcare policy for such children, involving the parents and relevant health professionals. A healthcare plan should be in place for children with more severe and complex conditions.

Early Years Settings **must** keep written records each time medicines are given. Schools should also arrange for staff to complete and sign a record each time they give medicine to a child. Good records demonstrate that staff have exercised a duty of care. In some circumstances, such as the administration of Rectal Diazepam, it is good practice to have the dosage and the administration witnessed by a second adult. APPENDIX A –1, Record of Medicine Administered to an Individual Child – should be used for this purpose.

4.3 In addition, the parents/guardians must be informed that they must use the attached proforma **(Appendix A)** to report any changes in medication to the school. Schools and settings may need to offer support in the completion of this form where parents have literacy problems or where English is not their first language.

4.4 It is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer group support can be given.

5 INJECTIONS

5.1 There are certain conditions e.g. diabetes mellitus, bleeding disorders or hormonal disorders which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, and where this is not possible, they should be given by their parents or a qualified nurse (**currently employed in a nursing capacity**). It is not envisaged that it will be necessary to give injections in school unless the child is on a school visit (see section 9 - page 10/11).

6 EMERGENCY TREATMENT/PROCEDURES

6.1 As part of general risk management processes, all schools and settings should have arrangements in place in dealing with emergency situations. This could be part of the first aid policy and provisions. Other children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. **A member of staff should always accompany a child to hospital by ambulance and should stay for as long as is reasonably practicable.** In the event of an emergency/accident, which requires a child to be treated by health professionals (doctor/paramedics) or admitted to hospital, the latter are responsible for any decision on medical grounds when and if the parents are not available.

Staff should never take children to hospital in their own car. When emergency treatment is required, medical professionals or ambulance should always be called immediately. The National Standards require Early Years settings to ensure that contingency arrangements are in place to cover such emergencies. On those occasions where an injury is not life threatening but staff consider that medical treatment is required, parents/carers should always be informed.

i) No emergency medication should be kept in the school except those specified for use in an emergency for an individual child. (See 1.2 – page 4).

ii) Advice for school and setting staff about individual children may be provided by the nurse, health visitor, school doctor or General Practitioner on request at the outset of planning to meet the child's needs.

iii) In the event of the absence of trained staff, it is essential that emergency back-up procedures are agreed **in advance** with the parents and school/ setting

iv) Storage must be in accordance with 1.5 on page 5. These medications must be clearly labelled with the child's name, the action to be taken with the route, dosage and frequency (as in Section 1.3 – on page 5) and the expiry date.

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

v) If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents or guardians of the child, and a copy retained in the school/setting.

6.2 In accordance with 6.1 above:

i) If it is known that an individual child is hypersensitive to a specific allergen e.g. wasp stings, peanuts, etc. a supply of antihistamines or adrenaline injections, (when specifically prescribed) should always be made available. Immediate treatment needs to be given before going to the nearest emergency hospital/ or calling an ambulance. Notes regarding the protocol for establishing the administration of adrenaline injections and a consent form are included in **Appendix B**.

ii) A supply of 'Factor Replacement' for injection should be kept in school and setting where it is required for children suffering from bleeding disorders. If injection is necessary, it is usual for the child to be able to give their own injections. If this is not the case, the parents should be contacted immediately. If contact cannot be made, emergency advice can be obtained between 0900 and 1700 by telephoning the Bleeding Disorders Clinic, Leicester Royal Infirmary on 0116 258 6500.

iii) A small supply of rectal diazepam may be kept in schools/settings for administration to specifically identified children suffering from repeated or prolonged fits and may, occasionally, be administered in other settings. Rectal diazepam where prescribed, should be readily available for use by a qualified nurse (currently employed in a nursing capacity) or medical staff in an emergency. Where specific training has been undertaken, members of school staff may administer rectal diazepam in accordance with this Bulletin and with the prior knowledge and the prior agreement of the child's medical advisers and parents. The expectation is that two members of staff will be present when rectal diazepam is administered. Where this emergency treatment has been administered by staff, arrangements must be made for the child to go to the nearest hospital receiving emergencies immediately after treatment has been given.

Appendix C gives detailed guidance about the administration of rectal diazepam including Agreement Form procedures, flow chart, an Agreement Form for completion by the doctor, parent and school and a Report Form.

iv) A small supply of buccal midazolam may be kept in school for administration to specifically identified children suffering from repeated or prolonged fits.

Appendix D gives detailed guidance about the administration of buccal midazolam including Agreement Form procedures, flow chart, an Agreement Form for completion by the Consultant, parent and school, and a Report Form.

v) A supply of glucose (gel, tablets, drink, Hypostop etc) for the treatment of hypoglycaemic attacks should be provided by parents/guardians and kept in schools and settings where any pupil suffers from diabetes mellitus. If a second attack occurs within close temporal proximity (e.g. 3 hours), the child must go to the nearest hospital receiving emergencies.

vi) It is important for children with asthma that reliever inhalers are immediately accessible for use when a child experiences breathing difficulties.

7 DRAWING UP A HEALTH CARE PLAN

7.1 The main purpose of an individual health care plan for a child 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. A short written agreement from parents may be all that is necessary.

Early years settings should be aware that parents might provide them with a copy of their family service plan, a feature of the Early Support Family Pack, promoted through the Governments' Early Support Programme. Whilst the plan will be extremely helpful in terms of understanding the wider picture of the child's needs and services provided, it should not take the place of an individual health care plan devised by the setting.

8 OFF SITE EDUCATION/WORK EXPERIENCE STAFF

8.1 Schools are responsible for ensuring, under employees overall policy, that work experience placements are suitable for students with a particular medical condition. Schools are responsible for pupils with medical needs who are educated off-site through another provider, such as the voluntary sector. Schools must ensure that a risk assessment is in place for a young person who is educated off-site or who has a work experience placing. They must also ensure that any special/medical needs are made known to and discussed with the providers. If the risk assessment is carried out by an approved agency e.g. WEXA, this information must be made known to them.

8.2 Responsibilities for risk assessments remain with the school. Where students have special medical needs, the school need to ensure that such risk assessments take into account those needs. Parents and pupils must give permission before relevant medical information is shared, on a confidential basis, with employers.

