



Learn-AT

Learning ~ Fellowship

Medication and Management Procedures Policy

LAT048 Version 1 Updated October 2021

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Table of Contents

1.	Introduction	3
2.	Rationale	3
3.	General Principles and Responsibilities.....	4
4.	Responsibilities	6
5.	Medical Emergencies	8
6.	Complaints Procedure	12
7.	School Trips, Visits and Sporting Events	12
8.	Home to school transport	13
	Appendix A: Medicine Consent Form	14
	Appendix B: Procedure for the development of an Individual Health Care Plan (IHCP).....	15
	Appendix C: Advice on Medical Conditions	16
	Refrigeration Temperature Check List Resource 1.....	18
	Resource 2: Helping us to manage your child's medications	19

1. Introduction

- 1.1. This document is revised in line with the current Department for Education 'Supporting pupils at school with medication conditions' - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'. (Amended December 2015) which replaces the previous 'Managing medicines in schools and early years settings' (2005).
- 1.2. The Children and Families Act (Section 100) places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units to make arrangements for supporting pupils with medical conditions.
- 1.3. This policy covers the general administration of prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one-off basis or for a longer term or continual period for pupils with ongoing support needs. Pupils who have longer term support needs should have an individual health care plan developed, recorded and reviewed at least annually.
- 1.4. Each school is responsible for developing and regularly reviewing, its own medication policy and related policies and procedures, copies of which should be available to school staff and parents/carers.
- 1.5. Guidelines and information on administration of specific medicines for specific conditions are detailed in this guidance document. All information is available on the Leicestershire Traded Services website www.leicestershiretradedservices.org.uk.

2. Rationale

Definition of Health Needs

- 2.1. For the purpose of this policy, pupils with health needs may be:
 - pupils with chronic or short-term health conditions or a disability involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
 - sick children, including those who are physically ill or injured or are recovering from medical interventions, or
 - children with mental or emotional health problems.
 - Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010.

3. General Principles and Responsibilities

3.1. The Trustees and staff of Learn Academies Trust wish to ensure that pupils with medication needs receive appropriate care and support while at school so that they have full access to education.

- 3.1.1. The head teacher accepts responsibility for members of the school staff administering or supervising pupils taking prescribed or non-prescribed medication during the school day.
- 3.1.2. Where possible, pupils will be encouraged to self-administer their own medication.
- 3.1.3. When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role.
- 3.1.4. Parents/carers have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition. This responsibility should be communicated via school/setting parent/carer meetings and/or prospectus/school website information.
- 3.1.5. On the child's admission to the school the parent/carer should be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital Consultants, allergies, special dietary requirements and any other relevant information. This information should be renewed annually.
- 3.1.6. Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or carer.
([See Appendix A](#) for template document)

3.2. Administration of non prescription medicines in school such as Calpol.

Staff are unable to administer non prescription medicine in school and in line with COVID-19 procedures we would like to avoid parents coming into school to administer medicine. Calpol generally lasts up to 6 hours, so if required please give your child before and after school. If there are exceptional medical circumstances please contact the school via email or phone to discuss

3.3. No child under 16 should be given prescription or non-prescription medicines without a parent or guardian's written consent, except in exceptional circumstances where the medicine has been prescribed without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents, while respecting his or her right to confidentiality.

- 3.4. There must be adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication and adequate access, to and privacy for, the use of medication
- 3.5. Medication must be in its original packaging.
- 3.6. Non-prescription medicines such as hay fever treatment will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose and frequency of administration. Staff may take a note of the quantity provided to them, liquids may be marked with a line.
- 3.7. Prescribed medicines should be in original containers labelled with the pupil's name, dose, and frequency of administration, storage requirements and expiry date.
- 3.8. Generally, it is not necessary for an over the counter medicine to be prescribed by a medical practitioner in order to be administered in the school setting. The exception is where the child may already be taking prescribed medication and there may be an interaction between prescribed and non-prescribed medicines. In this instance all medications should be prescribed.
- 3.9. The school should not hold stock of over the counter medications
- 3.10. Aspirin MUST not be given to children under 16 years of age unless prescribed.
- 3.11. Pupils that have ongoing, long term or potentially emergency medication requirements should have an individual care plan completed and reviewed regularly. Pupils who require temporary, short term medication only requires a consent form to be completed.
- 3.12. If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parents/carers and/ or a healthcare professional.
- 3.13. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. A misuse of drugs' policy and procedure should be in place at the school to deal with situations for example, where pupils pass their medication to other pupils.
- 3.14. Schools should otherwise keep controlled drugs (The term 'controlled drug' is defined by the Misuse of Drugs Act 1971 ("the Act") as 'any substance or product for the time being specified in Part I, II or III of Schedule 2 of the Misuse of Drugs Act 1971'. Controlled drugs are subject to strict legal controls and legislation determines how they are prescribed, supplied, stored and destroyed), that have been prescribed for a pupil securely stored in a double locked non-portable container and only named staff should have access. Two people must witness the administration of the Controlled Drug. The controlled drug should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held (Misuse of Drugs Act 1971 and COSHH 2002)
(See Template C: Record of medicine administered to an individual child)

