

18 - ADMINISTRATION OF MEDICATION – POLICY AND PRACTICE

Let Us Play Scheme

(Play Scheme for children with profound
and multiple learning difficulties)
Registered Charity No 1072059

Name of Unit/Premises/School	Let Us Play Scheme / St. Francis School
Date of Policy Issued/Review	15 May 2019
Name of Chairperson	Juliet Cheriton-Gerrard
Signature of Chairperson	
Management Committee Name	Matthew Lewis
Management Committee Signature	

POLICY STATEMENT

Safe Handling, Management and Administration of Medication by Approved Carers within the Play Scheme Provision.

This policy provides the guidance and practice to be adhered to at all times to safeguard against any incidents, accidents or misunderstandings.

The Management Committee and Staff of Let Us Play Scheme wish to ensure that every registered child with medication needs receive the appropriate care and support on the play scheme. The Chairperson will accept responsibility in principle for members of staff giving or supervising children taking prescribed medication during play scheme hours where those members of staff have adequate training. Staff approved for administering medication are listed in Annex A.

It is our policy to ensure that all medical information will be treated confidentially by the responsible staff. All staff has a duty of care to follow and cooperate with the requirements of this policy.

Let Us Play Scheme aims:

- To provide a system of administration and management with medicines that focuses on the needs of the children, their families and carers.

- To develop a strategic approach across all agencies to the provision of appropriately structured programmes of education and learning in the safe handling, management and administration of medication for approved LUPS Staff.
- Ensure that children who need assistance with medicines are identified by standardised risk assessment and that the assistance then provided is appropriate safe and suitably recorded and monitored.

All Staff are responsible for ensuring their own medication is correctly stored and administered in accordance with this policy.

CONFIDENTIALITY

It is our policy to ensure that all medical information will be treated confidentially by the responsible staff. All staff has a duty of care to follow and cooperate with the requirements of this policy.

We will respect confidentiality in the following ways:

- Parents will have access to all information held on their own child but will not have access to information about any other child.
- Staff will be given information on each child to enable them to participate at their own level and maintain their safety but not of personal or particular details shared by parents to the LUPS Senior Management Committee.
- Staff will not discuss individual children other than for the purposes of planning activities, or enabling them at an activity.
- Information given by parents/carers to LUPS Senior Management Committee will not be passed on to any other worker without permission.
- All anxieties/evidence relating to a child's personal safety will be kept in a separate and confidential file and will not be shared within the group except for the individual Senior Assistant and LUPS Chairperson.

PARENTAL RESPONSIBILITY

Parents are responsible for:

- Completing all Medical Forms with accurate and upto date information.
- Informing LUPS of their Childs medical records, medication and any changes therein
- Ensuring all Medication is sent in a secure and labelled container as originally dispensed. Each medication must be clearly labelled with the following information:

Childs Name

Name of Medication

Dosage

Frequency of Administration

Date of Dispensing

Storage Requirements

Expiry Date

The Play Scheme will not accept items of medication in unlabelled containers

A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

- It is the Parents responsibility to renew the medication when supplies are low and to ensure that the medication is supplied within its expiry date.
- It is the responsibility of the Parent to notify the Play Scheme immediately in writing if the Childs medication ceases or there are any changes.
- The Play Scheme will not make changes to dosages on parental instruction.

STAFF RESPONSIBILITY

Staff are responsible for the following:

- Only those Staff Authorised by the Chairperson and as listed in Annex A are permitted to Administer medication on the play scheme and will have received appropriate training.
- Ensuring that medication handed over from Parents is checked for the following:
 - Provided in a secure and labelled container as originally dispensed and clearly labelled iaw labelling criteria listed above in Parental Responsibility.
 - Ensuring that the medication has not expired
 - Ensuring that the Parent has given specific written and signed instruction for the prescribed medication. Staff will not give non prescribed medication to a child unless there is specific prior written permission from the Parent.
- Ensuring that the medication is signed over from parents on arrival and signed back across to parents on departure.

