

# **Welsh Office Circular 34/97**

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## **Supporting Pupils With Medical Needs: A Good Practice Guide**

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Welsh Office

December 1997

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## **INTRODUCTION**

### **Purpose of the Guidance**

1. This guidance has been written to help schools draw up policies on managing medication in schools, and to put in place effective management systems to support individual pupils with medical needs. A positive response by the school to a pupil's medical needs will not only benefit the pupil directly, but can also positively influence the attitude of the whole class.
2. This guidance should be read in conjunction with Welsh Office Circular 34/97 (Welsh Health Circular 97/31) – Supporting Pupils with Medical Needs in Schools – which sets out the legal framework for the health and safety of pupils and staff.
3. It is for authorities, schools and governing bodies to formulate their own policies in the light of their statutory responsibilities and their own assessment of local needs and resources, but is hoped that when doing so they will find this guidance helpful.
4. Proforma are provided, at Annex B, which can be photocopied or adapted for use by schools.
5. This guidance is not a definitive interpretation of the law: interpreting the law is a matter for the courts alone.

### **Pupils with Medical Needs**

6. Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication.
7. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and with some support from the school, can take part in most normal school activities. However school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.
8. An individual health care plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk. Detailed procedures on how to draw up a health plan are included in this guidance.

## Support for pupils with Medical Needs

9. Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if he/she is mature enough, should give details backed by information from the child's General Practitioner (GP) or paediatrician, as appropriate. The school doctor or nurse and specialist voluntary bodies may also be able to provide additional background information for school staff.

10. The School Health Service can provide advice on health issues to pupils, parents, teachers, education officers and local authorities. Health Authorities, Local Education Authorities (LEAs) and governing bodies should work together to ensure pupils with medical needs and school staff have effective support in schools.

11. **There is no legal duty which requires school to administer medication; this is a voluntary role.** Staff who provide support for pupils with medical needs, or who volunteer to administer medication, need support from the head and parents, access to information and training, and reassurance about their legal liability.

## CHAPTER 1

### MEDICATION IN SCHOOLS: WHO IS RESPONSIBLE?

#### INTRODUCTION

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

#### Parents and Guardians

13. Parents, as defined in the Education Act 1996, are a child's main carers. They are responsible for making sure that their child is well enough to attend school.

14. Parents should provide the head with sufficient information about their child's medical condition and treatment or special care needed at school. They should, jointly with the head, reach agreement on the school's role in helping with their child's medical needs. Parents' cultural and religious views should always be respected. Ideally, the head should seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a pupil.

15. Some parents may have difficulty understanding or supporting their child's medical condition themselves. The School Health Service can often provide additional assistance in these circumstances.

## **The Employer**

16. **The employer, generally the school governing body or the LEA,** is responsible, under the Health and Safety at Work etc Act 1974, for making sure that a school has a health and safety policy. This should include procedures for supporting pupils with medical needs, including managing medication.

17. The employer must also make sure that their insurance arrangements provide full cover for staff acting within the scope of their employment. Some LEAs provide explicit reassurance to staff that those in county and controlled schools who volunteer to assist with any form of medical procedure are acting within the scope of their employment and are indemnified.

18. In the event of legal action an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to make sure that correct procedures are followed. Keeping accurate records in the school is helpful in such cases. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

19. The employer is also responsible for making sure that willing staff have appropriate training to support pupils with medical needs. This should be arranged in conjunction with the Health Authority (HA) or other health professionals. HAs have the discretion to make resources available for any necessary training. In many instances they will be able to provide the training themselves. The employer should be satisfied that any training has given staff sufficient understanding, confidence and expertise. A health care professional should confirm proficiency in medical procedures.

## **The Governing Body**

20. Individual schools develop their own policies to cover the needs of their own school. The governing body has general responsibility for all the school's policies even when it is not the employer. The governing body will generally want to take account of the views of the head, staff and parents in developing a policy on assisting pupils with medical needs. In LEA schools the governing body should follow the policies and procedures produced by the LEA as the employer.

## **The Headteacher**

21. The head is responsible for implementing the governing body's policy in practice and for developing detailed procedures. In LEA schools the head is responsible in line management terms to the LEA. When teachers volunteer to give pupils help with their medical needs, the head should agree to their doing this, and must ensure that teachers receive proper support and training where necessary. Day to day decisions about administering medication will normally fall to the Headteacher.

22. The head should make sure all parents are aware of the school's policy and procedures for dealing with medical needs. The school's policy should make it clear that parents should keep children at home when they are acutely unwell. The policy should also cover the school's approach to taking medication at school.

23. The local Consultant in Communicable Disease Control (CCDC) can advise on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.

24. For a child with special medical needs, the head will need to agree with the parents exactly what support the school can provide. Where there is concern about whether the school can meet a pupil's needs, or where the parents' expectations appear unreasonable, the head can seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the LEA. Complex medical assistance is likely to mean that the staff who volunteer will need special training.