4. Responsibilities

- 4.1. Educational settings should ensure that members of staff who volunteer to administer medicines will be offered professional training, a clear protocol and support as appropriate and required.
- 4.2. Close co-operation, and use of a standard process between schools, settings, parents/carers, health professionals and other agencies will provide a suitably supportive environment for children/young people with medical needs.
- 4.3. The school will always take full account of authorised volunteers, temporary, supply and peripatetic staff when informing staff of arrangements in place for the administration of medicines and care.
- 4.4.** The school will always designate a minimum of two people it considers suitable and competent to be responsible for the administering of medicine to a child; this will ensure back up arrangements are in place if the principal member of staff with responsibility is absent or unavailable. All such staff will undertake a competence assessment, and this will be recorded (See Template E: staff training record – administration of medicines)
- 4.5. If a child/young person refuses to take medicine, staff will not force them to do so. Other examples include spat out or mishandling of medication. Staff will record the incident on the administration sheet. If refusal results in an emergency, the school's normal emergency procedures will be followed. (Please see Government Templates:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/349437/Supporting_pupils_with_medical_conditions_-_templates.docx

4.6. Storage

- 4.6.1. Medication should be kept in a known, safe and secure location. This may need to be a refrigerator (lockable is preferred). This will be strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed. Temperature checks carried out daily and recorded (See Resource 1).
- 4.6.2. In certain instances, pupils may be in charge of storing their own medication. This will depend on the nature of the medication, the age and maturity of the pupil and whether parental/carer consent has been received.
- 4.6.3. Prescribed emergency medication, such as epi-pens or asthma inhalers, should remain with the pupil, or close by at all times; including P.E and off-site educational visits.
- 4.6.4. Parents/carer are responsible for ensuring that the education setting has an adequate amount of medication for their child. As a general rule, no more than four weeks of medication should be stored at any one time.
- 4.6.5. Staff will check that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, and the expiry

date. Staff in the school must not alter or add to the label.

- 4.6.6. Children/young people will be informed where their own medicines are stored and how to access them.

4.7. Disposal Return and Medication Errors

- 4.7.1. Sharp items must be disposed of safely using a sharps bin. These are available on prescription for pupils who require regular medication of this type, e.g. Insulin. These should be returned to the pupil / parent as per 'sharps guidelines (<https://www.hse.gov.uk/pubns/hsis7.pdf>). Schools can purchase a sharps bin for generic use, e.g., for the disposal of sharps that have been used in an emergency. It is then the school's responsibility to arrange for its safe disposal (Hazardous Waste Regulations 2005).
- 4.7.2. All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Ofsted guidance (<https://www.gov.uk/government/organisations/ofsted>) provides an extensive list of issues that early years providers should consider in making sure settings are hygienic-
- 4.7.3. Parents/carers are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term. Parents will be sent a letter requesting collection. After two attempts the medication should be taken to a local pharmacist, for safe disposal. It is advised to keep a record of medication that is taken, and a signature is obtained from the receiving pharmacist.
- 4.7.4. Controlled drugs must only be taken to the dispensing pharmacist. Records of transferring medications must be witnessed and recorded.
- 4.7.5. Receipt of Controlled Drugs (CDs) Some young people have medication that is classified as a controlled drug (Misuse of Drugs Act 1971 schedule 2, storage labelled as CD). These drugs must be received in the appropriate manner and stored in the locked controlled drugs cabinet. Medication must be counted in, counted down as administered and counted out if they leave the building – this to be witnessed and recorded in the CD book. For controlled drugs that are returned via transport, staff should seal the CDs in an envelope and write the quantity contained within on the outside of the envelope to ensure parents know what quantity they will be receiving.