- Ensuring medication is appropriately secured away in the appropriate locked medical cabinet.
- Ensuring that any medication administered is witnessed by another Senior Member of Staff. Witnessing will include checking the prescribed medication details on the container, witnessing the correct dosage being drawn up by the Authorised Person and given to the child. Both the Authorised Staff and Witness should then sign the form accordingly.
- It has been assessed as beneficial to the children, for the play scheme to have Paracetamol tablets or suspension available. Unless pain relief is prescribed and there has been written instruction for administration by the parent, no pain relief medication will be administered without first contacting the Parent to gain witnessed verbal permission with written consent/confirmation on collection of their child.
- All Staff will be made aware of procedures to be followed in the event of an emergency.
- Staff will not dispose of medicines. Medicines, which are in use, should be collected by the Parent at the end of the day. Any medication found to be expired will result in immediate notification to the Parent and returned to them.
- For those children with Epilepsy who will need additional support during a seizure. CLEAR and PRECISE guidelines will be given by the parents as to the procedures pertinent to the needs of their child. Specifically the acceptable type and duration of a seizure before intrusive support is necessary e.g. Rectal Valium (Diazepam.) or ambulance support.
- When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned as soon as possible.
- All medications will be kept in a lockable facility in the Nurses Room.

LUPS will ensure that the First Aid equipment is kept clean, replenished and replaced as necessary. Sterile items will be kept sealed in their packaging until needed.

MODEL OF GOOD PRACTICE

General Principles

The General Principles of this policy are detailed below:

The cornerstone of the policy is a risk assessment to identify appropriate support for the children and the provision of appropriate training for those staff that will assist the children with medication. Staff administering a medicine will not be held responsible for any adverse effects, providing a medicine has been given in accordance with a prescribers instructions and local policies have been followed. Organisations should include medication tasks in any indemnity insurance they arrange.

Staff **MUST NOT** offer any assistance with medication unless a risk assessment has been carried out, the level of support required is clearly documented and a care plan is in place and accessible within the play scheme.

Where the child is incapable of giving consent, a judgement will have to be made about risk. If it is decided that assistance with medicines is in the best interests of the child, this should be documented in the child's care plan, together with the names of persons involved in the decision.

If consent is refused, assistance with medicines cannot be given. The refusal should be reported to the Chairperson and documented, with appropriate action taken eg. Contacting Parents/Carers immediately.

Children have a right to expect that any assistance offered is carried out in a professional manner by a trained member of Staff.

The Health and Safety of Work Act 1974 imposes a general duty on Employers to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and others which includes the children and any others who may be affected by what is done. This duty extends to all aspects of the provision of care, including storage, administration and disposal of medicines.

All assistance must be provided safely and must ensure that the child takes the correct amount of their medication as prescribed. Staff are only responsible for medication administered by them. Staff will operate within a safe system which will be based on a risk assessment and this will need to be underpinned by a structured programme of education and learning in the safe handling, administration and management of medication.

In no circumstances should a medicine be given to a child without their knowledge (e.g. crushed or hidden in food)

In no circumstances must a child be forced to take medication against their wishes. Refusals should be recorded on the Medicines Administration Record Sheet (MARS), an example of which can be found in Annex B. All refusals should be reported to the Chairperson for further guidance.

Staff must only administer medication from the original container supplied by the pharmacists and not from any container filled by any other person.

Any concerns about a child and their medication must be reported to the Chairperson who will seek appropriate advice.

Carers **MUST NOT** make judgements on medication where directions are not explicit e.g. take as required. NB 'two tablets four times a day when required for pain' would be acceptable because a dose is clearly stated.

Where assistance is to be provided, the assessment, child care plan and a Medicines Administration Record Sheet (MARS) must be accessible within the play scheme.