25. If staff follow the school's documented procedures, they will normally be fully covered by their employer's public liability insurance should a parent make a complaint. The head should ask the employer to provide written confirmation of the insurance cover for staff who provide specific medical support.

### **Teachers and Other School Staff**

26. Some school staff are naturally concerned about their ability to support a pupil with a medical condition, particularly if it is potentially life threatening. Teachers who have pupils with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. The pupil's parents and health professionals should provide this information. Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for times when the member of staff responsible is absent or unavailable. At different times of the school day other staff may be responsible for pupils (e.g. playground assistants). It is important that they are also provided with training and advice. Form 6 provides an example of confirmation that any necessary training has been completed.

27. Many voluntary organisations specialising in particular medical conditions produce school packs advising teachers on how to support pupils. Annex A lists contact names and addresses.

### **School Staff Giving Medication**

28. Teachers' conditions of employment do not include giving medication or supervising a pupil taking it, although staff may volunteer to do this and many are happy to do so. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil should have proper training and guidance. He or she should also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case.

## **The Local Education Authority**

29. On county and controlled schools the LEA, as the employer, is responsible for all health and safety matters.

30. The LEA can provide a general policy framework of good practice to guide county and controlled schools in drawing up their own policies on supporting pupils with medical needs.

Many LEAs find it useful to work closely with their HA when drawing up a policy. The LEA may also arrange training for staff in conjunction with health professionals.

## **Health Authorities**

31. HAs have a statutory duty to purchase services to meet local needs. National Health Service (NHS) Trusts provide these services. HAs, LEAs and school governing bodies should work in co-operation to determine need and plan and co-ordinate effective local provision within the resources available.

32. HAs normally designate a medical officer with specific responsibility for children with special educational needs (SEN). Some of these children may have medical needs. NHS Trusts, usually through the School Health Service, may provide advice and training for school staff in providing for a pupil's medical needs.

## **The School Health Service**

33. The School Health Service is usually a part of an NHS Trust. The nature and scope of the service to schools varies between HAs. It can provide advice on health issues to children, parents, teachers, education welfare officers and local authorities. The main contact for schools is likely to be the school nurse employed by the School Health Service.

34. The School Health Service may also provide guidance on medical conditions and, in some cases, specialist support for a child with medical needs.

## **The School Nurse / Doctor**

35. Most schools will have contact with the health service through a school nurse or doctor.

36. The school nurse or doctor may help schools draw up individual health care plans for pupils with medical needs, and may be able to supplement information already provided by parents and the child's GP. Nurses working in schools can also liaise with specialist paediatric services and visit parents and children in their own homes to plan how health care needs can be met.

The nurse or doctor may also be able to advise on training for school staff willing to administer medication, or take responsibility for other aspects of support. The school nurse or doctor may attend school open days or parents' evenings to give advice to parents and staff.

## **The General Practitioner (GP)**

37. GPs are part of primary health care teams. Most parents will register their child with a GP. A GP has a duty of confidentiality to patients. Any exchange of information between GPs and schools about a child's medical condition should be with the consent of the child (if he/she has the capacity) or otherwise that of the parent or guardian. In some cases parents may agree to GPs advising teachers directly about a child's condition, in others GPs may do so by liaising with the School Health Service.

## **Other Health Professionals**

38. Other health professionals may also be involved in the care of pupils with medical needs in schools. The community Paediatrician is a specialist doctor with an interest in disability, chronic illness and the impact of ill health on children. He/she may give advice to the school on individual pupils or on health problems generally.

39. Most NHS Trusts with School Health Services have specially trained pharmacists, often referred to as Community Services Pharmacists. Community Services Pharmacists may provide pharmaceutical advice to School Health Services through Community Health Trusts. Some work closely with LEA departments and give advice on the management of medicines within schools. This can involve helping to prepare policies related to medicines in schools and training school staff. In particular, they can advise on the storage, handling and disposal of medicines.

40. Some pupils with medical needs will receive dedicated support from a specialist nurse or community paediatric nurse. These nurses often work as part of an NHS Acute or Community paediatric nurse. These nurses often work as part of an NHS Acute or Community Trust and work closely with the primary health care team. They can provide advice on the medical needs of an individual pupil, particularly when a medical condition has just been diagnosed and the pupil is adjusting to new routines.

## **CHAPTER 2**

### **DEVELOPING POLICIES AND PROCEDURES FOR SUPPORTING PUPILS WITH MEDICAL NEEDS**

#### **Introducing a Policy**

41. A clear policy understood and accepted by staff, parents and pupils provides a sound basis for ensuring that children with medical needs receive proper care and support at school. Policies should, as far as possible, enable regular school attendance. Formal systems and procedures, drawn up in partnership with parents and staff should back up the policy.

