

# HEALTH CARE IN SCHOOLS 3-18



*This policy has been written in response to national guidance (SEED, September 2001) and The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011*



# HEALTH CARE IN SCHOOLS AND NURSERIES

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Should nurseries or schools require any of the information contained in this document to be presented in a different language or format, please contact the Education Services Communications Officer

## 1 INTRODUCTION

Many pupils will need to take medication (or be given it) in nursery or school at some time in their life. For many this may be short term for example finishing a course of medication, or they may have occasional need for medication for example, migraines etc. Others may have medical conditions that if not properly managed could limit their access to education. Some pupils may require emergency treatment for conditions such as anaphylaxis or epilepsy.

If a pupil's health care needs are inadequately supported this can have significant impact on a pupils academic attainment. The Equality Act 2010 introduced a new statutory duty as of 1st September 2012. Schools and education authorities now have additional obligations towards pupils with a disability to provide what are called 'auxiliary aids and services'. This is to overcome disadvantage that these pupils may experience in schools. Some pupils with a disability may not have additional support needs but they may require auxiliary aids and services to prevent them being at a substantial disadvantage. The provision of medication would in some circumstances be covered by this new duty. Therefore close cooperation between schools, parents, health professionals and other agencies is crucial in order to help provide a suitable supportive environment for pupils with health care needs to enable them to participate fully in school activities.

Health Care Needs can be divided into two areas; short term health care needs (when medication is needed for a short time, or only on occasions) and long term needs/conditions.

**Short Term Health Needs:** Pupils who require medication for a short period of time or one-off medication can be assisted by a designated member of staff. Assisting pupils with this will minimise the time they need to be off school and ensure that they are not being disadvantaged.

**Long Term Health Needs:** Pupils with long-term needs often have the support of an Additional Support for Learning Assistant. These members of staff have administration of medication as part of their job description. They may also be supported by ASL teachers and/or Headteachers and possibly by other designated members of staff.

Persons with parental responsibilities will be referred to as the Parent in this document.

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## 2 AIMS

Dumfries and Galloway Council and its partners are committed to **Getting it right for every child** (GIRFEC). GIRFEC is a child-centred approach that focuses on the wellbeing of the pupil and places a responsibility on all who work with children and young people to do all they can to ensure that the pupil is safe, healthy, achieving, nurtured, active, responsible, respected and included. Getting it right for every child means that the need for health care should not prevent a pupil from full participation and inclusion within education.

In response to this, the policy adheres to the following principles:

- Pupil's individual needs are paramount.
- Pupil's attendance at school is maximised.
- Appropriate training will be given to all staff to support pupils with health care needs.
- School staff will be able to care for a pupil's health care needs with confidence within clear guidelines.
- Pupils who need health care can be fully included within the educational setting.
- Pupils with health care needs will be able to play as full a part in the life of the school as possible, eg PE, outdoor education, trips and visits.
- The requirements of Health and Safety at Work etc Act 1974, for making sure that a school has a Health and Safety Policy will be conformed to. This should include procedures for supporting pupils' with health care needs.

Pupils with health care needs must have a health care plan. The main purpose of an individual health care plan is to identify the level and type of support that is needed at school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive.

## 3 INSURANCE

The authority will indemnify and support staff that care for pupils with health care needs or supervise the pupil when taking medication. Dumfries and Galloway Council and their insurers have confirmed that liability insurance will be operative in respect of agreed treatments and procedures where an employee carries out their normal duties with the authority provided that they....

- They have received full training relevant to the care being provided;
- Have taken necessary refresher training;
- Used the protective equipment for that purpose; and
- At all times, acted in accordance with the individual's health care plan as advised by, health professional, headteacher and parent/carer in relation to medication.

If you are asked to carry out a procedure that is not mentioned in the treatment list (Appendix 10) you must contact the relevant Education Officer (Support for Learning).

## 4 ROLES AND RESPONSIBILITIES

### 4.1 School Health Service (NHS Dumfries and Galloway)

The School Health Service provides advice and support on health issues to pupils, parents and school staff. Each school area has a designated school doctor and school nurse who work as a team to provide school health services. Contact details are as follows:

Annandale and Eskdale

01576 205541 (mornings)

01387 244561 (afternoons)

Nithsdale 01387 244561

Stewartry 01556 505723

Wigtown 01776 707752

Training for staff caring for pupils with complex health needs will be provided in partnership between the School Health Service and Community Children's Nursing Service as identified in the child's health care plan. (Community Paediatric Services in Schools) provides further information.

