

# Administration of Medicine in Educational Settings Policy

September 2022

For Schools within our Collaboration:



At the schools within our collaboration, we are committed to ensuring equality of education and opportunity for all pupils, staff, parents and carers receiving services from the school, irrespective of race, gender, disability, faith or religion or socio-economic background. All staff are expected to uphold and promote the fundamental principles of British values, and as such, the schools within our collaboration are fully committed to safeguarding and promoting the welfare of all our pupils including protection against radicalisation. We therefore aim to develop a culture of inclusion and diversity in which all those connected to the school feel proud of their identity and able to participate fully in school life. Our core purpose, values and ethos is embodied in our mission that everyone takes:

**P= personal**

**R= responsibility**

**I = in**

**D= delivering**

**E= excellence**

Frequency of Review:	Annually
Reviewed and Approved by:	The Governing Body
Date:	September 2022
Date of Next Review:	Autumn 2023
Reviewer:	Sally Harvey

A handwritten signature in blue ink, appearing to be 'Sally Harvey', is written over a light blue rectangular background.

**Signed:**

(Chair of Governing Body)

**Date:** 14/11/2022

## **POLICY STATEMENT**

The aim of this policy is to ensure that individual children and young people with medical needs are effectively supported to enable them to have full access to 'school' life, including trips and PE.

This policy provides guidance and support to school staff at the schools within our collaboration on managing medicines within the school context to put in place effective systems to support individual children and young people.

The schools within our collaboration have a legal duty to support children with medical conditions, in line with the Children and Families Act 2014 (Section 100). The Policy supports the Department for Education's (DfE) guidance Supporting child at school with medical conditions.

The schools within our collaboration do not expect or rely on parents/carers to provide the medical support that their child or young person requires during the school day. However, the school will ensure that they are fully involved in the planning and reviewing of the support provided.

### **The aims of this Policy:**

- To safeguard the dignity, rights and well-being of children and young people.
- To ensure that children and young people are treated consistently when medicines are being administered by school staff.
- To provide guidance to head teachers and reassurance to staff.
- To ensure that parents / carers are involved in planning of the administration of medicines to their child and are confident that their concerns and the individual needs of their child are considered.
- To reassure parents that staff are knowledgeable about the administration of medicines.
- To ensure that staff are well supported and are appropriately trained.

### **The principles underpinning this Policy:**

- Children and young people should be encouraged to express choices.
- Children and young people have the right to feel safe and secure
- Children and young people have the right to remain healthy
- Children and young people should be respected and valued as individuals
- Children and young people have a right to privacy, dignity and a professional approach always from staff when meeting their needs
- Children and young people have the right to information and support to enable them to make appropriate choices
- Children and young people have the right and know how to complain about the administration of medicine and have their complaint dealt with effectively by the school.

The school understands the importance of medication being taken as prescribed. Staff will understand the common medical conditions that affect children at this school and receive training on the impact medical conditions can have on children and young people.

Where a child has a long-term medical need a written Intimate Care and Health Plan will need to be drawn up with the school, parent / carer, and with the support of a health professional if required. A letter confirming the need for the medication will be required from the relevant health professional.

It is the responsibility of the parent / carer to inform the school or setting (after school club etc.) about any needs before a child or young person is admitted or when a child or young person first develops a medical need. The school and the setting need separate notifications.

The schools understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma
- Cancer
- Diabetes
- Epilepsy

Separate guidance is provided on these common medical conditions as part of this policy.

### **RISK ASSESSMENTS**

The school will have in place and keep risk assessments up to date covering the administration of medicines. Staff should be consulted to obtain their views, to ensure that they fully informed and understand, and training provided where identified and as required.

### **RESPONSIBILITIES**

#### **PARENTS AND CARERS**

The school believes It is important that parent / carers are involved in appropriate discussions with the school regarding the administration of medicines whilst in school.

If the school staff agree to administer medication on a short term or occasional basis, the parent(s) are required to complete a Consent Form. ***Verbal instructions will not be accepted.***

If it is known that pupils are self-administering medication in school on a regular basis, a completed Consent Form is still required from the parent(s).