9 OFF SITE TRIPS/VISITS

9.1 It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools and settings should consider what

reasonable adjustments they might make to enable children with medical needs to participate fully and safely in visits.

9.2 Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. Arrangements for taking any relevant medicines will also need to be taken into consideration. A copy of any healthcare plans should be taken on visits in the event of the information being needed in an emergency.

9.3 Detailed advice and guidance regarding school visits is given in Health & Safety Bulletin No 11 (Crisis Line) and the DfES Document 'Health and Safety of Pupils on Educational Visits' (HASPEV).

9.4 Advice on school trips and visits is given in Health and Safety Bulletin No. 33.

9.5 A school consent form from the child's parent or guardian must be received PRIOR to participation in any school trip. Any medical problems must be highlighted by the parent/guardians on the consent form.

9.6 Where insurance cover is obtained, medical conditions must be disclosed; otherwise insurance cover may be refused.

9.7 A named person must be identified to supervise the storage and administration of medication (see 1.6 - page 6).

9.8 Wherever possible children should carry their own reliever inhalers or emergency treatment (see 1.7 – page 6), but it is important that the named person (see 9.7 – page 11) is aware of this.

9.9 **Regardless of the setting, where the local authority is the employer, it requires the standards and good practice contained within the above DfES guidance (9.3) and local authority Bulletin 33 (9.4) to be adhered to.**

10 HOME TO SCHOOL TRANSPORT

10.1 Local authorities arrange home to school transport and where legally required to do so, they must make sure that pupils are safe during the journey. Pupils with special needs and/or medical needs will be assessed by the Risk Assessor of Operational Transport who will allocate appropriate transport and escort where required.

10.2 Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines, but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they **must** receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles and responsibilities and liabilities.

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

10.3 All drivers and escorts should have basic first aid training. Additional trained escorts may be required to support some pupils with complex medical needs.

NOTE: It is not part of a teacher's contract to accompany a child to/from school.

11 ROLES AND RESPONSIBILITIES

11.1 It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between schools, settings, parents, health professionals and other agencies will help to provide a suitably supportive environment for children with medical needs.

12 PARENTS AND CARERS

12.1 Parents, as defined in section 6 of the Education Act 1996, include any person who is not a parent of the child, but who has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full time care of a child on a settled basis, such as a foster parent, but excludes babysitters, childminders, nannies and school staff.

12.2 It only requires one parent to request or agree that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school or setting has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the courts. The school or setting should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a court decides otherwise.

12.3 It is important that professionals understand who has parental responsibility for a child. The Children Act 1989 introduced the concept of 'Parental Responsibility'. The Act uses the phrase 'Parental Responsibility' to sum up the collection of rights, duties, powers, responsibilities and authority that a parent has by law, in respect of a child. In the event of family breakdown, such as separation or divorce, both parents will normally retain parental responsibility for the child and the duty on both parents to continue to play a full part in the child's upbringing will not diminish. In relation to unmarried parents, only the mother will have parental responsibility, unless the father has acquired it in accordance with the Children Act 1989. When the child makes a residence order in favour of a person who is not a parent of the child, for example a Grandparent, that person will have parental responsibility for the child for the duration of the order.

12.4 Parents should be given the opportunity to provide the Head of the school/setting with sufficient information about their children's medical needs if treatment or special care is needed. They should, jointly with the Head, reach agreement on the school's role in supporting their child's medical needs, in accordance with the

employers' policy. Ideally the Head should always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents want to ensure the best care for a child.

12.5 Some parents may have difficultly understanding or supporting their child's medical condition themselves. In some circumstances this may be result of language barriers. Local health services can often provide additional assistance in these circumstances.

13 THE EMPLOYER

13.1 Under the Health and Safety at Work Act 1974, employers, including local authorities and school governing bodies, **must** have a health and safety policy. This should incorporate managing the administration of medicines and supporting children with complex health needs, which will support schools and settings in developing their own operational policies and procedures.

13.2 In most instances, the local authority, the school, or an early years setting will directly employ staff. However, some care or health staff may be employed by a local health trust or social care setting, or possibly through the voluntary sector. In such circumstances, appropriate shared governance arrangements should be agreed between the relevant agencies.

13.3 Employers should satisfy themselves that training has given staff, who volunteer to administer medicines, understanding, confidence and expertise and that arrangements are in place to update training on a regular basis

13.4 NHS Primary Care Trusts (PCT) have the discretion to make resources available for any necessary training. Employers must arrange training for staff in the management of medicines and policies in the administration of medicines. This should be arranged in conjunction with local health services or other health professionals (school nurse or doctor in the first instance). Managing medicines training could also be provided by local authorities, regional consortia, pharmacists and other training providers.

14 THE GOVERNING BODY

14.1 Individual schools should develop policies to cover the needs of their own school. The policies should reflect those of their employer. The governing body has responsibility for all of the school's policies, even when it is not the employer.

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

15 THE HEADTEACHER OR HEAD OF SETTING

15.1 The Headteacher/Head of Setting is responsible for putting the employer's policy into practice and for developing detailed procedures. Day to day decisions will normally fall to the Head or to whom so ever they delegate this to, as set out in their policy.

15.2 The employer must ensure that staff, who have volunteered to administer medicines, receive proper support and training where necessary. Equally, Headteachers/Head of Settings have a responsibility to ensure that their staff receive the training. As the manager of staff, it is likely to be the Head who will agree when and how such training takes place.

15.3 The Headteacher/Head of Setting should make sure that all parents and all staff are aware of the policy, and procedures for dealing with medical needs. The Head should also make sure that appropriate systems for information sharing are followed and that all staff, including temporary staff, supply teacher, etc. who are working with children with medical needs, have the necessary information. The policy should make it clear that parents should keep children at home when they are unwell. The policy should also cover the approach to taking medicines at schools or in a setting.

15.4 For a child with medical needs, the Headteacher/Head of Setting will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, Heads should seek advice from the school nurse or doctor and if appropriate, the employer. In the early years settings, advice is more likely to be provided by the health visitor or GP.

15.5 If those staff, who have volunteered to administer medicines, act in accordance with their training and follow guidelines contained in this bulletin they will be covered by the employers' liability insurance. Registered persons are required to carry public liability insurance for day care provision.