Pupils with complex needs may require an individual Health Care Plan (**Appendix 2**). This will be developed at a Health Care Planning Meeting, in partnership with the School Health Service, Headteacher, parent and pupil. It is the responsibility of all appropriate people to attend the meetings. This will identify the level and type of support required within the nursery/school and will:

- Detail the help that the school can provide and receive.
- Detail dates for jointly reviewing the Health Care Plan, depending on the needs of the pupil. It should, however, be reviewed at least annually and at any significant points of change in the child's condition and also at any points of transition, eg move from nursery to primary, move from primary to secondary.



A Medical Passport (**Appendix 3**) might also be considered for any child who has a Health Care Plan and requires school transport.

### 4.2 Parental Responsibilities

Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents should in collaboration with health professionals and the Headteacher reach an understanding on the school's role in helping with their child's health care needs.

Parents must adhere to the procedures laid out in this policy and adhere to the following:

- Ensure that their child is well enough to attend school.
- The child should remain at home when the illness is acute and child is unwell.

## HEALTH CARE IN SCHOOLS AND NURSERIES

- When attending school it is helpful, where possible, for parents to ask the prescribing doctor or dentist if the medication can be prescribed to allow administration outside school hours.
- If their child has asthma the parent must obtain a written Asthma Action Plan from the person who prescribed the medicines (either GP or Paediatrician). A copy of this must be provided to the school.



Parents must complete an Administering Medication: Parental Permission Form (**Appendix 4**) before the school can support any child who requires medication. This form will be time limited and will be reviewed after 28 days in nursery and updated termly, as a minimum, and at the start of each school year for primary and secondary. All parts of this form must be completed. Parents are required to:

- Inform the school if their child self medicates, the frequency and dosage, and how the medication will be stored safely.
- Be aware that if the child is carrying their own medication and is considered not to be using it appropriately, school staff will ask the child to hand over the medication, if the child refuses, the parent will be contacted.
- Provide details of other medication the child is taking
- Note that medications MUST be in the original container. Where the child requires two or more prescribed medicines, each should be in the original container.
- Provide the information leaflet that accompanies the medication.
- All medications MUST be clearly labelled with the child's name and date of birth.
- Ensure that medication is not out-of-date and there is a sufficient quantity in school.
- Provide the school with details of at least two emergency contacts
- Complete a new Parental Permission Form for any new medication, or where there has been a change in medication requirements.
- Up-lift any unused supplies of medication, or arrange for another responsible adult nominated by them to do so, preferably at the end of each school term, but definitely at the end of the school year.
- Inform the school of any other persons who should have access to records or any other information about their child.
- Regularly up-date the school of any changes to the prescription or the support required.
- Note that medicine containing aspirin can only be given to your child with written confirmation from a doctor.

- Note that food supplements and alternative medicines must be prescribed or supported in writing by a medical practitioner.
- Do not send medication to school with your child until you have received an Administering Medication: School Agreement and Confirmation Form (Appendix 5).

Parents must always be the first person to give the first dose of any new medication to their child in case of any adverse reaction to the medication, for example an allergic reaction to antibiotics.

Parents have a legal duty of care for their children and it is preferable to work in partnership with parents, but if children do not wish their parents to be involved or informed, there is no legal requirement to do so.

### 4.3 Headteacher Responsibilities

Headteachers, as managers of schools, are responsible for day to day decisions about health care needs. Headteachers are responsible for ensuring that designated staff who support health care needs have the relevant training and information required to enable them to assist with a pupil's health care needs. The Headteacher must:

- Implement this policy.
- Ensure that pupils with health care needs receive the same rights of admission to school as other pupils and are not generally excluded from school for medical reasons.
- Ensure a copy of this policy is made available to parents.
- Respect parents' and pupils' cultural and religious views.
- Ensure that staff have access to, and training in relation to this policy.
- Communicate to parents and staff the procedure for supporting children with health care needs.
- Ensure that all parents are aware of the Guidance on Infection Control and Communicable Diseases in Schools and Child Care Settings (Appendix 6)
- Contact the parent if a pupil is not well enough to be at school. If concern grows, contact can be made with the School Health Service for advice.
- Ensure that written permission has been received from parents to administer medication is reviewed at the appropriate time.
- Ensure that parents know that part B of the written permission form will be attached to the child's Health Care Plan.
- Ensure that parents have provided the school with all the information required as detailed in the parent section of this policy.
- Issue the parent with an Administering Medication: School Agreement and Confirmation Form (Appendix 5).
- If, for any reason, agreed arrangements cannot be maintained (eg due to staff absence), alternative procedures must be agreed.
- Ensure that designated staff providing health care receive necessary advice and/or training from health professionals. A Staff Health Care Training Record (Appendix 7) should be completed and routinely updated as appropriate for individual members. Copies of this document should be retained by both the staff member and the school.
- Have systems in place to ensure that the pupil who is named on the medication is the pupil receiving the medication. For example, a picture of the pupil could be placed on the medication record sheet.
- Ensure that Health Care is provided by designated members of staff.

- Arrange appropriate alternative measures in consultation with the School Health Service. The relevant Education Officer (Support for Learning) must be contacted if alternative arrangements cannot be made. Documented evidence must be kept to show that everything possible was done to ensure the pupil could attend school.
- Inform staff if a pupil self medicates. Designated staff will supervise the pupil if necessary and when complete, the medication will be stored to ensure the safety of other pupils.
- Ensure that all designated staff supporting pupils' health care needs receive continuous support and training. This must provide staff with sufficient understanding, confidence and expertise. Advice can be sought from the Supporting Learners Team.
- Ensure that medicines are stored safely, see section 5.5.
- Ensure that essential records are kept, see section 6.
- Ensure that sensitive information about a pupil is only shared with those who need to know. Such members of staff who are specifically involved with the child, eg escorts and transport staff should only be told what is necessary for them to know in order to keep the pupil safe. The school should agree with the pupil and family any other persons who should have access to records or any other information. Staff must adhere to Dumfries and Galloway Council's Data Protection Policy 2012.
- Ensure that the health care plans are reviewed and updated termly, as a minimum, and at the start of each school year for primary and secondary.
- In cases where parental permission is given include designated staff supporting children's health care needs in up-dating and reviewing the health care plan.

### 4.4 Pupil's Responsibilities

Consent to medical treatment as indicated in the Age of Legal Capacity (Scotland) Act 1991 and the Children's (Scotland) Act 1995, states that due regard shall be given to children's views subject to their age and maturity). This applies to all children, but those over 12 are generally presumed to have sufficient age and maturity. The 1991 Act clearly states that decisions about the child's maturity lies with the doctor and that under Scottish Law, young persons under the age of 16 are able to consent to their own medical examination or treatment if the doctor thinks they understand the nature and possible consequences of the treatment or examination.

All pupils have a responsibility in relation to their health care. Pupils who can do so should be allowed to manage their own medication. However, at all times designated staff will supervise pupils that self-medicate. Pupils must:

- Arrive at the agreed designated area for taking their medication.
- Not give any medication to any other pupil in the school.
- Not leave their medication lying around.
- Make sure their medication is stored in a safe place.

If the pupil refuses any health care intervention, the parent will be contacted as soon as possible by the Headteacher or representative.

If the pupil is carrying their own medication and is considered not to be using it appropriately:

- The member of staff will ask the pupil to hand over the medication. If the pupil refuses, the Headteacher or appropriate staff member will be called. If the pupil continues to refuse the parent will be contacted.

- Pupils will not be allowed to carry controlled drugs such as Ritalin and Diazepam within the school or school grounds.

## 5 ADMINISTRATION OF MEDICATION

### 5.1 School Staff

**For teaching staff, agreement to be the designated member of staff would be on a voluntary basis.**

In an emergency situation, staff acting *in loco parentis* would be required in common law to secure help and take action to assist a pupil. No parental consent is necessary in such circumstances. Even in an emergency, however, staff will not be expected to carry out complex or risky procedures but will immediately call for an ambulance if required.

Designated staff should raise concerns with their Headteacher if they feel they are being asked to carry out health care that is beyond their remit, or they do not feel that they have received the appropriate training necessary to carry out the care.

Where parental permission is received, school authorised staff will have access to the pupil's health care plan and be involved in up-dating and reviewing of the plan.