42. A school policy needs to be clear to all parents and pupils. The school should include this in its prospectus, or in other information for parents. A policy might cover:

- The role of the school health service, which is to facilitate good assessment of the child's health care needs and enabling them to be helped through effective multi-agency work
- Whether the head accepts responsibility, in principle, for school staff giving or supervising children taking prescribed medication during the school day.
- The circumstances in which children may take non-prescription medication e.g. pain killers (analgesics)
- The school's policy on assisting pupils with long term or complex medical needs
- The need for prior written agreement from parents or guardians for any medication, prescribed or non-prescription, to be given to a child
- Policy on pupils carrying and taking their medication
- Staff training in dealing with medical needs
- Record keeping
- Storage and access to medication
- The school's emergency procedures.

43. Parents should be encouraged to provide the school with full information about their child's medical needs. Staff noticing deterioration in pupil's health over time should inform the head who should let the parents know.

### **Short Term Medical Needs**

44. Many pupils will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only; for example to finish a course of antibiotics or apply a lotion. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential.

45. It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

### **Non-Prescription Medication**

46. Pupils sometimes ask for pain killers (analgesics) at school, including aspirin and paracetamol. School staff should generally not give non-prescribed medication to pupils. They may not know whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken. A child under 12 should never be given aspirin, unless prescribed by a doctor. The administration of non-prescribed

medication should not generally be undertaken. It should only be considered where a school has a qualified nurse and parental consent should be obtained beforehand for administration of such medicines in the event of them being required.

47. If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate pain killers for their child's use, with written instruction about when the child should take the medication. A member of staff should supervise the pupil taking the medication and notify the parents, in writing, on the day painkillers are taken.

### **Long Term Medical Needs**

48. It is important for the school to have sufficient information about the medical condition of any pupil with long term medical needs. If a pupil's medical needs are inadequately supported this can have a significant impact on a pupil's academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical needs before a child starts school, or when a pupil develops a condition. For pupils who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful for a school to draw up a written health care plan for such pupils, involving the parents and relevant health professionals.

This can include:

- Details of a pupil's condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play.

49. Form 1 provides an example of a health care plan, which schools may wish to use or adapt.

### **Administering Medication**

50. No pupil under 16 should be given medication without his or her parent's written consent. Any member of staff giving medication to a pupil should check:

- The pupil's name and date of birth
- Written instructions provided by parents or doctor
- Prescribed dose
- Expiry date

51. If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action.

52. It is good practice for staff to complete and sign record cards each time they give medication to a pupil. Form 4 can be used for this purpose. In some cases circumstances, it is good practice to have the dosage and administration witnessed by a second adult.

### **Self management**

53. It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this. If pupils can take their own medicine themselves, staff may only need to supervise this. The school policy should say whether pupils can carry and administer their own medication, bearing in mind also the safety of other pupils. A suggested parental consent form is provided in Form 5.

### **Refusing Medication**

54. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

### **Record Keeping**

55. Parents are responsible for supplying information about medicines that their child needs to take at school, and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including:

- Name of medication
- Dose
- Method of administration
- Other treatment
- Any side effects.

56. It can be helpful to give parents a form similar to Form 2 to record the details of medication in a standard format. The child's GP may be willing to provide confirmation of the medication.

58. Although there is no legal requirements for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records

offer protection to staff and proof that they have followed agreed procedures. Some schools keep a log book for this. Form 4 provides a model record sheet.

## **OTHER CIRCUMSTANCES WHEN A SCHOOL MAY NEED TO MAKE SPECIAL ARRANGEMENTS FOR PUPILS WITH MEDICAL NEEDS**

### **School Trips**

59. It is good practice for schools to encourage pupils with medical needs to participate in school trips, where ever safety permits.

60. Sometimes the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. Sometimes additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they should seek medical advice from the School Health Service or the child's GP.

### **Sporting Activities**

61. Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum which is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical well-being. Any restrictions on a pupil's ability to participate in PE should be included in their individual health care plan.

62. Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

### **School Transport**

63. LEAs arrange home to school transport where legally required to do so. They must make sure the pupils are safe during the journey. Most pupils with medical needs do not require supervision on school transport, but LEAs should provide appropriately trained supervisors if they consider them necessary.

## **CHAPTER 3**

### **DEALING WITH MEDICINES SAFELY**

#### **Safety Management**

64. Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer has a duty to

ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

### **Storing Medication**

65. When the school stores medications, staff should ensure that the medication is stored in its original, appropriately labelled container, which is dispensed via a pharmacy, with the name of the pupil, the name and dose of the drug and the frequency of administration. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non health care staff should never transfer medicines from their original container.