16 TEACHERS AND OTHER STAFF

16.1 Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class or group should be informed about the nature of the condition, when and where the children may need extra attention. The child's parents should provide this information.

16.2 All staff should be aware of the likelihood of an emergency arising, and what action to take if one occurs. The name of the member of staff who will be responsible must be made clear, together with the general procedure to follow. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day, other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice.

17 SCHOOL STAFF GIVING MEDICINES

17.1 Any member of staff who agrees to accept responsibility for administering the prescribed medicines to a child should have the appropriate training and guidance. The type of training necessary will depend on the individual case.

18 EARLY YEARS STAFF GIVING MEDICINES

18.1 For the registered day care, the conditions of employment are individual to each setting. It is, therefore, for the registered person to arrange who is to administer medicines within a setting, either on a voluntary basis or as part of a contract of employment.

19 HEALTH SERVICES

19.1 Most schools will have contact with the health service, school nurse or doctor. The school nurse or doctor may help the schools draw up individual health care plans for pupils for with medical needs, and may be able to supplement information already provided by the parents and the child's GP. The nurse or doctor may also be able to advise on training for school staff on administering medicines, or take responsibility for other aspects of support. In the Early Years setting, including nursery schools, the health visitor usually provides the support.

20 OFSTED

20.1 During an inspection, OFSTED will check that day-care providers have adequate policies and procedures in place regarding the administration of medicines. Regulations require that parents give their consent to medicines being given to their child and that the provider keeps written records. From September 2005, Local Authority services will be inspected in multi inspectorate joint area reviews of children's services. Inspectors propose to assess that steps are taken to provide children and young people with a safe environment, including that the safe storage and use of medicines is promoted.

21 IMPLEMENTATION AND REVIEW

21.1 This document constitutes the approved Bulletin of Leicester City Children and Young People's Services. It came into effect from the commencement of 1st October 2006 and supersedes guidance previously given in Health and Safety Bulletin No. 36.

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

22 DOCUMENTATION

22.1 Appendix A - Request for Administration of Medicines (pink)
Record of Medicine Administered to an Individual Child (pink)

22.2 Appendix B - Protocol for establishing the administration of adrenaline injections in response to severe allergic reaction – advice protocol and parental consent form (yellow)

22.3 Appendix C - Administration of Rectal Diazepam – advice, agreement form for completion by Consultant, parent and school and rectal diazepam administration report form (green)

22.4 Appendix D – Administration of Buccal Midazolam – advice, agreement form for completion by Consultant, parent and school and buccal midazolam administration report form (blue)

23 ADVICE ON MEDICAL CONDITIONS

Parents or guardians of children suffering from the following conditions should be advised from their GP, the school health professionals (parents should ask the school for the name and contact number) or from the bodies detailed below. The following bodies can also supply leaflets regarding the conditions listed. If schools/settings obtain advice/information from the following sources, the local health professionals who normally provide specialist advice in respect of these conditions, will not be responsible if this advice/guidance is followed.

Asthma at school – a guide for teachers National Asthma Campaign Summit House 70 Wilson House London EC2A 2DB	Asthma Helpline: 0845 701 0203 Website: www.asthma.org.uk Email: info@asthma.org.uk
Guidance for Teachers concerning children who suffer from fits The British Epilepsy Association New Anstey House Gate Way Drive Yeadon Leeds LS19 7XY	Tel: 0113 210 8800 Website: www.epilepsy.org.uk Email: epilepsy@epilepsy.org.uk
Guidelines for HIV and AIDS Department for Education and Skills Sancutary Buildings Great Smith Street Westminster London SW1P 3BT	Tel: 0870 000 2288 Website: www.dfes.gov.uk Email: info@dfes.gsi.gov.uk

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUCTION WITH THE WHOLE DOCUMENT

Haemophilia The Haemophilia Society First Floor, Petersham House 57A Hatton Garden London EC1N 8JG	Tel: 020 7831 1020 Website: www.haemophilia.org.uk Email: info@haemophilia.org.uk
Allergy to Peanuts and Other Nuts Asthma & Allergy Research Unit Glenfield Hospital Groby Road Leicester LE3 9QP	Tel: 0116 258 3557
Thalassaemia UK Thalassaemia Society 19 The Broadway Southgate Circus London N14 6PH	Tel: 020 8882 0011 Freephone Helpline: 0800 731 1109 Website: www.ukts.org Email: office@ukts.org
Sickle Cell Disease The Sickle Cell Society 54 Station Road Harlesden London NW10 4UA	Tel: 0208 961 7795 Website: www.sicklecellsociety.org Email: info@sicklecellsociety.org
Cystic Fibrosis and School **(A guide for teachers and Parents)** Cystic Fibrosis Trust 11 London Road Bromley Kent BR1 1BY	Tel: 0208 464 7211 Website: www.cftrust.org.uk Email: enquiries@cftrust.org.uk
Children with Diabetes **(Guidance for teachers and schools staff)** Diabetes UK Central Office Macleod House 10 Parkway London NW1 7AA	Tel: 0207 424 1000 Diabetes Careline: 0845 120 2960 Website: www.diabetes.org.uk Email: info@diabetes.org.uk

Appendix

A

APPENDIX A

REQUEST FOR ADMINISTRATION OF MEDICINES

TO: Head of………………………………………..………School/Setting

FROM: Parent/Guardian of ……………………………………………………..
Full Name of Child

DATE: ……………………………………………..

My child has been diagnosed as suffering from……………………………………
(name of illness)

He/She is considered fit for school but requires the following prescribed medicine to be administered during school hours ……………………………………………
(name of medicine)

Could you please therefore administer ………………(dosage) at…………..(time) with effect from: ……………………………(date) to*….……………………..(date)*

The medicine should be administered by mouth**/ in the ear**/ nasally**/ other(please specify)**

* Delete if long term medication
** Delete as appropriate

I understand that staff may be acting voluntarily in administering medicines and have the right to refuse to administer medication. I understand that the school /setting staff cannot undertake to monitor the use of medicines carried by children, and that the school is not responsible for loss or damage to any medication.

I undertake to update the school with any changes in administration for routine or emergency medication and to maintain an in date supply of the medication.

Signed……………………………………………………..Date:…………………….

Name of Parent/Guardian ………….….………………………………..(please print)

Name of Child……………………..……………………………………(please print)

Contact Details: Telephone no. Home: ………………………………………………..