All children / young people requiring regular support or monitoring in school for a medical condition or intervention in an emergency arising from an existing medical condition will need an Intimate Care and Health Plan. A senior Leader will therefore consult with parents / carers and young people (wherever possible), developing and implementing child 's/ young person's specific health and care plans with supporting written information from a medical professional.

The Intimate Care and Health Plan will provide clarity about:

- the child/young person's medical condition
- what needs to be done to help them in school (including any emergency protocols)
- when this needs to happen
- who should provide the support needed.

The parent(s) need to ensure there is sufficient medication stored in school and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Expiry dates whenever applicable;
- Dispensing date/pharmacists' details.
- Sealed bottle

#### **THE CHILD'S OR YOUNG PERSON'S VOICE**

The school believes it is important that the child or young person, subject to their understanding, should be involved in discussions regarding the administration of their medicines in the school. It is the responsibility of all staff caring for a child or young person to be aware of the method and level of communication used. This could include signs, symbols, eye pointing or vocalisations.

## SCHOOL STAFF

There is no legal or contractual duty within the School Teachers' Pay and Conditions Document (STPCD) that requires teaching staff to administer medications, but teachers may voluntarily agree. However, importantly, the duty (on schools) remains and as such, school leaders and governing bodies will need to ensure children and young people's needs are met by providing support and training to staff to undertake these duties and responsibilities. Where such duties and responsibilities become a regular part of the post, consultation with staff should take place with a view to incorporating them into the employees' job description. Where required the post may need to be subject to further job evaluation. If there are insufficient volunteers from existing staff (teachers and support staff), support staff job descriptions will need to be reviewed so that the school can meet the needs of children. In some situations, where voluntary solutions cannot be found, schools may need to formally review their staffing structures and reorganise staffing by dis-establishing and establishing new posts. In all cases, head teachers are strongly advised to explore voluntary solutions through consultation to determine how children and young people's needs can be met and understand why staff may be reluctant or unwilling to undertake such duties. In most situations staff concerns can be allayed through discussion, support, and training. In some cases, job descriptions will contain or be amended to include specific requirements in an individual's job description or staff may formally elect to support children and young people in this way.

The school will ensure that all staff involved in the administration of medicines must be appropriately trained to undertake these responsibilities. More generally the school will ensure all staff understand their duty of care to children and young people in the event of an emergency and are confident about what to do in such an emergency. When a medicine is administered, 2 members of staff will be present and will sign the Medicine Administration Recording sheet (MAR). They will also follow the 6 rights of medicine administration and independent checking sheet – appendix 12. Regular training relating to emergency medication and relevant medical conditions should be undertaken.

## INTIMATE CARE AND HEALTH PLANS

The Senior Staff will complete the Intimate Care and Health Plan with the parents / carers, the child or young person (wherever possible), together with supporting written information from a medical professional, relevant school staff when a child or young person requires regular support or monitoring in school for a medical condition or may require intervention in an emergency arising from an existing medical condition. Intimate Care and Health Plans are not usually required for short term illnesses. **An example of an Intimate care and health plan is in appendix 1.**

The Children's Community Nursing Team (Nottinghamshire Healthcare NHS Foundation Trust) will provide support to co-ordinate obtaining the information required to develop an Intimate Care and Health Plan and assess the training need requirements to undertake delegated health care task(s) to meet the health needs identified. The Intimate Care and Health Plan should include the following information.

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

Intimate Care and Health Plans will be reviewed on at least an annual basis and sooner if the condition, or support required, changes in any way. Intimate Care and Health Plans can be appended to or incorporated into an EHC Plan.

## STAFF TRAINING

Staff must not administer medicines or undertake delegated healthcare task without appropriate training. Further support and appropriate training can be sought from the Children's Community Nursing Team (Nottinghamshire Healthcare NHS Foundation Trust). The Team's email address is CCYPSReferral@nottshc.nhs.uk

A copy of the training including where available the competency training certificate for relevant training, will be retained by the school or setting. This will evidence who carried out the training, their title, who received training and on what date. The school should ensure that they are given a date by which competencies expire and must arrange for refresher or updated competency packages to be completed.

The schools within the collaboration will ensure that training is given to enough members of staff to ensure that back-up arrangements can be put in place should a designated member of staff be absent. Refresher training should be arranged as required.