66. The head is responsible for making sure that medicines are stored safely. Pupils should know where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers, must be readily available to pupils and must not be locked away. Many schools allow pupils to carry their own inhalers. Other medicines should generally be kept in a secure place not accessible to pupils.

67. If the school locks away medication that a pupil might need in an emergency, all staff should know where to obtain keys to the medicine cabinet.

68. Medicines should be stored in lockable medicine cabinets which comply with BS2881/1989 and of a security to exceed "level 1 testing" of that standard. In certain situations, it may be necessary for schools to install a high security controlled drug cabinet to meet the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973.

69. Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. The school should restrict access to a refrigerator holding medicines.

70. Local and community services pharmacists may give advice to schools about storing medicines.

### **Access to Medication**

71. Pupils must have access to their medicine when required. School may want to make special access arrangements for emergency medication that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This should be considered as part of the school's policy about pupils carrying their own medication. The school must ensure that teachers and staff know the pupil or check the name and date of birth before handing over medicines.

72. School staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for disposal of date-expired medicines.

## **Hygiene / Infection Control**

73 All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further guidance is available in the DfEE publication HIV and Aids: A Guide for the Education Service and Welsh Office circular 54/95 – Drug Misuse: Prevention and Schools.

## **Emergency Procedures**

74. 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. Guidance on calling an ambulance is provided on Form 8. A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives.

75. Generally staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have public liability vehicle insurance.

## **CHAPTER 4**

### **DRAWING UP A HEALTH CARE PLAN FOR A PUPIL WITH MEDICAL NEEDS**

#### **Purpose of Health Care Plan**

76. The main purpose of an individual health care plan for a pupil with medical needs is to identify the level of support that is needed at school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive. Schools should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year.

77. The school should judge each pupil's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. However, the school's medication policy must be applied uniformly. The head should not make value judgements about the type of medication prescribed by a registered medical or dental practitioner.

78. Drawing up a health care plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual pupil. A form that schools could use or adapt is in Form 1. Those who may need to contribute to a health care plan are:

- The Headteacher
- The parent or guardian

- Class teacher (primary schools) / form tutor / head of year (secondary schools)
- Care assistant or support staff (if applicable)
- School staff who have agreed to administer medication or be trained in emergency procedures
- The school health service, the child's GP or other health care professionals (depending on the level of support the child needs).

### **Co ordinating Information**

79. Co ordinating and disseminating information on an individual pupil with medical needs, particularly in secondary schools, can be difficult. The head may give a member of staff specific responsibility for this role. This person can be a first contact for parents and staff, and liaise with external agencies. The Special Educational Needs Co-ordinator sometimes takes on this role.

### **Information for Staff and Others**

80. Staff who may need to deal with an emergency need to know about a pupil's medical needs. The head must make sure that supply teachers know about any medical needs. When a secondary school arranges work experience, the head should ensure that the placement is suitable for a student with a particular medical condition. Students should be encouraged to share relevant medical information with employers.

### **Staff Training**

81. A health care plan may reveal the need for some school staff to have further information about a medical condition or specific training in administering a particular type of medication or in dealing with emergencies. School staff should not give medication without appropriate training from health professionals. If school staff volunteer to assist a pupil with medical needs, the employer should arrange appropriate training in conjunction with the HA/Trust who will be able to advise on further training needs. The school doctor, nurse, or community service pharmacists are well placed to support the training needs of school staff.

### **Confidentiality**

82. The head and school staff should treat medical information confidentially. The head should agree with the pupil (where he/she has the capacity) or otherwise the parent, who else should have access to records and other information about a pupil. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### **Intimate or Invasive Treatment**

83. Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears of

accusations of abuse. Parents and heads must respect such concerns and should not put any pressure on staff to assist in treatment unless they are entirely willing. Each HA will have a "named professional" to whom schools can refer for advice. The head or governing body should arrange appropriate training for school staff willing to give medical assistance. If the school can arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

## **CHAPTER 5**

### **ASTHMA, EPILEPSY, DIABETES AND ANAPHYLAXIS: COMMON CONCERNS**

#### **INTRODUCTION**

84. The medical conditions in children which most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). The guidance provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of pupils are assessed on an individual basis.

#### **ASTHMA**

##### **What is Asthma?**

85. People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.

86. Asthma attacks are characterised by coughing, wheezing and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue.

87. About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma which requires regular medical supervision.

##### **Medication and Control**

88. There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger e.g. exercise).

89. Most pupils with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow children with asthma to take charge of and use their inhaler from an early age, and many do.

90. A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medication.

91. Each pupil's needs and the amount of assistance they require will differ.

92. **Children with asthma must have immediate access to their reliever inhalers when they need them.** Pupils who are able to use their inhalers themselves should usually be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the pupil's name. Inhalers should also be available during physical education and sports activities or school trips.