The Assessment and Care Plan should be reviewed in conjunction with all relevant parties whenever there is a change in the child's circumstances and if Carers report any problems. Where there is no change, reviews must take place every 12 months.

TYPES OF SUPPORT WITH PRESCRIBED MEDICATION

Support will only be offered after:

- An assessment has been carried out
- A level of support has been agreed
- A child's Care Plan, which also details a medication log (At Annex C for reference) are to be accessible within the play scheme
- Staff must be trained and competent to provide the level of assistance required.
- If assistance at any level is being provided, records must be kept of all medicines received or sent for destruction.

THREE IDENTIFIED LEVELS OF SUPPORT

- LEVEL 1 - Assisted Self-Medication.
- LEVEL 2 - Physically Assisted Self-Medication.
- LEVEL 3 - Complete Medication Management.

In addition, certain specialist tasks relating to medication may be undertaken by Staff as long as appropriately trained and competent.

LEVEL 1: ASSISTED SELF-MEDICATION

Child directs Staff and takes responsibility for their Medicines

Permitted Tasks:

- Help with ordering and collecting prescriptions
- Verbal reminder to take medication
- Help with reading labels or patient information leaflet
- Advising on safe storage of medicines
- Observing and reporting to the Chairperson any changes in the child's ability to manage their medicines.

LEVEL 2: SUPERVISED or PHYSICALLY ASSISTED SELF-MEDICATION

In this situation the child is selecting which medicine is needed and its dose, but needs physical assistance to prepare to take or use the medication.

Permitted Tasks:

- As per Level 1
- Opening Containers
- Pouring liquid doses
- Preparing inhaler/spacer devices
- Preparing a compliance device for eye drops
- Applying topical preparations e.g. cream or ointment.
- Assisting application

This level of support must be covered by the completion of a Medicines Administration Records Form.

LEVEL 3: COMPLETE MEDICINES MANAGEMENT

Child is not taking responsibility for selecting which medicines are to be taken.

Permitted Tasks:

- As per Level 1 and 2
- Selecting and Administering the appropriate medicine by opening the container, handing the prepared dose the child and ensuring that it is taken correctly

Excluded

- Invasive, clinical or nursing procedures
- Specialist tasks unless Staff have been given additional training and the member of Staff is signed off as competent to provide such care.

Forms of Medication suitable for Level 1, 2 or 3 Support

Oral Medication – Tablets, Capsules, liquid, lozenges (including controlled drugs), powders Buccal/Sublingual Tablets.

Topically Applied Preparations – Creams, ointments, lotions, scalp applications and skin patches (Disposable gloves must be worn when applying these).

Inhalers this includes inhalers and spacer devices.

Note: The date of opening of eye, ear and nose drops must be written onto the label on the bottle.

EDUCATION AND TRAINING

LUPS is responsible for:

- Evidence that training is appropriate and carried out by suitably competent trainer with current experience of handling medicines.
- Establishing a formal means to assess whether the member of Staff is competent to assist with medicines.
- In order to provide assistance at any level with medicines, Staff should:
Be fully aware of this Policy as part of their induction and on-going training.
- Have completed a suitable training course approved by LUPS and
- Have undergone a competency assessment to provide assistance with specialist tasks where appropriate.
- A written, signed and dated record must be kept of the healthcare professional that provided the training and delegated the duty, and retained in the Staff records.
- The education, training and development of Staff who will be responsible for safe practice in the handling, administration and management of medication is a critical area of work. It is imperative that appropriate levels of education, training and development are delivered to all Staff who requires it.

Within this policy three levels of support with medicines are identified. Below, for each of these levels are identified topics in which all Staff will need to be educated and trained to an assessed level of competence.

SUPPLY, STORAGE AND DISPOSAL OF MEDICINES

Supply

Medicines should normally be provided with the child or by care providers, and a full record is held.

It is desirable that all medicines are supplied in the pharmacist's original container, complete with label and patient information leaflet, all labels should include explicit directions – for example 'take as required/as before' or 'take as required for pain' would not be sufficient information to allow assistance to be provided.