The Executive Head Teacher / Heads of Schools are accountable for ensuring that staff are appropriately trained; have had their competencies signed off; that records are kept; and systems are in place to ensure future training needs are met.

Additionally, the school will ensure a wider awareness of children and young people with medical conditions, and how to support them. Awareness training should be provided to all staff encountering the child or young person, e.g. class teachers, subject teachers, lunchtime staff and receptionists. Additionally, staff with children or young people with medical needs in their class should have a copy of the individual healthcare plan.

## **STORAGE**

When items need to be available for emergency use, e.g. spare asthma pumps and Epipens, they may be kept in the Office, in the First Aid cabinet in the relevant building or with the pupil, as appropriate. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use of pupils and/or staff. When prescription items are held by the school for administration by school staff they should be stored in a fixed lockable cupboard/cabinet, with restricted access to keys. All medicines should be stored in relation to the named individuals and not by storing similar medicines together.

## **CLASS 1 and 2 DRUGS**

When Class 1 and 2 drugs (primarily "Ritalin" prescribed for ADHD) are kept on school premises, a **written stock record is also required and will be kept in the controlled drugs recording book** in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit. These drugs should be kept in a locked cabinet within a room with restricted access (staff only).

## **PRESCRIPTION MEDICINES INCLUDING ANTIBIOTICS**

Ultimately, parents are responsible for managing their child's health and as such, most prescription medicines will be administered at home. For instance, medicines to be taken 3 times per day should usually be given before and after school, and before bed. However, where it would be detrimental to the child or young person's health or attendance not to do so, prescription medicines should be administered at the school or setting.

Schools and settings should only ever administer prescription medicines:

- where parental written consent is provided in advance, and with agreement of the Head Teacher
- where they are in date, labelled and provided in the original container as dispensed by the pharmacist
- in line with the prescriber's instructions (staff should never make clinical decisions about medication or make changes to dosages at parental request).

Medicines must not be interfered with prior to administration (e.g. crushing a tablet) unless there are instructions from the pharmacist or prescribing doctor to state this requirement. Schools and settings should keep a record of this information.

Medicines should be handed over by parents (not children) to a designated member of staff. They must be stored on site in a dedicated, locked storage cupboard (ideally a medicines cabinet). Some medicines such as asthma inhalers, diabetic devices and adrenaline pens must be readily available to children (e.g. in the classroom). These must not be locked away but must still be stored safely.

Some medicines (insulin and liquid antibiotics) need to be kept in a purpose designed fridge for medicine storage. The key requirements of the fridge are:

- A digital minimum/maximum thermometer, ideally integrated and readable from outside the fridge and ability to data log temperatures
- Maintain temperatures between 2°C and 8°C.
- All refrigerators used for storing medicines should be of pharmaceutical grade and meet the Medicines and Health Regulatory Agency (MHRA) guidelines on 'Control and monitoring of storage and transportation temperatures of medicinal products.'
- Meet W.H.O. performance criteria (E3/PROC/3/2) (Please seek advice from the County Council's Health and Safety Team on the type of fridge and monitoring arrangements whilst medicines are being stored).

Schools should ensure that dignity and privacy can be maintained when medicines are administered. Suitable facilities should be provided, with space for the child or young person to rest and recover, if required.

Prior to administering any medication, staff should take all appropriate hygiene precautions, wash their hands, and check the:

- parental agreement form
- expiry date of the medicine
- child or young person's name tallies with the name on the medicine container
- prescribed dose and the way it is to be taken
- prescribed frequency of dose and confirm that this has not been exceeded.

The medicine can then be administered in accordance with the prescriber's instructions. If staff are uncertain or in doubt, they should not administer medication; they should contact the head teacher so that further information can be clarified with the child or young person's parents before proceeding.

It is vital that clear records are always maintained by staff supporting children and young people with medical conditions. Failure to do so may invalidate medical malpractice insurance. A record must be kept of all medicines administered stating what, how and how much medicine was administered, when and by whom. Any side effects should be noted. This must be completed immediately after administration. If a child or young person refuses medicine, the record must state this, and the parents must be informed at the earliest possible opportunity.