93. It is helpful if parents provide schools with a spare inhaler for their child's use in case the inhaler left at home accidentally runs out. Spare reliever inhalers must be clearly labelled with the pupil's name and stored safely.

94. The medication of any individual pupil with asthma will not necessarily be the same as the medication of another pupil with the same condition. Although major side effects are extremely uncommon for the most frequently used asthma medications, they do exist and may sometime be made more severe if the pupil is taking other medication.

95. Pupils should not take medication which has been prescribed for another pupil. If a pupil takes a puff of another pupil's inhaler there are unlikely to be serious adverse side effects. However, schools should take appropriate disciplinary action if inhalers are misused by the owner or other pupils.

96. Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities. They must be allowed to take their reliever inhaler with them on all off-site activities. Physical activity will benefit pupils with asthma in the same way as other pupils. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Pupils with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell.

97. The health care plan should identify the severity of a pupil's asthma, individual symptoms and any particular triggers, such as exercise or cold air.

98. If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe

slowly and deeply. The person in charge should not put his/her arm around the child, as this may restrict breathing. The pupil should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

## **EPILEPSY**

### **What is Epilepsy?**

99. People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the United Kingdom has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the pupil and school staff are given adequate support.

100. Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

101. Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). Examples of some types of generalised seizures are: -

- **Tonic Clonic Seizures**

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery times can vary – some require a few seconds, where others need to sleep for several hours.

- **Absence Seizures**

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.

- **Partial Seizures**

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

- **Simple Partial Seizures**

(when consciousness is not impaired)

The seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

- **Complex Partial Seizures**

(when consciousness is impaired)

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

## **Medication and Control**

84. The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known case, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them.

85. Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, additional advice sought from the GP, paediatrician or school nurse/doctor.

86. Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration. Teachers may naturally be concerned about agreeing to undertake such an intimate procedure and it is important that proper training and guidance is given. For advice on intimate/invasive treatment see Chapter 4. Diazepam causes drowsiness so pupils may need some time to recover after its administration. For information on the administration of rectal Diazepam see Form 7.

87. When drawing up health plans, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place.

88. Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The pupil's airway must be maintained at all times. The

pupil should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into recovery position. Someone should stay with the pupil until he or she recovers and re-orientates.

89. Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

## **DIABETES**

### **What is Diabetes?**

90. Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

### **Medication and Control**

91. The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out.

92. Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine or testing kit at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. More pupils will be able to do this themselves and will simply need a suitable place to do so.

93. Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for the pupil with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemia episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of physical education classes or other physical activity sessions should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

### **Hypoglycaemic Reaction**

112. Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

- hunger
- sweating

- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability.

112. Each pupil may experience different symptoms and this should be discussed when drawing up the health care plan.

113. If a pupil has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the pupil has recovered, some 10-15 minutes later. If the pupil's recovery takes longer, or in cases of uncertainty, call an ambulance.

114. Greater than usual need to go the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw any such signs to the parents' attention.

## **ANAPHYLAXIS**

### **What is Anaphylaxis?**

115. Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – in particular nuts, fish, dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline auto-injector, such as Epipen, depending on the severity of the reaction.

### **Medication and Control**

116. In most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give to large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary

basis and should not, in any case, be undertaken without training from an appropriate health professional.

117. For some children, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency. The pupil may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other pupils should also be taken into account. If a pupil is likely to suffer a severe allergic reaction all staff should be aware of the condition and know how is responsible for administering emergency treatment.

118. Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such pupils at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

### **Allergic Reactions**

119. Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- a metallic taste or itching in the mouth
- swelling on the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing.

112. Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the health care plan.

113. Call an ambulance immediately particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.

## Voluntary Support Groups

Action for Sick children Argyle House 29-31 Euston Road London NW1 2SD	British Diabetic Association 10 Queen Anne Street London W1M 0BD
Action for ME and Chronic Fatigue PO Box 1302 Wells BA5 2WE	Cancerlink 17 Britannia Street London WC1X 9JN
Aid for Children with Tracheostomies 215 a Perry Street Billericay Essex CM12 0NZ	The Care and Action Trust for Children with Handicaps (CATCH) 18 Tawe Business Village Pheonix Way, Enterprise Park Swansea SA7 9LA
The Anaphylaxis Campaign PO Box 149 Fleet Hampshire GU13 9XU	Children's Heart Circle in Wales (CHCW) 19 Machen Close St Mellons Cardiff CF4 5GH
Association for Spina Bifida & Hydrocephalus – N Wales (SWASBAH) Canolfan Yr Orsedd Ffrod yr Orsedd Llandudno LL30 1LA	Children's Leukaemia Society 16 Pearl Street Roath Cardiff CF2 1HD
Association for Spina Bifida & Hydrocephalus – N Wales (SWASBAH) 4 Lakeside The Knap Barry CF62 5SS	Christian Lewis Trust Child Care Centre 42 Walter Road Swansea SA1 4PT
Autism Wales William Knox House (Suite 2) Britannic Way Llandarcy Neath SA10 6EL	Cystic Fibrosis Trust Llys lfor Crescent Road Caerphilly CF83 1XL
British Allergy Foundation 23 Middle Street London EC1A 7JA	Disability Wales Llys lfor Crescent Road Caerphilly CF83 1XL
Hyperactive Children's Support Group 71 Whyke Lane Chichester	RNIB Wales 14 Neville Street Canton