4.8. Record keeping

- 4.8.1. Consent forms must be signed before any medication is given. The educational setting is responsible for storing copies of signed consent forms. Consent forms should include:
- The pupil's name, age and class
 - Contact details of the parent/carer and GP

- Details of any allergies the pupil may have.
 - Clear instructions on the medication required, dose to be administered, frequency of dose and period of time medication will be required.
 - Acknowledgement that the pupil has previously taken the required medication with no adverse reactions. The parents should supply the school with the original medication information sheet whilst the medication is on site.
 - A dated signature of the parent/carer.
- 4.8.2. Changes to prescriptions or medication requirements must be communicated to the educational setting by the pupil's parent/carers and a new consent form signed.
- 4.8.3. Individual care plans must be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/carers, the educational setting and other professional input as appropriate. ([See Appendix B](#))
- 4.8.4.** Records must be kept for each child detailing each medication administered. There must also be a daily summary sheet detailing all pupils that have received medication that day under the supervision of the school. (See Template C: Record of medicine administered to an individual child and Template D: record of medicine administered to all children)

5. Medical Emergencies

- 5.1. In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate.
- 5.2. If a pupil needs to be taken to hospital, a member of staff should stay with the child until the parent/carer arrives, or accompany the child taken to hospital by ambulance. Schools need to ensure that they, understand the local emergency services cover arrangements.
- Emergency number to call (including additional number to reach an outside line-if applicable)
 - 999 or 112
 - Navigational instruction, if different from the school or postcode
- 5.3. If a pupil does become ill at school, they must be accompanied to the school office or medical room by a member of staff. Wherever possible a qualified first aider should attend the location in which the pupil has become ill, this should be without delay.
- 5.4. In the event of a pupil experiencing a potentially **life-threatening emergency**, for example an asthma attack or a suspected allergic reaction, information on spare generic emergency medication held in school will need to be communicated to

the emergency services. Guidance to then be taken from the emergency services during the 999 call.

- 5.5. A record of emergency medicines and their expiry dates should be kept and recorded each term for those educational settings which store such medications (for example epi-pens or asthma inhalers).
- 5.6. Emergency medicines should only be given to pupils with a signed consent form and following clear, agreed procedures detailed in the consent form or individual care plan, unless advised otherwise by the emergency services.

5.7. Emergency Adrenaline Auto Injectors

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

- 5.7.1. In 2017, the law was changed: **the Human Medicines (Amendment) Regulations 2017 now allows schools to obtain, without a prescription, “spare” AAI devices for use in emergencies**, if they so wish. “Spare” AAIs are in addition to any AAI devices a pupil might be prescribed and bring to school. The “spare” AAI(s) can be used if the pupil’s own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).
- 5.7.2. “Spare” AAI devices can be used in any pupil known to be at risk of anaphylaxis, so long as the school have medical approval for the “spare” AAI to be used in a specific pupil, and the child’s parent/guardian has provided written authorisation.
- 5.7.3. Not all children with food allergies and at risk of anaphylaxis are prescribed AAIs. These children *can* be given a spare AAI in an emergency, so long as:
 - the school has a care plan confirming that the child is at risk of anaphylaxis
 - a healthcare professional has authorised use of a spare AAI in an emergency in that child
 - the child’s parent/guardian has provided consent for a spare AAI to be administered.
- 5.7.4. **Schools are not required to hold spare AAI(s)** – this is a discretionary change enabling schools to do this, if they wish. This applies to all primary and secondary schools (including independent schools) in the UK. Only those institutions described in **regulation 22 of the Human Medicines (No.2) Regulations 2014** may legally hold “spare” AAIs.
- 5.7.5. Holding a spare Auto Injector in school is not compulsory, however schools are strongly recommended to purchase generic / spare Adrenaline Auto Injectors.
- 5.7.6. Importantly holding a spare injector could be used (under the direction of the emergency services) to support a child suffering an allergic reaction, previously unidentified