The school will ensure that safe arrangements are made for any medicines that need to be administered on school trips, particularly residential trips, where parents would normally administer medication at home.

## **NON-PRESCRIPTION (OVER THE COUNTER) MEDICINES**

The school may administer non-prescription medicines at the discretion of the Head Teacher. As with prescription medicines, they should only be given where it would be detrimental to the child or young person's health or attendance not to do so. Therefore, this should be the exception rather than the norm.

The types of non-prescription medicines the school may be asked to administer include pain relief, e.g. Calpol (Paracetamol) or Nurofen (Ibuprofen), antihistamines, e.g. Piriton and travel sickness medication. It should be noted that such medicines have been licensed for purchase and it is considered a misuse of GP time to request an appointment to gain a prescription for over the counter medicines, especially to suit the requirements of a school or setting.

The school will **not** accept non-prescription medicines from parents to administer on an 'as and when required' basis (except for antihistamines for allergic reactions) unless otherwise advised by a GP. Generally, non-prescription medicines are to be administered for a short period, where a child or young person has returned to education following an illness or injury.

Parents / Carers are ultimately responsible for their child's health and it is not expected that the school will administer non-prescription medicines to 'keep' a child or young person in the school or setting if they are simply too unwell to attend.

Schools should ensure their policy covers the administration of non-prescription medicines and that parents are aware of this.

When agreeing to administer non-prescription medicines, schools and settings should always:

- ensure they obtain written parental consent prior to administering medication

- check the medicine is suitable for the age of the child or young person
- check the medicine has been administered without adverse effect in the past
- label the medicine with the child or young person's name and store this safely (as per prescription medicines)
- ensure any medication administered is recorded appropriately and parents are informed on the day.

In the instance of administering any medication for pain relief, schools and settings should always check with parents when the last dose was taken, to ensure the maximum dosage is not exceeded.

**The school will never administer Aspirin to children under 16 years of age unless prescribed by a doctor.**

#### **DISPOSAL OF MEDICINE**

Medicines that have expired or that are no longer required should be returned to parents to dispose of correctly (by returning them to the pharmacy). Otherwise, medicines should be routinely returned to parents at the end of each term and received back into the school or setting at the start of each of term.

#### **RESIDENTIAL VISITS**

On occasion it may be necessary for a school/centre to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment, such as a cold, sore throat while away on an Educational Visit. In this instance the parental consent form (EV4 ) will provide an "if needed" authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation.

#### **REFUSING MEDICINE**

When a child refuses medicine, the parent should be informed the same day and be recorded accordingly. Staff cannot force a child to take any medicine.

#### **SELF MANAGEMENT**

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever.

#### **TRAVEL SICKNESS**

In the event of a child suffering from travel sickness (by coach or public transport), they should be given the appropriate medication before leaving home, and when a written consent is received, they may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents and time of medication). Medication is to be kept with a named member of staff and the consent is signed by that staff member before inclusion in the visit documentation.

#### **EMERGENCIES**

The school must have detailed arrangements in place for dealing with emergency situations. All staff will receive yearly updates on what action to take in an emergency.

For children and young people with medical conditions which might result in an emergency, an emergency protocol must be agreed and included in the Intimate Care and Health Plan. Staff should have received training in the

procedure to be followed and any medication to be administered. It is good practice for the Executive Head Teacher / Head of School to ensure that staff regularly familiarise themselves with this protocol.

The Executive Head Teacher / Head of School should ensure that relevant staff have information about the child or young person, know where this is kept and be able to give this information to the emergency services, should an ambulance need to be called. This is often known as a 'grab pack' and will contain details about the child or young person's medical condition, including their Intimate Care and Health Plan. In an emergency, parents must also be contacted.

Where necessary, an ambulance should always be called; staff should not take children to hospital in their own vehicle. If a parent / carer cannot be contacted to accompany their child to hospital, a member of staff should go with them and remain there until a parent / carer arrives.

Members of staff accompanying children to hospital cannot give consent for any medical treatment, as they will not have parental responsibility. Hospitals have their own policies about what should be done in medical emergencies where parents / carers cannot be contacted and will assume responsibility for subsequent actions as set out in their code of practice. The school should, however, be aware of any religious or cultural wishes of the family (e.g. about blood transfusions) which they should communicate to hospital staff.