Work : ……………………………………………….

APPENDIX A - 1

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting	
Name of child	
Date of medicine provide by parent	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature ……………………………………………………………………………………

Signature of parent ……………………………………………………………………………….

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witness			

Continued overleaf

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witness			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witness			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witness			

Appendix

B

APPENDIX B

PROTOCOL FOR ESTABLISHING THE ADMINISTRATION OF EPINEPHRINE (ADRENALINE) INJECTIONS IN RESPONSE TO ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Sources of Information

There is an anaphylaxis training/resource pack available for school nurses.

Training of School Volunteers

A minimum of 2 volunteers should be trained.

It is envisaged that the school nurse will generally undertake the training of school volunteers. Updating of school volunteers needs to be undertaken.

Parental Involvement/Counselling

Useful information from the parent might include the nature of allergic reactions and the provoking allergens. It may be helpful to involve parents in the educational setting to give a first-hand description of events and to show the volunteers the injector device to be used.

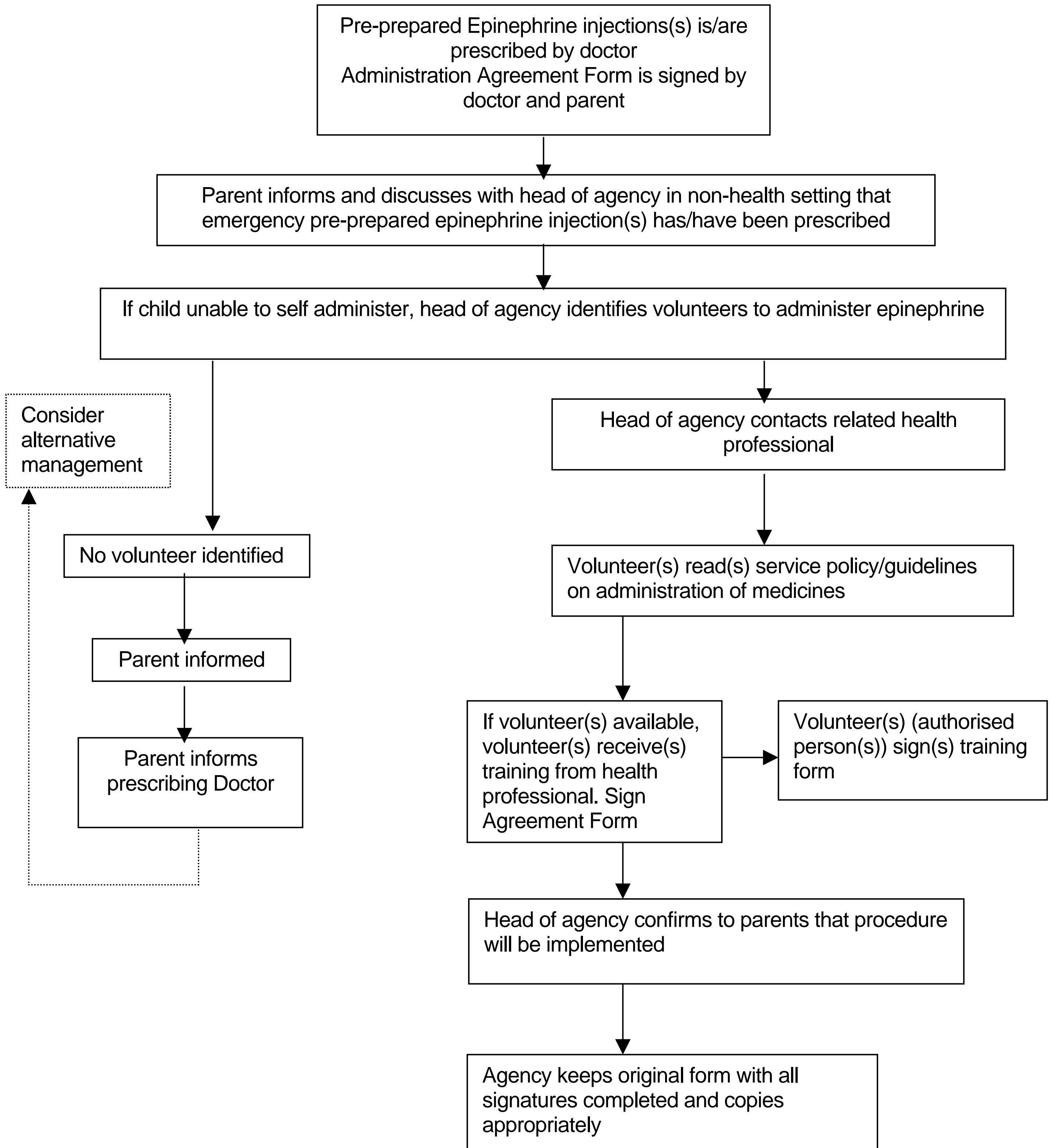
As it cannot be guaranteed that food provided in school is free of all traces of allergens, it is advisable for children with food allergies to bring packed lunches and parents should be made aware of this.

Training of Other Groups

Wherever possible peers should be made aware of the child's condition and how they should respond (alerting school staff speedily in the event of an anaphylactic reaction occurring). All school staff should be similarly aware.

ADMINISTRATION OF PRE-PREPARED EPINEPHRINE (ADRENALINE) INJECTION(S) IN RESPONSE TO ANAPHYLAXIS

Protocol for Health Staff to Support Non-medical and Non-nursing Staff



AGREEMENT FOR THE ADMINISTRATION OF PRE-PREPARED EPINEPHRINE (ADRENALINE) INJECTION(S) AS TREATMENT FOR ANAPHYLAXIS BY NON-MEDICAL AND NON-NURSING STAFF

TO BE COMPLETED BY A PRESCRIBING DOCTOR, PARENT, THE HEAD OF THE ADMINISTERING AGENCY AND THE AUTHORISED PERSON.

THE INSTRUCTIONS ON THIS FORM **EXPIRE 1 YEAR** FROM THE DATE OF SIGNATURE OF THE HEAD OF THE ADMINISTERING AGENCY.

NAME OF CHILD: ……………………………………………. DOB: ………………..…...