West Sussex PO19 2LD

Cardiff

MENCAP in Wales  
169 City Road  
Cardiff  
CF2 3JB

SCOPE  
3 Links Court  
Links Business Park  
St Mellons, Cardiff CF3 0SP

National Asthma Campaign  
Providence House  
Providence Place  
London  
N1 0NT

SENSE  
Shand House  
20 Newport Road  
Cardiff CF1 2YB

National Eczema Society  
163 Eversholt Street  
London  
NW1 1BU

Sickle Cell Society  
c/o Cardiff Sickle Cell & Thalassaemic  
Centre  
Butetown Health Centre  
Loudoun Square, Cardiff CF1 5UZ

National Federation for the Education  
of Sick Children  
St Margaret's House  
17 Old Ford Road  
London E2 9PL

Terrence Higgins Trust  
(information on HIV & AIDS)  
52-54 Grays Inn Road  
London WC1X 8JU

National Federation of Gateway Clubs  
c/o MENCAP  
169 City Road  
Cardiff  
CF2 3JB

The Trust for Sick Children in Wales  
PO Box 121  
13 Whitchurch Road  
Cardiff  
CF4 4XL

National Standing Conference of  
Hospital Teachers  
145 Hardham Road  
Pailton-le-Fylde  
Lancashire FY6 8ES

Voices form Care  
Ynys Cedwyn  
254 Cowbridge Road East  
Canton  
Cardiff CF5 1GZ

The Psoriasis Association  
7 Milton Street  
Northampton  
NN2 7JG

Wales Epilepsy Association  
"Y Pant Teg"  
Dolgellau  
Gwynedd  
LL40 1RP

## Teacher Association

Association of Teachers & Lecturers  
"Efyrnwy"

Park Street  
Denbigh LL16 3DE

Association of Teachers & Lectures  
54 Parcau Avenue

Bridgend  
South Wales

National Association of Headteachers  
Regional Office, Empire House

Mount Stuart Square, Cardiff Bay  
Cardiff CF1 6DN

National Association of  
Schoolmasters/Union of Women  
Teachers (NASUWT)

9 Field Way, Maes-y-Coed Road  
Cardiff CF4 4HY

National Association of  
Schoolmasters/Union of Women  
Teachers (NASUWT)

9 Glanafon, Panteg Road  
Aberaeron, Ceredigion

National Union of Teachers  
122 Bute Street

Cardiff  
CF1 6AE

Parent Teachers Association

58 Alyn Road

Buckley  
CH7 2JR

Professional Association of Teachers  
2 St James Court

Friar Gate  
Derby DE1 1BT

UNISON Wales  
3<sup>rd</sup> Floor

1 Cathedral Road  
Cardiff CF1 9JB

Undeb Cenedlaethol Athrawon Cymru

Prif Swyddfa UCAC, Pen Roc

Rhodfa'r Mor, Aberystwyth

Ceredigion SY23 2AZ

Wales Primary School Association  
(WPSA)

c/o Mr Bryn Davies, Secretary

Ysgol Gynradd Primary School

Llanidloes, Powys SY18 6EK

Welsh Secondary Schools Association

Gwalia House

124 Walter Road

Swansea SA1 5RE

## Others

British Association for Community  
Child Health  
5 St Andrew's Place  
Regents Park, London NM1 4LB  
College of Nursing  
Ty Maeth  
King George V Drive  
Heath, Cardiff  
The College of Paediatrics and Child  
Health  
5 St Andrew's Place  
Regents Park, London NM1 4LB  
Governors Wales  
c/o WJEC  
245 Western Avenue  
Cardiff CF5 2YX  
Health & Safety Commission  
Brunel House  
2 Fitzalen Road  
Cardiff

Health & Safety Executive  
Education National Interest Group  
39 Baddow Road, Chelmsford  
Essex CM2 0HL  
Health Promotion Authority Wales  
Ffynon Las  
Ty Glas Avenue, Llanishen  
Cardiff  
Rhieni Dros Addysg Gymraeg  
25 Ffordd Marlborough  
Y Rhath  
Caerdydd CF2 5BT  
Welsh Grant Maintained Schools  
Association  
c/o C Boulter, Brynmawr GM School  
Rhydwr, Brynmawr NP3 4XT  
Welsh Local Government Association  
10/11 Raleigh Walk  
Atlantic Wharf  
Cardiff CF1 5LN