- No alterations should be made to the dispensing label provided by the pharmacist under any circumstances.
- Medicines should not be decanted into other containers or put out for the child to take at a later time.
- Medicines should not be separated from their label or patient information leaflet.

Assistance will be limited to level 1 support if this is the case.

Storage

Medicines must be stored where they are readily available to Authorised Staff. They should be kept away from excessive heat, humidity and light sources. They must be out of the reach of children.

Medicines which need to be stored in a refrigerator should preferably stored in a sealed and clearly labelled airtight container, separate from other foodstuffs at a temperature between 2 and 8 degrees centigrade. There should be restricted access to a refrigerator holding medicines.

Medicines must be stored in the original packaging and not separated from the label or patient information leaflet.

Controlled Medications must be contained in a lockable non-portable container and only authorised staff listed in Annex A should have access. A record will be kept for audit and safety purposes.

The Chairperson must ensure that information on how to access medicines is available to all relevant Staff.

Disposal

Staff should always return any unwanted or out of date medicines back to the Parents or Carers, a record must be made on the medication profile stating what has been removed and to whom it was returned.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures¹⁷. 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. Ofsted guidance provides an extensive list of issues that early years providers should consider in making sure settings are hygienic.

AUTHORISED STAFF

Following an assessment and the level of assistance required will be defined within the Care Plan and detailed in the Childs Plan.

It is the responsibility of the Care Staff to follow the Childs Plan and this Policy and to report any concerns to the Chairperson.

Staff should only assist with medication where they have required training and they are competent to do so. Once deemed competent you will be expected to:

- Carry out medication risk assessment.
- Identify the appropriate level of support and record this in the Care Plan.
- Ensure that a record of all medication, the assessment, consent and Care Plan are passed to the Care Manager.

The Chairperson continues to hold responsibility for ensuring that reviews are conducted whenever there is a significant change in the child's circumstances. Where there is no change **reviews must take place every 12 months.**

CHAIRPERSON

It is the responsibility of the Chairperson to ensure:

- This Policy is implemented in their Provision.
- That the service provided is monitored and reviewed.
- Incidents and 'near-misses' are recorded appropriately and used as a learning tool to improve the service.
- Feedback is provided on this policy to aid its evaluation and review.
- That training for Staff is provided.
- That records of Staff Training are kept.
- The agreed and documented level of assistance is provided to children on a day-to-day basis by trained and competent Staff.

DOCUMENTATION

The Assessment must be signed and dated and the level of assistance agreed and consented to by parents/carers must be clearly stated.

The Care Plan records the level of assistance required by each Child.

A Medication Administration Record Sheet (MARS) will be kept in the play scheme and must be easily accessible to all authorised staff.

It is essential a record of what HAS been given, not what SHOULD be given. It is the Authorised Staff's responsibility to check the dispensing labels in addition, to ascertain the correct dose.

Any concerns that doses are being given by others and not recorded, must be reported to the Chairperson.

MEDICATION ERRORS AND MEDICATION-RELATED INCIDENTS

There are several ways in which errors can be made when medicines are administered. It is important to recognise that occasionally a member of staff (whether professionally qualified or not) will make an error.

Organisations should have systems in place which are designed to minimise the occurrence of errors. There is rarely one single reason for an error being made – the circumstances should be examined thoroughly. Errors can often be traced back to systems failures. It is also important to collect information about mistakes and ‘near misses’ so that recurring problems are identified and acted on. Learning from errors and ‘near-misses’ is a key outcome.

All errors and Incidents should be logged, so appropriate follow up action can take place and allow for education or a review of procedures to prevent it from re-occurring.

Dropped/Damaged or Broken medication should be placed in an envelope and sealed, then returned to the parent/carer with full details provided (i.e. Full medication received by the child or not, the medication affected and any other pertinent information deemed necessary).