The above child has been identified as having a severe allergic reaction to:

Previous symptoms shown that require injection are:

The device(s) used should be

***Epipen / *Epipen Junior** ***0.3 / *0.15 mgs**

***Anapen / *Anapen Junior** ***0.3 / *0.15 mgs**

GIVE DOSE OF PRE-PREPARED EPINEPHRINE INJECTION THEN PHONE 999 FOR AN AMBULANCE

*** A second dose using a second prescribed device detailed above should be administered when**

Remember to tell the ambulance or hospital staff the exact time and name of pre-prepared epinephrine injection(s) given (see the Report Form)

** delete as appropriate*

It must be understood that the majority of staff are acting voluntarily in administering medicines

Complete Report Form (see page 27) giving a clear account of the incident. Copies should go to the parent, nurse and ambulance staff if possible. The original should be kept by the administering agency.

The parents will be responsible for informing doctors and anyone else who needs to know if pre-prepared epinephrine injection(s) has/have been given, for the renewal of the agreement on expiry and for maintaining an in-date supply of medication.

This has been agreed by the following: (BLOCK CAPITALS)

PARENT/GUARDIAN

NAME……………………………………………………………Tel No…………………………….

Signature……………………………………………………..Date…………………………...….

Emergency telephone contact number…………………………………………………...

PRESCRIBING DOCTOR

NAME……………………………………………………………Tel No…………………………….

Signature……………………………………………………..Date…………………………...….

HEAD OF ADMINISTERING AGENCY

NAME……………………………………………………………

Signature……………………………………………………..Date…………………………...….

AUTHORISED PERSON(S) TO ADMINISTER PRE-PREPARED EPINEPHRINE INJECTION

NAME (Block Capitals)……………………………………………………………………...

Signature…………………………………………………...Date……………………………...

NAME (Block Capitals)……………………………………………………………………...

Signature…………………………………………………...Date……………………………...

NAME (Block Capitals)……………………………………………………………………...

Signature…………………………………………………...Date……………………………...

NAME (Block Capitals)……………………………………………………………………...

Signature…………………………………………………...Date……………………………...

NAME (Block Capitals)……………………………………………………………………...

Signature…………………………………………………...Date……………………………...

**COPIES OF THIS FORM SHOULD BE HELD BY THE DOCTOR,
THE PARENTS AND THE ADMINISTERING AGENCY**

REPORT FORM FOR THE ADMINISTRATION OF PRE-PREPARED EPINEPHRINE INJECTION(S) (ADRENALINE)

<table>
<tr><td>NAME OF CHILD:</td><td>DOB:</td></tr>
<tr><td colspan="2">DATE OF ALLERGIC REACTION:</td></tr>
<tr><td colspan="2">TIME REACTION STARTED:

TRIGGER:

DESCRIPTION OF SYMPTOMS OF REACTION:</td></tr>
<tr><td>TIME EPINEPHRINE INJECTION GIVEN 1st

*2nd</td><td>DEVICE USED: * Epipen / *Epipen Junior

* Anapen / * Anapen Junior</td></tr>
<tr><td>GIVEN BY 1st

*2nd</td><td>SITE OF INJECTION 1st

*2nd</td></tr>
<tr><td colspan="2">ANY DIFFICULTIES IN ADMINISTRATION?</td></tr>
<tr><td colspan="2">TIME AMBULANCE CALLED:
TIME AMBULANCE ARRIVED:

ANY OTHER NOTES ABOUT INCIDENT (e.g. child eating anything, other injuries to child):-

WITNESSES:</td></tr>
<tr><td colspan="2">FORM COMPLETED BY:
NAME (print): SIGNATURE:

JOB TITLE: CONTACT TEL. NO:

DATE:</td></tr>
</table>

** delete as appropriate*

Original to Child’s Agency Record

c.c. Hospital with child (where possible)
Parent

Appendix

C

APPENDIX C

ADMINISTRATION OF RECTAL DIAZEPAM

School Nurses are able to undertake the training of volunteers identified by schools to administer Rectal Diazepam to identified children in accordance with the emergency treatment section of this bulletin.

The issue of the potential for the administration of Rectal Diazepam to be administered in the school setting will initially be raised with the parents by the supervising doctor. If the parents are agreeable to this, the doctor will complete the appropriate parts of the Agreement Form, sign it and obtain the parents' signature(s). The parents will then be in a position to bring the Agreement Form to the Headteacher, such that s/he may identify a volunteer. The Headteacher would then be in a position to contact the School Nurse to arrange appropriate training for the volunteer if they had previously not received training.