5.8. Asthma and Emergency Inhaler/ Inhaler use

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

- 5.8.1. From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies.
- 5.8.2. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).
- 5.8.3. This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish
- 5.8.4. This guidance is non-statutory and has been developed by the Department of Health with key stakeholders, to capture the good practice which schools in England should observe in using emergency inhalers and which should form the basis of any school protocol or policy. The Department of Health's 'Guidance on the use of emergency salbutamol inhalers in schools. March 2015' can be found in the link above.
- 5.8.5. It is important that for all pupils with asthma that reliever inhalers are immediately accessible for use when the pupil experiences breathing difficulties. Should the pupil need to visit the medical room, they should be accompanied by a member of staff and not be left alone, in case of worsening symptoms.
- 5.8.6. Schools may hold stocks of asthma inhalers containing salbutamol for use in an emergency by persons trained to administer them to pupils who are known to require such medication. More detailed information can be obtained from the government website below: -
<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>
- 5.8.7. Schools can buy inhalers and spacers from a pharmaceutical supplier in small quantities provided it is done on an occasional basis and is not for profit. A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) **stating:**
 - the name of the school for which the product is required;
 - the purpose for which that product is required, and
 - the total quantity required.

- 5.8.8. Wherever possible pupils should carry their own reliever inhaler or emergency medication treatment, but it is important that this is documented centrally.

5.9. EPILEPSY

<http://www.youngpilepsy.org.uk/for-professionals/education-professionals>

Children with 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.

- 5.9.1. Epilepsy is a very individual condition, and every pupil with the condition will display different patterns and types of symptoms. In fact, the majority of children with epilepsy never have a seizure during the school day. It is because of this that it is particularly vital that a detailed individual health care plan is drawn up for every pupil with the condition. This plan should be written by the child's consultant or lead specialist and must have been written within the last year for it to be valid.

- 5.9.2. Consulting with Parents: and medical staff, and should set out the particular pattern of the child's epilepsy

- what type of seizures the child has
- how long they last and what they look like
- what first aid is appropriate and how long a rest the child may need
- common triggers for the child's seizures
- how often is medication taken, and what the likely side effects are
- whether there is any warning prior to the seizure, and if so, what form it takes
- what activities might the parents or doctor place limits on
- whether the child has any other medical conditions
- to what extent the child understands their condition and its treatment.

- 5.9.3. 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

- 5.9.4. This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.
- 5.9.5. Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours.
- 5.9.6. Any emergency medications may require appropriate training, parental and GP consent and specific written guidance. Please seek advice from health professionals and the individual's GP.
- 5.9.7. 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.

6. Complaints Procedure

- 6.1. A complaints procedure, specific to medical conditions, must be included in the school's own Supporting Children with Medical Conditions Policy.
- 6.2. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.
- 6.3. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement (the contractual relationship between the academy and the Department for Education) or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

7. School Trips, Visits and Sporting Events

- 7.1. Medication required during a trip should be carried by the child, if this is normal practice. If not, then a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication as necessary. Please refer back to your internal EVC policy.
- 7.2. Medication provided by the parent must be accompanied with written directions for its use. All responsible persons should have access to this information prior to

the visit to enable sound judgements should a medical emergency arise. Team leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.

8. Home to school transport

- 8.1. For those settings required to arrange home to school transport, precautions must be considered to ensure the safety of the pupil during the journey.
- 8.2. Appropriate trained escorts if they consider them necessary to be available for the journey
- 8.3. Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they must receive training and support and fully understand what procedures and protocols to follow.
- 8.4. All drivers and escorts should have basic first aid training as part of their role to support with emergency first aid if required. Additionally, trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.
- 8.5. Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.