RESPONSIBILITIES OF STAFF

Some errors may appear trivial, but it is not easy or appropriate for Staff to judge the potential impact on a child. Therefore, all mistakes in assisting with medicines must be reported to the Chairperson immediately (e.g. wrong dose, wrong medicine, wrong person or dose missed accidentally) so that appropriate action can be taken to avoid further harm to the child. This action will routinely involve immediately seeking advice from the Child’s GP. The error should also be recorded on the Medication Administration Record Sheet and an Incident Reporting Form should be completed. All actions taken and advice received should be documented. If Staff suspect misuse or misappropriation of medicine (by a child, member of staff or relatives) this should be reported immediately to the Chairperson and an Incident Form completed.

RESPONSIBILITIES OF THE MANAGEMENT COMMITTEE

The Management Committee must be aware of their responsibility to report medication-related incidents to the appropriate bodies, and also to take appropriate action if there is a possibility of criminal actions.

EMERGENCY PROCEDURES

As part of general risk management processes LUPS should have arrangements in place for dealing with emergency situations. Other children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services, although this will normally be conducted by a member of the Management Committee

Guidance on calling an ambulance is provided in Form 1. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. In remote areas a school might wish to make arrangements with a local health professional for emergency cover. The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example the Role of a Trainee/Junior would be to alert the Senior in that area immediately who will then send someone to get the nurse and Senior Management.

INSPECTIONS

During an inspection Ofsted will check that LUPS has adequate policies and procedures in place regarding the administration and storage of medicines. Regulations require that parents give their consent to medicines being given to their child and that the provider keeps written records.

Annex A to
LUPS Administration of
Medication
Dated: 1 July 2015

The following is a list of Authorised Staff deemed competent to carry out the duties of Administering Medication on LUPS:

Sarah Greenwood
Annie Townsend
Vicky Ashton
Lisa Barfoot

SCLO
Nurse
Staff Coordinator
Senior Play Assistant

Annex B to
LUPS Administration of
Medication
Dated: 1 July 2015

Medical Administration Records Sheet (MARS)

Annex C to
LUPS Administration of
Medication
Dated: 1 July 2015

ASTHMA

What is Asthma?

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK.

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time.

However in early years settings staff may not be able to rely on younger children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that early years staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for children with asthma when this happens. This should be supported by written asthma plans, asthma school cards provided by parents, and regular training and support for staff. Children with significant asthma should have an individual health care plan.

Medicine and Control

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the play scheme day.

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken 29 before exercise.

Whilst Preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of play scheme hours.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.

Children who are able to use their inhalers themselves should 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 child's name. Inhalers should always be available during physical and sports activities.

For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept at play scheme.

The signs of an asthma attack include:

- coughing

- being short of breath
- wheezy breathing
- feeling of tight chest
- being unusually quiet

When a child has an attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

It is important to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. An Asthma School Card (available from Asthma UK) is a useful way to store written information about the child's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the child's doctor.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the play scheme. Children should have a reliever inhaler with them when they are in play scheme.

Children with asthma should participate in all aspects of the play scheme 'day' including physical activities. They need to take their reliever inhaler with them on all off-site activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work should be avoided. Some children may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

Reluctance to participate in physical activities should be discussed with parents, staff and the child. However children with asthma should not be forced to take part if they feel unwell. Children should be encouraged to recognise when their symptoms inhibit their ability to participate.

Children with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms. This may affect their concentration. Such issues should be discussed with the child's parents or attendance officers as appropriate.

LUPS environment should be asthma friendly, by removing as many potential triggers for children with asthma as possible.

All staff, should have training or be provided with information about asthma once a year. This should support them to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

Annex D to
LUPS Administration of
Medication
Dated: 1 July 2015

EPILEPSY

What is Epilepsy?

Epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. Parents and health care professionals should provide information to schools, to be incorporated into the individual health care plan, setting out the particular pattern of an individual child's epilepsy. If a child does experience a seizure in a school or setting, details should be recorded and communicated to parents including:

- Any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset)
- Any unusual “feelings” reported by the child prior to the seizure parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- The timing of the seizure – when it happened and how long it lasted.
- Whether the child lost consciousness
- Whether the child was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

What the child experiences depends whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected; a child may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

In some cases, such seizures go on to affect all of the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves.

After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours.

Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

Medicine and Control

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during playscheme hours.

Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. Concerns about safety should be discussed with the child and parents as part of the health care plan. During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- It is the child's first seizure
- the child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the child's health care plan
- A seizure lasts for five minutes if you do not know how long they usually last for that child
- There are repeated seizures, unless this is usual for the child as set out in the child's health care plan

Such information should be an integral part of the school or setting's emergency procedures as discussed at the Emergency Procedure paragraphs in the main policy but also relate specifically to the child's individual health care plan. The health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

Most seizures last for a few seconds or minutes, and stop of their own accord. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or a paediatrician should provide guidance as to when to administer it and why.

Training in the administration of rectal diazepam is needed and will be available from local health services. Staying with the child afterwards is important as diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution midazolam, given into the mouth or intra-nasally, may be prescribed as an alternative to rectal Diazepam. Instructions for use must come from the prescribing doctor. For more information on administration of rectal diazepam, see Form 9.

Children and young people requiring rectal diazepam will vary in age, background and ethnicity, and will have differing levels of need, ability and communication skills. If arrangements can be made for two adults, at least one of the same gender as the child, to be present for such treatment, this minimises the potential for accusations of abuse. Two adults can also often ease practical administration of treatment. Staff should protect the dignity of the child as far as possible, even in emergencies. The criteria under the national standards for under 8s day care requires the registered person to ensure the privacy of children when intimate care is being provided.

Annex E to
LUPS Administration of
Medication
Dated: 1 July 2015

DIABETES

What is Diabetes?

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

About one in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.

Medicine and Control

The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during play scheme hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the play scheme lunch break, before physical exercise or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. LUPS may need to make special arrangements for a child with diabetes if the play scheme has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical

exercise or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a **hypoglycaemic reaction** (hypo) in a child with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- the child's recovery takes longer than 10-15minutes
- the child becomes unconscious

Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Such information should be an integral part of the LUPS emergency procedures as discussed at the emergency procedure paragraphs in the main policy but also relate specifically to the child's individual health care plan.

Annex F to
LUPS Administration of
Medication
Dated: 1 July 2015

ANAPHYLAXIS

What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back. LUPS should hold, and where to store them, has to be decided on an individual basis between the Chairperson, the child's parents and medical staff involved.

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person²², there should always be a spare set kept safely which is not locked away and is accessible to all staff. In large settings or split sites, it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents, LUPS and the treating doctor.

Important issues specific to anaphylaxis to be covered include:

- Anaphylaxis – what may trigger it
- What to do in an emergency
- Prescribed medicine

- Food management
- Precautionary measures

Once staff have agreed to administer medicine to an allergic child in an emergency, a training session will need to be provided by local health services. Staff should have the opportunity to practice with trainer injection devices.

Day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in play scheme.

Parents often ask for the Chairperson to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic children should be taken.

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they may become very unwell. It is important that these children are not stigmatised or made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, play scheme life may continue as normal for all concerned.

FORMS

- Form 1** Emergency planning - request for an ambulance
- Form 2** Incidents to be reported to parents
- Form 3** Emergency Medication Record Sheet
- Form 4** LUPS Medical Essential Information Form
- Form 5** LUPS Epilepsy Medical Information Form
- Form 6** LUPS Enteral Feed/Fluid Plan

FORM 1 - Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number
2. Give your location as follows: (insert school/setting address)
3. State that the postcode is
4. Give exact location in the school/setting (insert brief description)
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

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

FORM 2 – Daily Incidents to Report to Parents

Child Name	Incident	Date	Who reported to and signed

FORM 3 - Emergency Medication Administration Record

Name: D.O.B

Protocol
.....