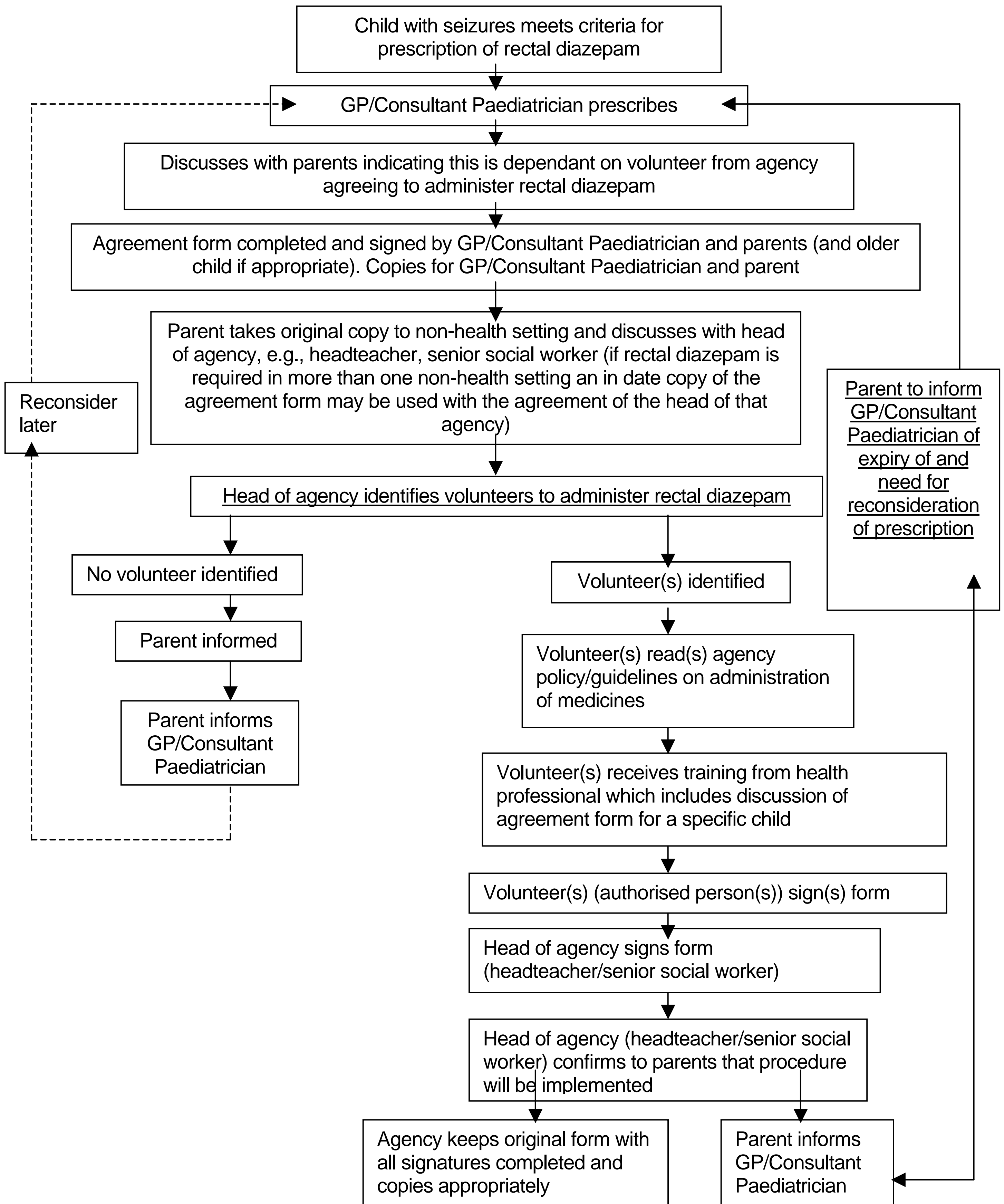
On completion of the training, the Agreement Form would then be signed by both the person authorised and trained to administer Rectal Diazepam and the Head of the school.

Also enclosed is a flow diagram to assist schools in understanding the procedures that should be followed in the completion and development of the Agreement Form.

If emergency treatment is given, a clear written account of the incident should be given to the parents and a copy retained in school. To this end a specific Report Form has been developed. Also attached is a flow diagram for the use of the Report Form.

ADMINISTRATION OF RECTAL DIAZEPAM IN RESPONSE TO EPILEPTIC SEIZURES/FITS/CONVULSIONS

Protocol for Health Staff to Support Non-medical and Non-nursing Staff



AGREEMENT FOR THE ADMINISTRATION OF RECTAL DIAZEPAM AS TREATMENT FOR EPILEPTIC SEIZURES/FITS/CONVULSIONS BY NON-HEALTH STAFF

TO BE COMPLETED BY A CONSULTANT or GP, PARENT, THE HEAD OF THE ADMINISTERING AGENCY AND THE AUTHORISED PERSON

THE INSTRUCTIONS ON THIS FORM **EXPIRE 1 YEAR** FROM THE DATE OF SIGNATURE OF THE PRESCRIBING DOCTOR

NAME OF CHILD: ………………………………………… DOB: …………………………….

Description of type of fit/convulsions/seizure which requires rectal diazepam:

tick

tonic and/or clonic seizure (stiff and/or jerking), *lasting minutes ☐

or *repetitive over minutes ☐

without regaining consciousness

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE

The dose of rectal diazepam should be …………..…. tube containing ……………. mgs.

This should be administered by a named individual (see over) in accordance with the protocol advised by the Leicester, Leicestershire & Rutland Specialist Community Child Health Services (LLRSCCHS).

The normal reaction to this dose is

and should occur in 5 to 10 minutes

Particular things to note are:

Action to take (i.e. 2nd dose):

After rectal diazepam has been given the child must be **escorted to the nearest hospital receiving emergencies**. Unless someone can escort the child to hospital it will be necessary to 'phone 999 for an ambulance. Remember to tell the ambulance or hospital staff the exact time and dose of rectal diazepam given (see the Report Form). *If the parent/carer or a doctor or a nurse is present, the decision about the need for transfer to the hospital will rest with them.*

** Delete as appropriate*

It must be understood that the majority of staff are acting voluntarily in administering medicines

After rectal diazepam is given, please complete a Report Form (see page 33) giving a clear account of the incident. Copies should go to the parent and the nurse. The original should be kept by the administering agency.

The parents will be responsible for informing doctors and anyone else who needs to know if rectal diazepam has been given, and for maintaining an in-date supply of medication for ensuring medical consideration of need on expiry of the agreement.

This has been agreed by the following: (BLOCK CAPITALS)

GP / CONSULTANT
NAME……………………………………………………………Tel No…………………………….
Signature……………………………………………………..Date…………………………...….

PARENT / GUARDIAN
NAME……………………………………………………………Tel No…………………………….
Signature……………………………………………………..Date…………………………...….

OLDER CHILD / YOUNG PERSON
NAME……………………………………………………………
Signature……………………………………………………..Date…………………………...….

HEAD OF ADMINISTERING AGENCY (HEAD / SENIOR SOCIAL WORKER)
NAME……………………………………………………………
Signature……………………………………………………..Date…………………………...….

AUTHORISED PERSON(S) TO ADMINISTER RECTAL DIAZEPAM

NAME…………………………………………………………………………………………………

Signature……………………………………………………..Date…………………………...…….

NAME…………………………………………………………………………………………………

Signature……………………………………………………..Date…………………………...…….

NAME…………………………………………………………………………………………………

Signature……………………………………………………..Date…………………………...…….