All staff will respect the pupil's right to dignity and privacy and at all times follow Dumfries and Galloway Council's Data Protection Policy 2012 and all school procedures related to data sharing and confidentiality.

Staff must adhere to the procedures for administration of medication laid out in this policy at all times.

### 5.2 Procedures for Administration of Medication

Medication should only be in school when absolutely essential. *(if the medication is only required 3 times a day then this could be done outwith school hours)*. Non-prescribed over-the-counter medication will be administered only when there is a medical need for the pupil to receive it (a pupil under 16 should not be given aspirin unless prescribed by a doctor).



Pupils may need to take medication for a number of reasons eg:

- Pain killers may need to be taken by some pupils to avoid time away from school. An example may be pupils who suffer from migraines.
- Anti-histamine may have to be taken by some pupils who suffer from hay fever.
- Finishing off a course of antibiotics.

Before medication is given by designated members of staff, staff must:

- Check that the Administering Medication: Parental Permission Form (Appendix 4) has been completed. Written permission from parents will be time limited and will be reviewed after 28 days in nursery and updated termly or, as a minimum, at the start of each school year for primary and secondary.

## HEALTH CARE IN SCHOOLS AND NURSERIES

- Not administer any medication if they do not know what it is for.
- Check the medication is labelled or marked with the pupil's name and date of birth.
- Ensure the medication is in the original container.
- Check expiry and dispensed date and consider: is this medication for the current condition? Is it still appropriate to use? If the member of staff is unsure, this should be checked with the Headteacher and/or parent.
- Check dosage supplied by the parent against dosage on the label.
- Read the information leaflet accompanying any medication.
- Not give the first dose of a new medication. The first dose of any new medication for a pupil must always be given by their parent, in case the pupil experiences an adverse reaction to the medication.
- Check that it is the correct pupil as named on the medication
- Supervise the pupil to self medicate if necessary, and when complete, store the medication away to ensure the safety of other pupils.
- Ensure unused/expired medication is returned to the parents.

When supervising or giving medication to pupils, including on a 'when required' basis, the staff member must complete a Record of Administered Medication (**Appendix 8**) indicating why the medication has been given, for example wheezing, running eyes. The dosage and administration of medication should be witnessed by a second adult. However in an emergency situation where it is not possible for two adults to be in attendance the pupil should not be prevented from receiving their medication.

Unused supplies of medication must be uplifted by the parent, or other responsible adult nominated by them, preferably at the end of each school term, but definitely at the end of the school year. In the event of this not being done, the school should contact the parents.



All spoons, syringes, spacers for inhalers etc must be labelled and cleaned appropriately.

### 5.3 Concerns

A member of staff must not administer medication if they have any concerns over the instructions given by a parent and must seek advice from the Headteacher, for example:

- Parents ask to give two puffs at a time, but the dispensing label states ONE puff three times daily;
- Parents ask to give 2 X 5mls but the leaflet suggests a maximum of 1 X 5ml dose at any time; or
- Leaflet suggests it is not suitable for the reason the parent has given.

#### **If a pupil refuses to take medication:**

- Staff should contact the Headteacher or person in charge, who will contact the parent.
- If the parent cannot be contacted, the Headteacher or person in charge should contact the emergency contact.

- If no one can be contacted and the medication is essential, the Headteacher will contact the GP or NHS24.

### 5.4 Emergency Procedures

All staff should be aware of the guidance on calling an ambulance:

- Dial 999 and ask for an ambulance.
- Give your name.
- Give school address and postcode.
- Provide pupil's name.
- Provide description of pupil's symptoms.
- Provide exact location within the school and inform ambulance control of the best entrance.

Wherever possible, a pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives. The member of staff should have details of any health care needs and medication for the pupil. The school will ensure that the member of staff can be collected from the hospital. If this is not possible the member of staff will be reimbursed for any transport costs.

**If too much medication is given or the wrong medication is given to the pupil:**

- Contact the GP or NHS24.
- Inform the Headteacher or person in charge.
- The Headteacher or person in charge will contact the parents.
- If the parent cannot be contacted, the Headteacher or person in charge should contact the emergency contact.
- All details relating to the above must be recorded in the incident book detailing enquiry and outcomes.