**PROFORMA**

<b>FORM 1</b>	<b>HEALTHCARE PLAN FOR A PUPIL WITH SPECIAL MEDICAL NEEDS</b>
<b>FORM 2</b>	<b>REQUEST FOR SCHOOL TO ADMINISTER MEDICATION</b>
<b>FORM 3</b>	<b>CONFIRMATION OF THE HEADTEACHERS AGREEMENT TO ADMINISTER MEDICATION TO A NAMED CHILD</b>
<b>FORM 4</b>	<b>RECORD OF MEDICATION ADMINISTERED IN SCHOOL</b>
<b>FORM 5</b>	<b>REQUEST FOR A PUPIL TO CARRY THEIR MEDICATION</b>
<b>FORM 6</b>	<b>STAFF TRAINING RECORD – ADMINISTRATION OF MEDICAL TREATMENT</b>
<b>FORM 7</b>	<b>GUIDELINES FOR ADMINISTRATION OF RECTAL DIAZEPAM IN EPILEPSY AND FEBRILE CONVULSIONS FOR NON-MEDICAL / NON-NURSING STAFF</b>
<b>FORM 8</b>	<b>EMERGENCY PLANNING</b>

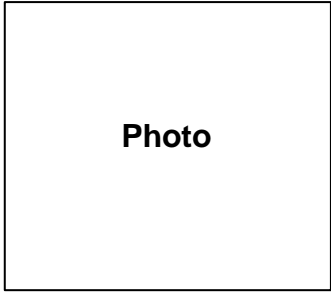
# FORM 1

## HEALTHCARE PLAN FOR A PUPIL WITH SPECIAL MEDICAL NEEDS

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Class/Form \_\_\_\_\_

Date \_\_\_\_\_

Name of Class \_\_\_\_\_  
\_\_\_\_\_

Review Date \_\_\_\_\_

### Contact Information

#### Family Contact 1

Name \_\_\_\_\_

Phone No (Work) \_\_\_\_\_  
(Home) \_\_\_\_\_

Relationship \_\_\_\_\_

#### Family Contact 2

Name \_\_\_\_\_

Phone No (Work) \_\_\_\_\_  
(Home) \_\_\_\_\_

Relationship \_\_\_\_\_

#### Clinic/Hospital Contact

Name \_\_\_\_\_

Phone No \_\_\_\_\_

#### GP

Name \_\_\_\_\_

Phone No \_\_\_\_\_

Describe condition and give details of pupil's individual symptoms

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**Daily care requirements: (e.g. before sports / at lunchtime)**

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**Describe what constitutes an emergency for the pupil, and the action to take if it occurs**

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**Follow up care**

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**Who is responsible in an emergency:  
(state if different on off-site activities)**

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**Form copied to:**

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# FORM 2

## REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that staff can administer the medication

### Details of Pupil

Surname \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Condition of Illness

M / F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Class / Form \_\_\_\_\_

### Medication

Name / Type of Medication (as described on the container)

\_\_\_\_\_

For how long will your child take this medication

\_\_\_\_\_

Date dispensed \_\_\_\_\_

Full Directions of Use

Dosage & Method \_\_\_\_\_

Timing \_\_\_\_\_

Special Precautions \_\_\_\_\_

Side Effects \_\_\_\_\_

Self Administration \_\_\_\_\_

Procedures to take in an emergency \_\_\_\_\_  
\_\_\_\_\_

**Contact Details**

**Name** \_\_\_\_\_

**Phone No (work)** \_\_\_\_\_  
**(Home)** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school is not obliged to undertake.**

**Date** \_\_\_\_\_

**Signature(s).** \_\_\_\_\_  
\_\_\_\_\_

**Relationship to Pupil** \_\_\_\_\_

**FORM 3**

**CONFIRMATION OF THE EADTEACHER'S AGREEMENT TO ADMINISTER  
MEDICATION TO A NAMED CHILD**

I agree that (name of child) ..... will receive (quantity and name of medicine) ..... Every day at (time medicine to be administered e.g. Lunchtime or afternoon break) .....

(Name of child) ..... will be given/supervised whilst he/she takes their medication by (name of member of staff) .....

This arrangement will continue until (either end of date of course of medicine or until instructed by parents) .....