COPIES OF THIS FORM SHOULD BE HELD BY THE DOCTOR,
THE PARENTS AND THE ADMINISTERING AGENCY

REPORT FORM FOR THE ADMINISTRATION OF RECTAL DIAZEPAM

NAME OF CHILD:			**DOB:**
DATE OF SEIZURE/FIT/CONVULSION:			
TIME SEIZURE/FIT/CONVULSION STARTED:			
ACTIVITY WHEN SEIZURE/FIT/CONVULSION BEGAN:			
DESCRIPTION OF SEIZURE/FIT/CONVULSION:			
TIME RECTAL DIAZEPAM GIVEN	**DOSE GIVEN**	**MG**	**GIVEN BY**
ANY DIFFICULTIES IN ADMINISTRATION:			
TIME SEIZURE / FIT / CONVULSION STOPPED:			
TIME CHILD TAKEN TO HOSPITAL:			
ANY OTHER NOTES ABOUT THE INCIDENT **(e.g. injuries to child or other parties, child sleepy):**			
FORM COMPLETED BY (AUTHORISED PERSON): **NAME (print):** **JOB TITLE:** **DATE:**	**SIGNATURE:** **CONTACT TEL. NO:**		
WITNESS: **NAME (print):**	**SIGNATURE:**		

Original to Child's Agency Record
CC. Hospital with child (where possible)
Parent

Appendix

D

APPENDIX D

ADMINISTRATION OF BUCCAL MIDAZOLAM

When a child would benefit from receiving buccal midazolam in a non-health setting e.g. school, nursery, respite facility, then the Consultant Paediatrician will discuss this with the parent.

If the parent is in agreement, the Consultant Paediatrician will complete an agreement form for the administration of buccal midazolam by non-medical and non-nursing staff in conjunction with the parent, indicating that administration in a non-health setting e.g. school respite centre, is dependent on volunteers being available from that agencies' staff. Both the Consultant Paediatrician and parent should sign the agreement form – along with the child if appropriate.

It is the parent's responsibility to then raise the issue with, and take the agreement form to, the head of the administering agency e.g. Headteacher, Senior Social Worker. The Head teacher can then identify (a) volunteer(s) to undertake training in the administration of buccal midazolam.

If no volunteers are identified the parent should be informed and it is the parent who should inform the Consultant Paediatrician. The Consultant Paediatrician and parent may wish to reconsider the need for buccal midazolam to be administered in non-home settings at a later date and restart the process.

If (a) volunteer(s) is/are identified they should read their service policy/guidelines on the administration of medicines. The head of the administering agency should then liase with the health professional e.g. School Health Nurse, to arrange a mutually convenient date for training.

The health professional will carry out a training programme incorporating epilepsy awareness, first aid for seizures, the administration of buccal midazolam and documentation to the volunteers. The health professional will discuss with the volunteers the agreement form for the administration of buccal midazolam for non-medical and non-nursing staff for a specific child.

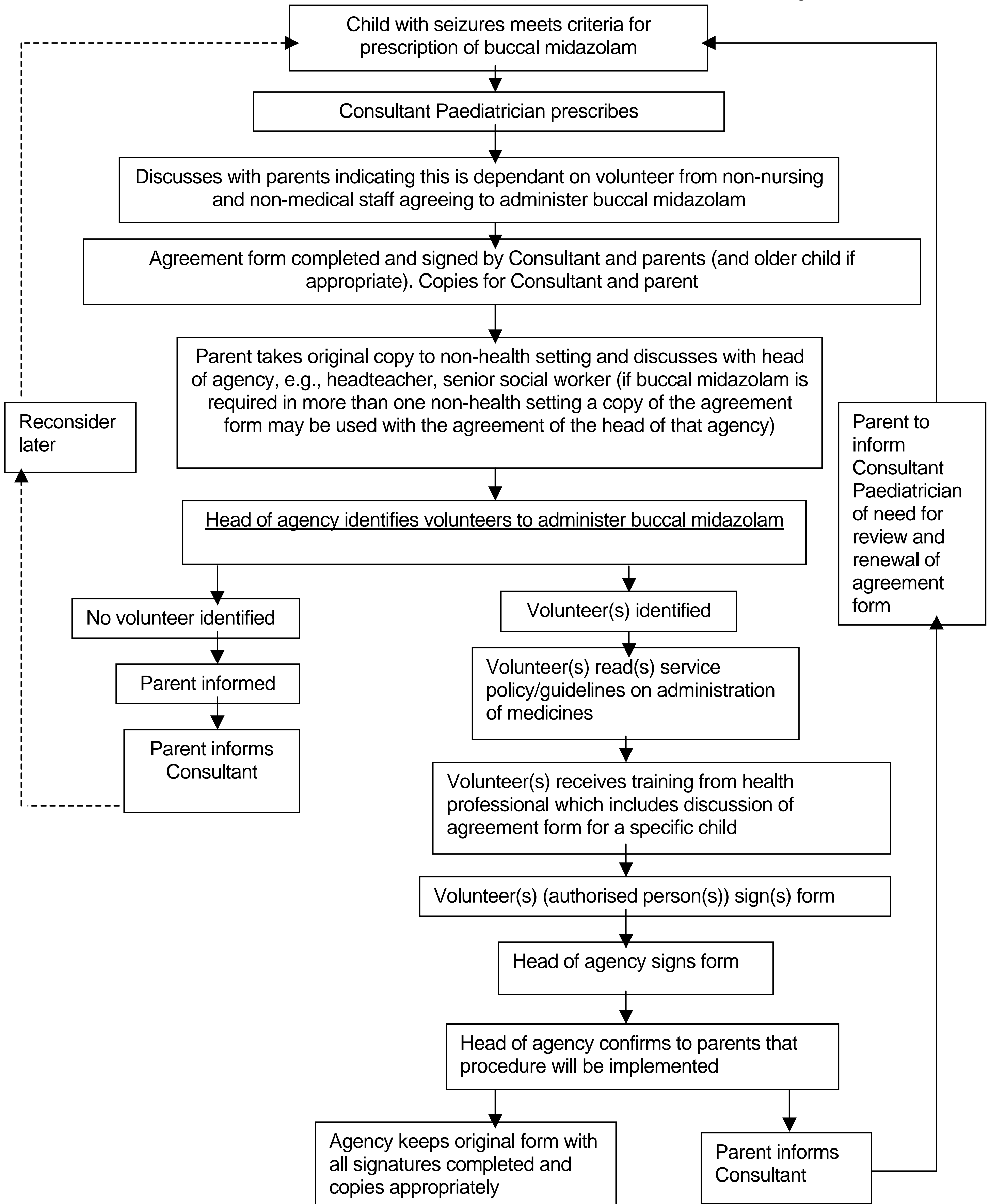
Following the training the volunteer(s) sign(s) the training agreement form and the administration agreement form. The administration agreement form then becomes a contract between the Consultant, the parent and the administering agency e.g. school, respite agency. The health professional is responsible only for providing the training of the volunteers – not for the administration of buccal midazolam and not for identifying volunteers.