#### **GUIDELINES FOR THE ADMINISTRATION OF EPIPEN BY SCHOOL STAFF**

An Epipen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan.

An Epipen can only be administered by school staff that have volunteered and have been designated as appropriate by the head teacher and who has been assessed as competent by health professionals. Training of designated staff will be provided by health professionals and a record of training undertaken will be kept by the Senior Leaders. Training will be updated at least once a year.

1. There should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the Epipen is in date. The Epipen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The Epipen should be readily accessible for use in an emergency and where children are of an appropriate age; the Epipen can be carried on their person.
4. Expiry dates and discoloration of contents should be checked by daily.
5. The Epipen should be replaced by the parent(s) at the request of health professionals /school staff.
6. The use of the Epipen must be recorded on the child's Care Plan, with time, date and full signature of the person who administered the Epipen.
7. Once the Epipen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen. The used Epipen must be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen before the child returns to school.
8. If the child leaves the school site e.g. school trips, the Epipen must be readily available.

#### **GUIDELINES FOR MANAGING ASTHMA**

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects.

1. If school staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if children have severe asthma which may result in a medical

emergency. All children with asthma will need to have an asthma plan on file which is to be completed by parents / carers.

2. Inhalers MUST be readily available when children need them. Pupils should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom.
3. It would be considered helpful if parent(s) could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
4. All inhalers should be labelled with the child's name.
5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
7. Parent(s) should be responsible for renewing out of date and empty inhalers.
8. Parent(s) should be informed if a child is using the inhaler excessively.
9. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell, they should not be forced to participate.
10. If pupils are going on offsite visits, inhalers MUST still be accessible.
11. It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).
12. Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

Salbutamol inhalers have been bought by the school for **emergency use** and the document entitled 'Guidance on the use of emergency salbutamol inhalers in schools- March 2015' is being followed.

- Parents will need to sign and return to school the document entitled Annex A *Consent form: use of emergency salbutamol inhaler (Appendix 7 of the policy)*, which states that 'In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.'
- In the event that the emergency inhaler is administered, Annex B - *Letter to inform parents of emergency salbutamol inhaler use (Appendix 8 of the policy)* will be issued to parents.

#### **GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES**

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children, the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff.

Staff who have volunteered and have been designated as appropriate by the Executive Head teacher / Head of School will administer treatment for hypoglycaemic episodes.

It is important to be aware that children and young people with diabetes can also become unwell as a result of raised blood sugars (hyperglycaemia) therefore staff should refer to the child's intimate care and health plan and may need to check blood sugar levels prior to initiating any treatment. Signs and symptoms of hyperglycaemia can include thirst and frequent urination, blurred vision, nausea and vomiting and shortness of breath.

#### *To prevent "hypo's"*

1. There should be a Intimate Care and Health Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra curricular activities at lunchtimes or detention sessions. Off site activities e.g. visits, overnight stays, will require additional planning and liaison with parent / carer.

### *To treat “hypo’s”*

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a “hypo”. Symptoms may include sweating, pale skin, confusion and slurred speech.
2. Treatment for a “hypo” might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, either by a member of school staff or health professionals.
3. It is the parent’s responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made, and the child put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of “hypo’s” where staff have issued treatment in accordance with Care Plan.

### **If Hypostop has been provided**

The Consent Form should be available.

Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child’s Care Plan with time, date and full signature of the person who administered it. It is the parent’s responsibility to renew the Hypostop when it has been used.

***DO NOT USE HYPOSTOP IF THE CHILD IS UNCONSCIOUS.***

### **GUIDELINES FOR MANAGING CANCER**

Children and young people with cancer aged 0–18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- the type of cancer they have
- its stage (such as how big the tumour is or how far it has spread)
- their general health.

The three main ways to treat cancer are:

- chemotherapy
- surgery
- radiotherapy.

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital quite a bit. It depends on the type of cancer, their treatment and how their body reacts to treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer comes back after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other pupils. They may have spent more time in adult company, having more adult-like conversations than is usual, gaining new life experiences and maturing beyond their peers.