### 5.5 Storage of Medication

Generally, medicines must be kept in a safe place not accessible to pupils, however, a few medicines, such as asthma inhalers, must be readily available to pupils as required.

Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food, but should be in an airtight container clearly labelled and not accessible to pupils. If a school has to store large quantities of medicines, then the Headteacher should seek advice from the pharmacist regarding the appropriateness of purchasing a medical refrigerator.

Particular care needs to be taken where a school stores controlled drugs, such as Ritalin and Diazepam. They should be kept in a "secure place" which staff know how to access.

When a pupil is in transit to or from a respite unit, medicines may be packed in their overnight bag. The school will have to ensure that these are stored in a safe place while the pupil is at school.

## 6 RECORD KEEPING

Records of medicines given to pupils and of the staff involved must be kept. Any medication given should be recorded on the Record of Administered Medication (**Appendix 8**) and signed by the person administering the medication. Records offer protection to staff and proof that they have followed agreed procedures. The following information must be held by the school:

- A record of all meetings with parent/health professionals relating to pupil's health care needs.
- Records detailing any actions taken as a consequence of alerts from the Medicines and Health Care Products Regulatory Agency (MHRA).

- Records detailing any incidents when the wrong dosage of medication has been given.
- Details of any incidents where a pupil has not had prescribed medication available to them and there was a responsibility for medication to be administered, for example parent failed to provide medication
- An accurate and up-to-date Record of Stored Medication (**Appendix 9**) - a record of medicines pupils take which the service is responsible for storing at the premises, which should include a record of what the medication is, type of medication, expiry date and where the medication will be stored.
- Medicines like flu vaccines or injections that will be stored in the school or by the NHS staff or other Health Professionals to administer.
- All medicines that have been ordered, taken, not taken or disposed of.
- All medicines including food supplements and alternative medicines for the pupils in the school.



## 7 SCHOOL TRIPS, SPORTING ACTIVITIES AND SCHOOL TRANSPORT

Staff are guided on this issue by the Education Services Off-site Safety Procedures for Schools - Excursions, Outdoor Learning and Adventurous Activities for Children and Young People 2012. It is good practice for schools to encourage pupils with health care needs to participate in schools trips and sporting activities, safety permitting. Risk assessments must always be carried out prior to attending sporting activities or trips.

### 7.1 School Trips

Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures.

The school will need to take additional appropriate safety measures including risk assessments for outside visits to enable pupils with health care needs to participate. Consideration should be given to the appropriate lines of communication in an emergency. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a pupil. If staff are concerned about whether they can ensure a pupils safety, or the safety of other pupils on a trip, they should seek advice from the School Health Service or appropriate health professional.

## 7.2 Sporting Activities

Most pupils with health care needs can participate in extra-curricular sport or in the PE curriculum. However, some activities may need to be modified or precautionary measures taken, eg pupils with asthma may need to take their inhaler before exercise. Staff should be aware of pupils with specific health care needs, including risk assessments and emergency procedures.



## 7.3 School Transport

Education Services arranges home to school transport for entitled pupils. It has a duty to ensure that pupils are safe during the journey and staff have the relevant information.

Should a child require urgent medical assistance whilst being transported, he/she will be made as comfortable as possible and the driver will go to the nearest point where help will be available, this could be either back to the school, to the child's home or to the nearest available medical

centre (whichever is closest). If necessary, the other children will remain on board until the sick passenger is delivered to an appropriate responsible person. If other children are delayed because of the emergency, contact will be made with the home base as soon as possible with an explanation of the reason for the delay.

Detailed information on school transport entitlements is available from the School Transport Policy 2013 and the School Transport Guide for Parents and Pupils 2013

## 8 FURTHER INFORMATION

Further detailed advice and guidance can be found in the following documents:

- Disability Discrimination Act 1995
- Equality Act 2010
- Providing Intimate Care for Children – Guidelines for Schools and Nurseries, Education Services, Dumfries and Galloway Council 2011
- School Transport - Transporting Children with Additional Support Needs - Guidelines, Education Services, Dumfries and Galloway Council 2012
- Safer Handling Policy, Dumfries and Galloway Council, NHS , Centaur Training 2010
- Managing medicines and providing Medical Support in Schools and Early Years Settings, UNISON

## APPENDIX 1

### COMMUNITY PAEDIATRIC SERVICES IN SCHOOLS

#### Description of Service:

The Community Paediatric Services (School Health Service) exists to provide advice and support on health issues to children, parents and school staff. The Community Paediatrician (sometimes called School Doctor) and School Nurse, work as a team, to provide school health services. Each school has a designated School Doctor and Nurse.