The administering agency therefore holds the original copy of the administration agreement form complete with the signatures of parent, Consultant Paediatrician, volunteers and administering agency head. The parents are responsible for informing the Consultant Paediatrician and GP that volunteers have been trained to administer buccal midazolam.

Parents are responsible for highlighting the expiry date on the agreement form to the Consultant Paediatrician to review and renew the agreement form when necessary.

ADMINISTRATION OF BUCCAL MIDAZOLAM IN RESPONSE TO EPILEPTIC SEIZURES/FITS/CONVULSIONS

Protocol for Health Staff to Support Non-medical and Non-nursing Staff



AGREEMENT FOR THE ADMINISTRATION OF BUCCAL MIDAZOLAM AS TREATMENT FOR EPILEPTIC SEIZURES/FITS/CONVULSIONS BY NON-MEDICAL AND NON-NURSING STAFF

TO BE COMPLETED BY A CONSULTANT, PARENT, THE HEAD OF THE ADMINISTERING AGENCY AND THE AUTHORISED PERSON.

THE INSTRUCTIONS ON THIS FORM **EXPIRE 1 YEAR** FROM THE DATE OF SIGNATURE OF THE HEAD OF THE ADMINISTERING AGENCY.

NAME OF CHILD: …………………………………………… DOB: …………………………….

Description of type of fit/convulsions/seizure which requires buccal midazolam:

		tick
tonic and/or clonic seizure (stiff and/or jerking), *lasting	minutes	☐
or *repetitive over	minutes	☐
without regaining consciousness		

IF THE CHILD'S GENERAL CONDITION IS A CAUSE FOR CONCERN AT ANY STAGE PHONE 999 FOR AN AMBULANCE.

The dose of buccal midazolam should be …………..…. ml(s) in volume of 10mg in……………. ml(s) …………………………..preparation.
This should be prepared and administered by a named individual (see over) in accordance with the protocol provided by the Leicester, Leicestershire & Rutland Specialist Community Child Health Services (LLRSCCHS).

The normal reaction to this dose is

and should occur in 5 to 10 minutes

Particular things to note are:

Action to take:

After buccal midazolam has been given the child must be **escorted to the nearest hospital receiving emergencies**. Unless someone can escort the child to hospital it will be necessary to 'phone 999 for an ambulance. Remember to tell the ambulance or hospital staff the exact time and dose of buccal midazolam given (see the Report Form). *If the parent/carer or a doctor or a nurse is present, the decision about the need for transfer to the hospital will rest with them.*

** Delete as appropriate*

It must be understood that the majority of staff are acting voluntarily in administering medicines

After buccal midazolam is given, please complete a Report Form (see page 39) giving a clear account of the incident. Copies should go to the parent and the nurse. The original should be kept by the administering agency.

The parents will be responsible for informing doctors and anyone else who needs to know if buccal midazolam has been given, for the renewal of the agreement on expiry and for maintaining an in-date supply of medication.

This plan has been agreed by the following: (BLOCK CAPITALS)

CONSULTANT

NAME…………………………………………………………Tel No…………………………….

Signature……………………………………………………..Date…………………………...….

PARENT / GUARDIAN

NAME…………………………………………………………Tel No…………………………….

Signature……………………………………………………..Date…………………………...….

OLDER CHILD / YOUNG PERSON

NAME…………………………………………………………

Signature……………………………………………………..Date…………………………...….

HEAD OF ADMINISTERING AGENCY (HEAD / SENIOR SOCIAL WORKER)

NAME…………………………………………………………

Signature……………………………………………………..Date…………………………...….

AUTHORISED PERSON(S) TO ADMINISTER BUCCAL MIDAZOLAM

NAME………………………………………………………………………………………………

Signature……………………………………………………..Date…………………………...…….

NAME………………………………………………………………………………………………

Signature……………………………………………………..Date…………………………...…….

NAME………………………………………………………………………………………………

Signature……………………………………………………..Date…………………………...…….

<u>COPIES OF THIS FORM SHOULD BE HELD BY THE DOCTOR, THE PARENTS AND THE ADMINISTERING AGENCY</u>

REPORT FORM FOR THE ADMINISTRATION OF BUCCAL MIDAZOLAM

<table>
<tr><td colspan="3">NAME OF CHILD:</td><td colspan="2">DOB:</td></tr>
<tr><td colspan="5">DATE OF SEIZURE / FIT / CONVULSION:</td></tr>
<tr><td colspan="5">TIME SEIZURE / FIT / CONVULSION STARTED:</td></tr>
<tr><td colspan="5">ACTIVITY WHEN SEIZURE / FIT / CONVULSION BEGAN:</td></tr>
<tr><td colspan="5">DESCRIPTION OF SEIZURE / FIT / CONVULSION:</td></tr>
<tr><td>TIME BUCCAL MIDAZOLAM GIVEN</td><td colspan="2">DOSE GIVEN</td><td>ML(S)</td><td>GIVEN BY</td></tr>
<tr><td></td><td colspan="2"></td><td></td><td></td></tr>
<tr><td colspan="5">ANY DIFFICULTIES IN ADMINISTRATION:</td></tr>
<tr><td colspan="5">TIME SEIZURE / FIT / CONVULSION STOPPED:</td></tr>
<tr><td colspan="5">TIME CHILD TAKEN TO HOSPITAL:</td></tr>
<tr><td colspan="5">ANY OTHER NOTES ABOUT THE INCIDENT
(e.g. injuries to child or other parties, child sleepy):</td></tr>
<tr><td colspan="5">FORM COMPLETED BY (AUTHORISED PERSON):
NAME (print): SIGNATURE:

JOB TITLE: CONTACT TEL. NO:

DATE:</td></tr>
<tr><td colspan="5">WITNESS:

NAME (print): SIGNATURE:</td></tr>
</table>

Original to Child’s Agency Record
cc: Hospital with child (where possible)
Parent