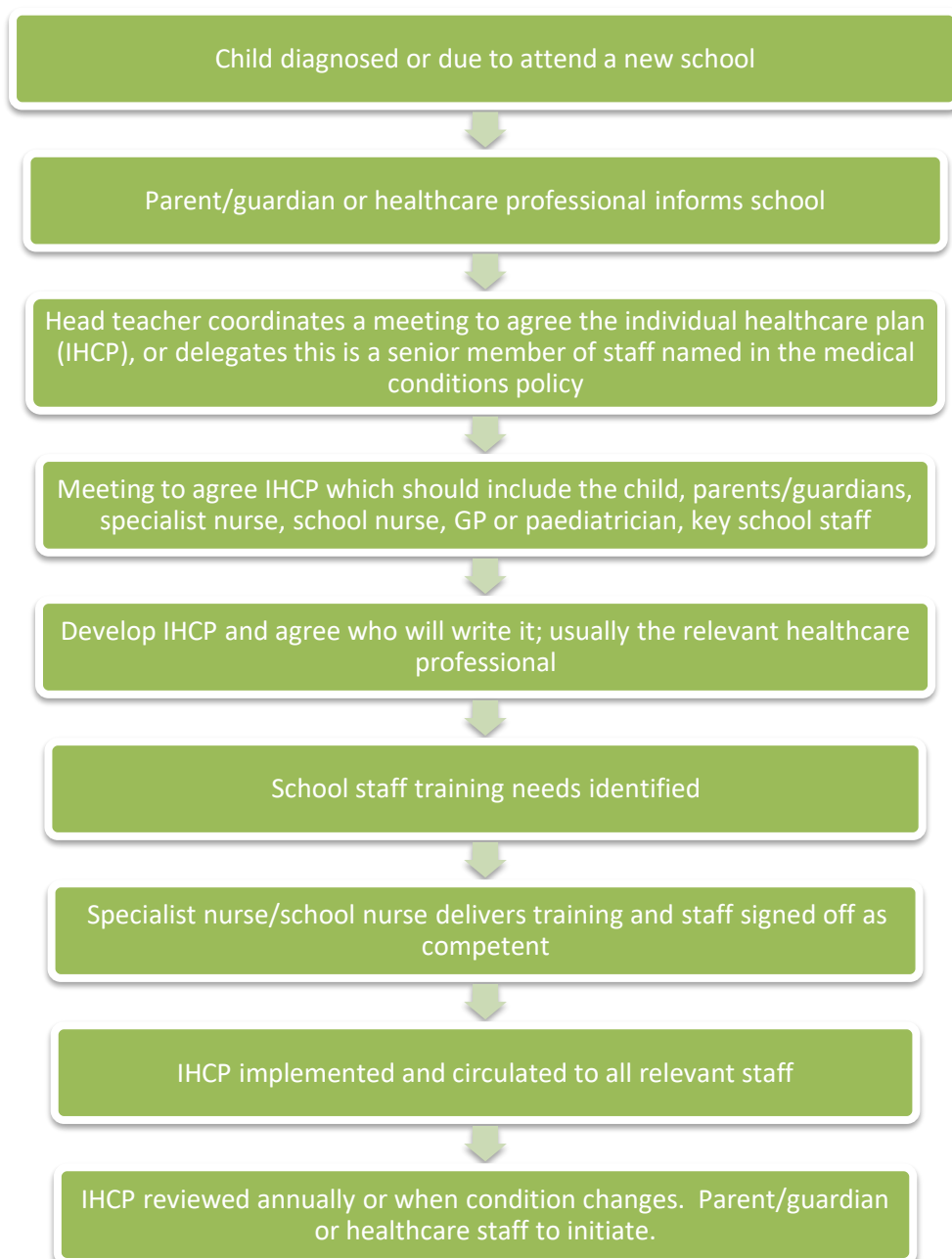
Appendix A: Medicine Consent Form

[Name of school/academy] Medicine Consent Form	
Child's name and class	
Child's date of birth	
My child has been diagnosed as having (condition)	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time/s of dose	
Quantity Received (where applicable)	
With effect from [start date]	
Until [end date]	
The medicine should be taken by (mouth, nose, in the ear, other: please provide details as appropriate)	
I consent/do not consent for my child to take the medicine by him/herself and therefore kindly request/do not request that you arrange for the administration of the above medicine as indicated. (Please delete as appropriate)	
I consent/do not consent for my child to carry his/her own medicine and therefore kindly request/do not request the school to store it on his/her behalf. This medicine does/does not need to be kept in a fridge. (Please delete as appropriate)	
By signing this form, I confirm the following statements:	
<ul style="list-style-type: none"> • That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions. 	
<ul style="list-style-type: none"> • That I will update the school with any change in medication routine use or dosage 	
<ul style="list-style-type: none"> • That I undertake to maintain an in -date supply of the medication 	
<ul style="list-style-type: none"> • That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication 	
<ul style="list-style-type: none"> • That I understand the school will keep a record of the quantity of medicine given and will keep me informed that this has happened. 	
<ul style="list-style-type: none"> • That I understand staff will be acting in the best interests of my child whilst administering medication. 	
Signed	
Name (please print)	
Contact Details	
Date	
Staff member signature	
Name (please print)	
Date	

Appendix B: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil and ensure that the pupil's needs will be met in the educational setting. Plans should be agreed by the head teacher and parents/guardians, be formally recorded and reviewed at regular intervals. A template/pro forma is available for download on the Schools website www.leicestershiretradedservices.org.uk system under 'A: Administration of medicines' and Medication and Management Procedures.