Community Paediatricians are a team of specialist children's doctors with skills and expertise in child development, social and educational paediatrics. They work within a number of multidisciplinary teams to assess and meet the health needs of children and young people with developmental delay, disabilities, special educational needs, those who are 'Looked After' or where there are concerns regarding a child's safety (Child Protection).

The Services provided by a Community Paediatrician include:

- Support to Education Services- participation in annual and transitional review meetings and preparing reports towards the assessment of children with Additional Support for Learning / Co-ordinated Support Plan.
- Support to educational staff, parents and children where there are physical, medical or behavioural problems and concerns regarding poor attendance at school. The Community Paediatrician offers advice on ways of managing medical conditions which affect the child's educational programme in the school environment.
- Advice on administration of rescue medication in school for children with epilepsy and allergy- Community Paediatricians are responsible for preparing a Health Care Plan and providing training for school staff, carers and parents.
- Medical assessment and support to children with development and physical disabilities. These children and their families often have multiple needs requiring support from professionals from other disciplines. Early assessment and recognition by the Community Paediatricians helps to provide early support for the child and the family.

The Community Paediatrician works with children and young people from nursery to 18 years of age (school leaving age).

### Referrals:

Referrals to Community Paediatricians are received/can be made from teachers, school nurses, parents, general practitioners, hospital consultants and allied health professionals. It is important that staff working to support children and young people operate within their own school's guidelines in order to ensure that efficient and coordinated systems of communication and support are in place.

Criteria for selection of children for referrals to Community Paediatrician:

- Children who have been found to have difficulties/ problems which could affect their education.
- Children with developmental delay, chronic health problems or disabilities.
- Children with emotional, social and behaviour problems.
- Children where school staff have concerns regarding poor attendance.
- Children about whom teachers or parents have expressed concerns and parents have indicated a wish for their child to be seen by the School Doctor.
- Children who require a Health Care Plan for administration of rescue medication at school, for children with epilepsy and allergy.
- Training required by school staff, parents and carers for children with rescue medication.

**Parental consent for referral must be obtained before a referral is made to the Community Paediatrician.**

### Partnership working:

Community Paediatricians work in partnership with other people and organisations including parents, Primary Health Care teams, school nurses, therapists, hospital colleagues, psychologists, psychiatrists, Social and Health Care services, Education Services and voluntary organisations.

### Contact Information:

Annandale and Eskdale      01576 205541 mornings / 01387 244561 afternoons

Nithsdale      01387 244561

Stewartry      01556 505723

Wigtown      01776 707752

# HEALTH CARE IN SCHOOLS AND NURSERIES

## APPENDIX 2

|                                   |  |               |  |
|-----------------------------------|--|---------------|--|
| <b>HEALTH CARE PLAN</b>           |  |               |  |
| <b>DETAILS OF PUPIL</b>           |  |               |  |
| Surname                           |  | Forename(s)   |  |
| Address                           |  | Male/Female   |  |
|                                   |  | Date of birth |  |
| <b>FAMILY CONTACT INFORMATION</b> |  |               |  |
| <b>Family Contact One</b>         |  |               |  |
| Name                              |  |               |  |
| Relationship to child             |  |               |  |
| Telephone/mobile number           |  |               |  |
| Other contact number              |  |               |  |
| Address                           |  |               |  |
| <b>Family Contact Two</b>         |  |               |  |
| Name                              |  |               |  |
| Relationship to child             |  |               |  |
| Telephone/mobile number           |  |               |  |
| Other contact number              |  |               |  |
| Address                           |  |               |  |
| <b>GENERAL PRACTIONER DETAILS</b> |  |               |  |
| GP name                           |  |               |  |
| GP telephone                      |  |               |  |
| GP address                        |  |               |  |