Date \_\_\_\_\_

Signed      Headteacher      \_\_\_\_\_

Named      Member of Staff      \_\_\_\_\_



**REQUEST FOR PUPIL TO CARRY THEIR MEDICATION**

**Example form for parents to complete if they wish their child to carry their own medication**

**This form must be completed by parents / guardians**

**Pupil's Name** \_\_\_\_\_ **Class / Form** \_\_\_\_\_

**Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Condition of Illness**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Medicine**  
\_\_\_\_\_  
\_\_\_\_\_

**Procedures to be taken in an Emergency**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information**

**Name** \_\_\_\_\_

**Phone No (Work)** \_\_\_\_\_  
**(Home)** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_

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

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_

# FORM 6

## STAFF TRAINING RECORD – ADMINISTRATION OF MEDICAL TREATMENT

Example of Form for Recording Medical Training for Staff

Name \_\_\_\_\_

Type of Training Received \_\_\_\_\_

Date Training Completed \_\_\_\_\_

Training Provided By \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I confirm that \_\_\_\_\_ has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's Signature \_\_\_\_\_ Date \_\_\_\_\_

I confirm that I have received the training detailed above

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Suggested Review Date \_\_\_\_\_

# FORM 7

## GUIDELINES FOR ADMINISTRATION OF RECTAL DIAZEPAM IN EPILEPSY AND FEBRILE CONVULSIONS FOR NON-MEDICAL / NON-NURSING STAFF

### Joint Epilepsy Council

Individual care plan to be completed by or in consultation with the medical practitioner (please use language appropriate to the lay person)

Name of Pupil or Student \_\_\_\_\_ Age \_\_\_\_\_

Seizures classification and/or description of seizures which may require rectal diazepam (record all details of seizures e.g. goes stiff, falls, convulses down both sides of body, convulsions last 3 mins etc. Include Information re triggers, recovery time etc. If status epilepticus, note whether it is convulsive, partial or absence).

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Usual Duration of Seizures?

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Other Useful Information

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## Diazepam Treatment Plan

1. When should rectal diazepam be administered? (note here should include whether it is a certain length of time or number of seizures)

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

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3. What is the usual reaction(s) to rectal diazepam?

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4. If there are any difficulty in the administration of rectal diazepam e.g. constipation / diarrhoea, what action should be taken?

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5. Can a second dose of rectal diazepam be given YES / NO  
After how long can a second dose of rectal diazepam be given?  
(state the time to have elapsed before readministration takes place)

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

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6. When should the person's usual doctor be consulted?

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7. When should 999 be dialled for emergency help?  
e.g. i) if the full prescribed dose of rectal diazepam fails to control the seizure

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ii) other (please give details)

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8. Who should (a) administer the rectal diazepam?  
(b) witness the administration of rectal diazepam?  
(e.g. another member of staff of same sex)

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9. Who / Where Needs to be Informed?

Parent / Guardian

(A) \_\_\_\_\_ Tel: \_\_\_\_\_

Prescribing Doctor

(B) \_\_\_\_\_ Tel: \_\_\_\_\_

Other

(C) \_\_\_\_\_ Tel: \_\_\_\_\_

10. Insurance Cover in Place? YES / NO

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11. Precautions under what circumstances should rectal Diazepam not be used e.g. oral diazepam already administered within the last ..... Minutes

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All occasions when rectal diazepam is administered must be recorded  
(see overleaf)

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**This plan has been agreed by the following: -  
Prescribing Doctor (Block Capitals)**

\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Authorised Person(s) Trained to Administer Rectal Diazepam**

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**(Block Capitals)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**(Block Capitals)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**(Block Capitals)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pupil (if sufficiently Mature)** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**(Block Capitals)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent / Guardian** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**(Block Capitals)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employer of the Person(s) Authorised to Administer Rectal Diazepam**

\_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**(Block Capitals)**

**Head of Unit / School (Block Capitals)**  
\_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**This form should be available for review at every medical review of the patient**

**Copies to be held by**

\_\_\_\_\_

**Expiry Date of this Form**

\_\_\_\_\_

**Copy Holders to be Notified of Any Changes by**

\_\_\_\_\_

Useful telephone numbers: Members of the Joint Epilepsy Council: British Epilepsy Association 0800 30 9030; Epilepsy Association of Scotland 0141 427 4911; Irish Epilepsy Association, Dublin 557500; Mersey Region Epilepsy Association 0151 298 2666; The David Lewis Centre 01565 872613; The National Society for Epilepsy 01494 873991.



**EMERGENCY PLANNING**

**Request for and ambulance to:**

\_\_\_\_\_

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

**1. Your telephone number**

\_\_\_\_\_

**2. Give your location as follows:  
(insert school address & postcode)**

\_\_\_\_\_

\_\_\_\_\_

**3. State that the A-Z reference is**

\_\_\_\_\_

**4. Give exact location in the school (insert brief description)**

\_\_\_\_\_

\_\_\_\_\_

**5. Give your name**

\_\_\_\_\_

**6. Give brief description of pupil's symptoms**

\_\_\_\_\_

\_\_\_\_\_

**7. Inform ambulance control of the best entrance and state that the crew will be met and taken to**

\_\_\_\_\_

**Speak Clearly And Slowly And Be Ready To Repeat Information If Asked**