Emergency Medication

.....

Dose Prescribed

.....

Dose administered

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

Action/comments

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

Signed Print Name.....

Position.....

Date.....

FORM 4 - LUPS Medical Essential Information

This form should be completed and SIGNED by the Parent/Carer of the child. Please read carefully and provide as much information as possible. The information provided on this form will be used in compliance with the Data Protection Act 1998. All personal details are considered confidential and will only be disclosed to the relevant staff, medical staff and other relevant officers if deemed necessary for the welfare of your child.

Childs Name:	D.O.B
Address:	
Parent/Carer:	
Phone:	Mobile:
Work:	Email:
First Emergency Contact:	
Name:	Relationship to child:
Phone:	Mobile:
Second Emergency Contact:	
Name:	Relationship to child:
Phone:	Mobile:
GP name:	
Address:	
Phone:	
Nature of disability:	
Any special dietary requirements and/or food intolerances ? YES / NO (please provide as much information as possible including reactions)	
Allergies YES / NO if yes please indicate Allergen and reaction/treatment	
Does your child require Suctioning? YES/ NO If yes please give details:	

Medication

Please list all prescribed medication that is required by your child whilst they are at LUPS. If they are likely to require non prescribed medication e.g. Paracetamol please list this in emergency medication.

Daily Medication

Name of Drug	Dosage	Time	Additional info (method of administration Oral, Gastrostomy, flushes etc)

Emergency Medication:

Name of Drug	Dosage	When required	Additional information

Signature Parent/Carer **DATE**

In the event of an emergency Please sign to say you give consent for us to seek further medical treatment for your child

Signature Parent / Carer **Date**

**PLEASE NOTE: WE ARE UNABLE TO ADMINISTER ANY MEDICATIONS OR HOLISTIC TREATMENTS, AS PER OUR MEDICATION ADMINISTRATION POLICY, UNLESS THEY ARE IN THEIR PHARMACY DISPENSED BOTTLE/CONTAINER AND LABELLED CORRECTLY. NO MEDICATIONS SHOULD BE PLACED IN ANY ITEMS OF FOOD AND DRINK PRIOR TO ADMISSION ON THE PLAY SCHEME. FAILURE TO COMPLY WILL RESULT IN LUPS AUTHORISED STAFF BEING UNABLE TO ADMINISTER THE MEDICATION TO YOUR CHILD WHILST IN OUR CARE. THIS IS TO ENSURE THE SAFETY OF YOUR CHILD AND OUR STAFF AT ALL TIMES. PLEASE HAND IN ALL MEDICATIONS TO THE NURSE AT THE FRONT DOOR OR ONE OF THE EXECUTIVE COMMITTEE ONLY.
THANK YOU**

FORM 5 - LUPS Epilepsy Medical Information Form

Child's Name D.O.B

Contact Number Emergency Contact.....

Does your child have Epilepsy? YES / NO If yes please complete the following:How often are the seizures? (Daily, weekly, monthly etc)

When does a seizure usually occur (anytime, on waking, during night etc)

How long does a seizure usually last?

Are you aware of anything that may trigger a seizure ?

What type(s) of seizure does your child have (Absence, Myoclonic, Drop etc)

Are there any warning signs ?

Does your child hold their breath or gargle with saliva ?

Please describe in detail what usually happens when your child has a seizure

Does your child vomit or have incontinence during a seizure?

Please list any anti-convulsant medication your child is currently taking including dosage and frequency

..... (Cont over)

Does your child require medication to be administered on the play scheme? YES / NO (if yes please give all details Dosage, Time, Method of administration)

.....

Please state medication prescribed for emergency use (rectal diazepam, midazolam) including dose: Do you require LUPS to administer this in accordance with your child's emergency protocol YES / No

.....