Treatment for cancer can last a short or a long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) others unplanned (for example, due to acquired infections).

When they return to school your pupil may have physical differences due to treatment side effects. These can include:

- hair loss
- weight gain/loss
- increased tiredness

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery. Teachers may need to adjust their expectations of academic performance because of the child's or young person's gaps in knowledge, reduced energy, confidence, or changes in ability. Staff may need to explicitly teach the child or young person strategies to help with concentration and memory, and they may initially need longer to process new concepts.

Wherever possible the child or young person should be enabled to start in the same ability sets as before, unless they specifically want to change groups. Regularly revise the child's or young person's timetable and school day as necessary.

### **HAVING A 'KEY' PERSON AT SCHOOL**

It's helpful to have one 'key' adult that the pupil can go to if they are upset or finding school difficult, plus a 'Plan B' person for times the usual person is not available.

### **PHYSICAL ACTIVITY**

Make arrangements for the child or young person to move around the school easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the pupil to have a buddy to carry their bags and for them to have access to lifts.

Some pupils may not want to be left out during PE despite tiredness or other physical limitations. Include the pupil as far as possible e.g. allow them to take part for 20 minutes rather than the full session or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on them doing PE due to medical devices or vulnerability.

### **Briefing staff**

Ensure that all staff, including lunchtime supervisors have been briefed on key information. Circulate letters about infection risks when requested by the child's family or health professionals. Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

If staff are concerned about the pupil, it's important that they phone the parents/carers to discuss the significance of signs or symptoms. Parents can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child) call a 999 ambulance and ensure that the crew are aware that the child or young person is on, or has recently finished, cancer treatment.

## **Further Information and Guidance**

### **Asthma UK**

[www.asthma.org.uk](http://www.asthma.org.uk)

### **Diabetes UK**

[www.diabetes.org.uk](http://www.diabetes.org.uk)

### **Epilepsy Action**

[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

### **CLIC Sargent (Cancer)**

[www.clicsargent.org.uk](http://www.clicsargent.org.uk)

**Contents of appendices:**

*Appendix 1 - Intimate Care and Health Plan*

*Appendix 2 - Contacting Emergency Services*

*Appendix 3 - Request for child to carry his/her medicine*

*Appendix 4 - Medicine Administration Recording form ( Class 1 and 2 drugs)*

*Appendix 5 - Medical permission form – Parent*

*Appendix 6 - Medical permission letter to parents and the GP*

*Appendix 7 - Consent form: use of emergency salbutamol inhaler*

*Appendix 8 - Letter to inform parents of emergency salbutamol inhaler use*

*Appendix 9 – The 6 rights of medicine administration and independent checking sheet*



### Intimate Care and Health Plan

Name of School	
Child's name	
Class / Group	
Date of Birth	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review date (at least every 12 months)	

### CONTACT INFORMATION

Family contact 1		Family contact 2	
Name		Name	
Relationship to child		Relationship to child	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	
Clinic/Hospital contact		GP	
Name		Name	
Phone No.		Phone No.	

Describe medical needs and give details of child's symptoms:

--

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

If medicated please state medication, dosage and expiry date.

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

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

Form copied to:

Appendix 2



<b>Request for an Ambulance</b>	
<b>Dial 999, ask for ambulance and be ready with the following information</b>	
1.	Your telephone number:
2.	Give your location:
3.	State that the postcode is
4.	Give exact location in the school
5.	Give your name
6.	Give name of child and a brief description of child's symptoms
7.	Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

***Put a completed copy of this form by the telephone***

### Appendix 3



*Request for child to carry his/her medicine*

**THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN**

**If staff have any concerns discuss request with school healthcare professionals**

Name of School:	
Child's Name:	
Child's DOB:	
Class/Group:	
Address:	
Name of Medicine:	
Procedures to be taken in an emergency:	

#### **Contact Information**

Name:	
Daytime Phone No:	
Relationship to child:	

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

Signed:  Date:

If more than one medicine is to be given a separate form should be completed for each type of medicine

[illegible]

Appendix 5



**Permission form for the administration of essential drugs**

**MEDICINES TO BE GIVEN DURING SCHOOL HOURS**

This is to certify that my child ..... requires the following dose of daily medication.