## HEALTH CARE IN SCHOOLS AND NURSERIES

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|                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Describe condition and give details of pupil's individual symptoms.                                                                                                            |
|                                                                                                                                                                                |
| Medication required in nursery/school<br>(Please also complete Parental Permission for Medication Form)                                                                        |
|                                                                                                                                                                                |
| Daily care requirements eg feeding, personal care, suctioning, therapy                                                                                                         |
|                                                                                                                                                                                |
| <i>Individual treatment plans to be attached as relevant to this Health Care Plan eg from school health service, therapists, community children's nurses, nurse specialist</i> |
| <b>ACTION TO BE TAKEN IN AN EMERGENCY</b>                                                                                                                                      |
|                                                                                                                                                                                |

## HEALTH CARE IN SCHOOLS AND NURSERIES

| Staff trained to administer medication and undertake health care procedures |                      |      |                  |
|-----------------------------------------------------------------------------|----------------------|------|------------------|
| Staff member                                                                | Training provided by | Date | Refresher/update |
|                                                                             |                      |      |                  |
|                                                                             |                      |      |                  |
|                                                                             |                      |      |                  |
|                                                                             |                      |      |                  |
|                                                                             |                      |      |                  |
|                                                                             |                      |      |                  |
|                                                                             |                      |      |                  |
| PLAN PREPARED BY                                                            |                      |      |                  |
| Name and designation                                                        |                      |      |                  |
| Date                                                                        |                      |      |                  |
| DISTRIBUTION GROUP                                                          |                      |      |                  |
| Name of parent                                                              |                      |      |                  |
| Name of School Health Service representative                                |                      |      |                  |
| Name of school representative                                               |                      |      |                  |
| Name of GP                                                                  |                      |      |                  |
| Name of Consultant                                                          |                      |      |                  |
| Provide names of "others"                                                   |                      |      |                  |
| Once drawn up this Health Care Plan should be reviewed at least annually    |                      |      |                  |
| Headteacher signature                                                       |                      | Date |                  |
| Parent/guardian signature                                                   |                      | Date |                  |
| Consultant signature                                                        |                      | Date |                  |

## APPENDIX 3

|                       |
|-----------------------|
| MEDICAL PASSPORT      |
| <i>(Confidential)</i> |
| CONDITION / DIAGNOSIS |
| MEDICATION(S)         |
| ALLERGIES             |

|                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| OTHER DETAILS                                                                                                                                           |
| School:                                                                                                                                                 |
| Tel No.:                                                                                                                                                |
| <i>I agree that this Medical Passport will be carried by my son/daughter when travelling to and from school and that it can be read in an emergency</i> |
| Signature of Parent:                                                                                                                                    |

|                                                                                          |
|------------------------------------------------------------------------------------------|
| MEDICAL PASSPORT                                                                         |
| <i>(Confidential – to be read only in an emergency)</i>                                  |
| <i>To be available with child particularly when being transported to and from school</i> |
| Pupil's Name:                                                                            |
| Address:                                                                                 |
| DOB:                                                                                     |
| Emergency Contact:                                                                       |
| Tel No:                                                                                  |
| Consultant:                                                                              |
| GP:                                                                                      |

## HEALTH CARE IN SCHOOLS AND NURSERIES

### APPENDIX 4

| ADMINISTERING MEDICATION: PARENTAL PERMISSION FORM         |  |                                                                                                            |              |
|------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--------------|
| PART A: DETAILS OF CHILD                                   |  |                                                                                                            |              |
| Surname                                                    |  | Forenames                                                                                                  |              |
| Address                                                    |  | Male/Female                                                                                                |              |
|                                                            |  | Date of birth                                                                                              |              |
| Reason for medication (condition/ illness)                 |  |                                                                                                            |              |
|                                                            |  |                                                                                                            |              |
| Does the child self administer?<br>(please circle one)     |  | yes      no<br>(if yes please detail below further information<br>and where the medication will be stored) |              |
|                                                            |  |                                                                                                            |              |
| PART B: CHILD'S MEDICATION DETAILS                         |  |                                                                                                            |              |
| Name/type of medication<br>(as described on the container) |  |                                                                                                            |              |
| For how long will your child take this medication?         |  |                                                                                                            |              |
| When did your child last take this medication?             |  |                                                                                                            |              |
| Date dispensed                                             |  |                                                                                                            |              |
| Dosage and method                                          |  |                                                                                                            |              |
| Timing                                                     |  |                                                                                                            |              |
| Special precautions                                        |  |                                                                                                            |              |
| Possible side effects                                      |  |                                                                                                            |              |
| Medication to be held by<br>(please circle one)            |  | child                                                                                                      | school staff |