.....

Please indicate if your child has ever had emergency medication YES / NO
If Yes were there any side effects ?

.....

.....

How long should we allow a seizure to continue before administering emergency medication?

.....

.....

In the event of an Emergency and the need to call an ambulance your child will be taken to the nearest Hospital unless otherwise indicated. They will be escorted by the appropriate LUPS medical officer until you are able to be with your child.

.....

.....

I give my permission for prescribed emergency medication to be administered to my child by the nominated first aid / medical member of staff, or any other Senior member of staff who has been given the necessary instruction/ training.

Signature of Parent / Carer.....Date.....

The information provided on this form will be used in compliance with the Data Protection Act 1998. All personal details are considered confidential and will only be disclosed to the relevant staff, medical staff, and other relevant officers if deemed necessary for the welfare of your child.

FORM 6 – LUPS Enteral Feeding/Fluid Plan

Name **D.O.B**

Name of enteral feed

Supplement and/or thickener

Instructions for making up feed

FEED/WATER REGIME:

Time	Feed/water	Route	Volume	Pump rate	Flush pre	Flush post

Total to be given on LUPS:

Additional comments or instructions

Amount of flush with medications

Tap water (as NICE guidelines) YES/NO Cooled Boiled water YES/NO

I consent to Senior LUPS Staff to carry out the above feeding/fluid regime

Signed Parent/Guardian **Date**.....

PLEASE PROVIDE ALL EQUIPMENT (PUMPS, FEED, FLUIDS, SYRINGES ETC) AS REQUIRED

The information provided on this form will be used in compliance with the Data Protection Act 1998. All personal details are considered confidential and will only be disclosed to the relevant support staff, medical staff and other relevant officers if deemed necessary for the welfare of your child.

USEFUL CONTACTS

Allergy UK
Allergy Help Line: (01322) 619864
Website: www.allergyfoundation.com

The Anaphylaxis Campaign
Helpline: (01252) 542029
Website: www.anaphylaxis.org.uk and
www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus
Tel: (01733) 555988 (9am to 5pm)
Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)
Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)
Website: www.asthma.org.uk

Council for Disabled Children (National Children's Bureau)
Tel: (020) 7843 1900
Website: <http://www.ncb.org.uk/cdc/>

Contact a Family (Information about caring for disabled and special needs children) Helpline: 0808 808 3555.
Website: www.cafamily.org.uk

Cystic Fibrosis Trust
Tel: (020) 8464 7211 (Out of hours: 020 8464 0623)
Website: www.cftrust.org.uk

Diabetes UK
Careline: 0845 1202960 (Weekdays 9am to 5pm)
Website: www.diabetes.org.uk

Department for Education and Skills
Tel: 0870 000 2288
Website: <http://www.dfes.gov.uk>

Department of Health
Tel: (020) 7210 4850
Website: <http://www.dh.gov.uk>

Disability Rights Commission (DRC)
DRC helpline: 08457 622633.
Textphone: 08457 622 644
Fax: 08457 778878
Website: www.drc-gb.org

Epilepsy Action
Freephone Helpline: 0808 800 5050
(Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)
Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)
HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk
Health Education Trust
Tel: (01789) 773915
Website: <http://www.healthedtrust.com>

Hyperactive Children's Support Group
Tel: (01243) 551313
Website: www.hacsg.org.uk

MENCAP
Telephone: (020) 7454 0454
Website: www.mencap.org.uk

National Eczema Society
Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)
Website: www.eczema.org

National Society for Epilepsy
Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)
Website: www.epilepsynse.org.uk

Psoriasis Association
Tel: 0845 676 0076
(Mon-Thurs 9.15am to 4.45pm. Fri 9.15am to 16.15pm)
Website: <http://www.psoriasis-association.org.uk/>

Sure Start
Tel: 0870 0002288
Website: <http://www.surestart.gov.uk>