The procedure for development of an IHCP is given below:



Appendix C: Advice on Medical Conditions

The Community Paediatrician or nurse, on request, will give advice to schools regarding medical conditions. Parents or guardians of children with medical conditions seeking general information should be advised to seek advice from their GP, school health professionals (providing name and contact details) or from specialist bodies, an selection of which are listed below.

Asthma	
General information	Asthma UK: www.asthma.org.uk Asthma helpline: 0300 222 5800
For teachers	Guidance on Emergency asthma inhalers for use in schools: www.gov.uk
Epilepsy	
General information	Epilepsy action: www.epilepsy.org.uk Helpline: 0808 800 5050
For teachers	Guidance in Appendix 3: 'Epilepsy Health Forms for IHCPs'.
Infectious diseases	Public Health England: www.gov.uk ; Tel: 0344 225 4524 option 1
Haemophilia	The Haemophilia Society: www.haemophilia.org.uk ; Tel: 0207 939 0780
Anaphylaxis	
General information	Anaphylaxis Campaign: www.anaphylaxis.org.uk ; Tel: 01252 542 029
For teachers	See Appendix 4: 'Emergency Action Plan' forms for Epipen/Jext Pens. NB the need to report the administration of this medication to: Bridge Park Plaza, Fax: 0116 258 6694 and email to childrensallergy@uhl-tr.nhs.uk
Thalassaemia	UK Thalassaemia Society: www.ukts.org ; Tel: 020 8882 0011
Sickle Cell Disease	The Sickle Cell Society: www.sicklecellsociety.org ; Tel: 020 8961 7795
Cystic Fibrosis	Cystic Fibrosis Trust: www.cftrust.org.uk ; Tel: 020 846 47211
Diabetes	
General information	Diabetes UK: www.diabetes.org.uk ; Tel: 0345 123 2399
For teachers	See Appendix 5 on website. Note the opportunity to attend 'Diabetes in School' training days, regularly advertised on www.leicestershiretradedservices.org.uk and funded by Diabetes UK Paediatric Diabetes Specialist Nurse: 0116 258 6786 Consultant Paediatrician: 0116 258 7737 Diabetes Care line services: 0345 123 2399
Other useful contact numbers	
Insurance Section LCC	David Marshal-Rowan, Tel: 0116 305 7658 (for additional insurance) James Colford, Tel: 0116 305 6516 (for insurance concerns)
Corporate Health, Safety & Wellbeing, LCC, County Hall,	Tel: 0116 305 5515 Email: healthandsafety@leics.gov.uk

Sarah Fenwick. School Nurse Clinical Lead. sarah.fenwick@leicspart.nhs.uk	Leicestershire Partnership Trust, Family Children and Young Peoples Services, Top corridor, Hinckley and District Hospital, Mount street, Hinckley, Leics, LE10 1DS
Diana Children's Community Service	Bridge Park Plaza, Thurmaston, LE4 8PQ Telephone: 0116 2955080
Public Health	PublicHealth@leics.gov.uk

Fridge Location: (secure location)

Month:

Year:

202.....

Date	Max Temp C	Min Temp C	Action taken if outside range 2-8° C	Checked by: (initials)	Thermometer check (✓)

Please record, when the fridge was cleaned / fridge/freezer defrosted:

.....202.....

Review: Has the fridge temperature been checked every day? **Yes** **No**

Has any necessary action been taken? **Yes** **No**

If YES, what was the action?

If No, what are the reasons?

Reviewed by:

Date:

If the fridge temperature is outside of the stated range (+2°C and +8°C) then assess the integrity of the stock in the fridge seeking manufacturers advice, where appropriate. If stock is likely to have been compromised the child's parents should be informed.

Resource 2: Helping us to manage your child's medications

Letter to parents

Dated:

Dear Parent / Carer,

We are still in possession of your child's medication; which has now either; exceeded its expiry date or are no longer required. Could we therefore request that you collect the medication, within the next week.

If the medication is classed as a 'Controlled Drug'; you will be required to return any unwanted quantities to the pharmacist that originally dispensed it.

Please note that you will be requested to 'sign' for the medications, upon collection from the school.

We thank you for your co-operation, in this matter,

With kind regards,

Head Teacher / Health Care Professional