Name of medication .....

The reason that the medication is required is: .....

Amount to be administered.....

Time of administration: .....

Date, time and amount that this medication was last administered to my child .....

.....

Does this medication require refrigerating (tick one)?

☐

Yes

☐

No

I give permission for the following people to support the administration of the above medication:

1.

2.

3.

**\*Check that names of staff have been entered above before signing and dating this form**

I undertake to deliver the correct medication to my child's Class teacher / Office staff member as required in the original clearly labelled package.

I acknowledge and recognise that school staff are not medical practitioners.

Signed:..... (Parent / Carer)

Print name: .....

Date:.....

---

**To be completed by a Senior Leader within school (Tick one)**

I have been given medical proof that the above named child should be receiving the medication stated.

☐

OR I can confirm that the medication provided by the parent is unopened previously.

☐

Signed :..... (Senior School Staff)      Role:.....

Date: .....

Copy placed in Medicine Folder (school office) / Class Teacher to be informed via CPoms (school office)

## Appendix 6



### Permission Letter for the administration of medicines

Dear Parent / Carer,

It is very important that medicines that you wish the school to administer are authorised by your GP, Hospital Consultant or appropriate health professional. Without their signature, authorised staff cannot give any type of medicine to the pupils in school.

Please kindly ask the GP / Consultant to complete the form below and return it with the medicines prescribed to the school office.

You will need to have a new form completed if the type and dosage of the medicine is changed. The medicines **must** be provided in their original packaging (not broken down and placed in envelopes).

Please remember that any prescribed medicine that is administered by the school **must** be removed from the school premises on the last day of the summer term by the parent / carer in arrangement with a competent member of staff. These forms are available from the school.

Yours Sincerely,

Nicola Davies

Executive Head Teacher

Child's Name:	
Child's DOB:	
Address:	
GP Name and contact number:	
GP Address:	

#### List of prescribed medicines:

Name of medication and strength	Dosage	Frequency	Duration	Date to commence
Additional Instructions:				

GP Signature:	
Date:	

(Annex A from Guidance on the use of emergency salbutamol inhalers in schools March 2015)

## CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: .....

Date: .....

Name (print).....

Child's name: .....

Class: .....

Parent's address and contact details:

.....  
.....  
.....

Telephone: .....

E-mail: .....

## LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

Class: .....

Date: .....

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.


They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely

  
**Nottinghamshire Healthcare**  
NHS Foundation Trust

## The **SIX** Rights of medicine Administration & independent checking

In line with NICE Medicines Optimisation Quality Standard Principle 3— Ensure medicines use is as safe as possible

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### 1. Right **DRUG**

- Is the prescription clear, prescribed using the generic name including type of preparation eg modified release where appropriate?
- Have you selected the right drug?
- Check label against prescription chart
- Ensure patient has no allergies to the drug prescribed
- If patient is being treated under Mental Health Act, is the drug covered by appropriate Consent to Treatment Paperwork, where necessary?

### 2. Right **DOSE**

- Use the BNF to confirm doses if you are unfamiliar with the medicine
- Have you selected the right dose, strength of preparation.
- If a comma is used is this a decimal point?
- Use 5 to 1 rule – if more than 5 tablets / vials etc is required to make a dose is this the correct dose?
- Check calculations and measurements

### 3. Right **ROUTE**

- Have you confirmed you have the right route prescribed?
- Have you confirmed the route to be given?
- Is the formulation you have suitable for administration via this route?

### 4. Right **TIME**

- Is it the right time for this medicine to be given?
- For a PRN medicine, has the correct time elapsed since it was last given?
- Ensure the maximum number of doses in any rolling 24 hour period is not exceeded

### 5. Right **PATIENT**


- Check patient details on medication card before preparing the medicine and again before administration
- Confirm you have the right patient both verbally and by photographic ID, written description, or wrist band where worn

### 6. Right **DOCUMENTATION**

- Have you completed the correct documentation, signed prescription charts, completed Controlled Drug register?

#### Independent checks

If a second check is required this must be done independently. The person completing the second check must verify ALL the details above.



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