## HEALTH CARE IN SCHOOLS AND NURSERIES

|                                                                              |                               |                          |
|------------------------------------------------------------------------------|-------------------------------|--------------------------|
| Medication to be<br>( <i>please circle one</i> )                             | self-administered by<br>child | given by<br>school staff |
| <b>Procedures to take in an emergency</b>                                    |                               |                          |
|                                                                              |                               |                          |
| <b>Please detail any other medication that the child is currently taking</b> |                               |                          |
|                                                                              |                               |                          |
| <b>Emergency contact details (two contacts must be provided)</b>             |                               |                          |
| <b>First contact</b>                                                         |                               |                          |
| Name                                                                         |                               |                          |
| Relationship to child                                                        |                               |                          |
| Telephone/mobile<br>number                                                   |                               |                          |
| Other contact number                                                         |                               |                          |
| Address                                                                      |                               |                          |

## HEALTH CARE IN SCHOOLS AND NURSERIES

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|                                                                                                                                                                                                                                                           |  |      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|
| <b>Second contact</b>                                                                                                                                                                                                                                     |  |      |  |
| Name                                                                                                                                                                                                                                                      |  |      |  |
| Relationship to child                                                                                                                                                                                                                                     |  |      |  |
| Telephone/mobile number                                                                                                                                                                                                                                   |  |      |  |
| Other contact number                                                                                                                                                                                                                                      |  |      |  |
| Address                                                                                                                                                                                                                                                   |  |      |  |
| <b>I declare that my child has no adverse affects to this medication</b>                                                                                                                                                                                  |  |      |  |
| Signature (person with parental responsibility)                                                                                                                                                                                                           |  | Date |  |
| I/We acknowledge that the above instructions will be carried out by a member(s) of staff who is authorised to administer the medication. We also accept responsibility to arrange for the collection of unused medication at the end of each school year. |  |      |  |
| Signature (person with parental responsibility)                                                                                                                                                                                                           |  | Date |  |
| Signature (student over 16 years of age)                                                                                                                                                                                                                  |  | Date |  |

## APPENDIX 5

| ADMINISTERING MEDICATION:<br>SCHOOL AGREEMENT AND CONFIRMATION FORM                                                                                                                                       |  |      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|
| I agree that (insert pupil's name)                                                                                                                                                                        |  |      |  |
| Will receive (insert quantity and dose of medication)                                                                                                                                                     |  |      |  |
| Every day at (insert time medicine to be administered eg lunch time or break time)                                                                                                                        |  |      |  |
| Your child will be:<br><div style="text-align: center;">           Given their medication<br/>           Supervised while he/she takes their medication<br/> <i>(please delete as appropriate)</i> </div> |  |      |  |
| by (print name of member of staff)                                                                                                                                                                        |  |      |  |
| The arrangements will continue until (insert either end date of course of medication or until instructed by parents)                                                                                      |  |      |  |
| Signed<br>Named member of<br>staff                                                                                                                                                                        |  | Date |  |
| Signed Headteacher                                                                                                                                                                                        |  | Date |  |

## APPENDIX 6

| Guidance on Infection Control and Communicable Disease In Schools and Child Care Settings |                                                                                                     |                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To Minimise the Risk of Transmission of Infection to Other Children and Staff             |                                                                                                     |                                                                                                                                                                                                        |
| Rashes and Skin                                                                           | Exclusion period                                                                                    | Comments                                                                                                                                                                                               |
| Athletes foot                                                                             | None                                                                                                | Athletes foot is not serious. Treatment is recommended.                                                                                                                                                |
| Chickenpox (Varicella zoster)                                                             | 5 days from onset of rash.                                                                          | Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children                                                                                                     |
| Cold Sores (herpes simplex)                                                               | None                                                                                                | Avoid kissing and contact with the sores. Cold sore are generally a mild self-limiting disease.                                                                                                        |
| German Measles (Rubella)                                                                  | 6 days from onset of rash                                                                           | Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP.                                                                                                          |
| Hand, foot and mouth                                                                      | None                                                                                                | Contact your local Health Protection Team (HPT) if a large number of children are affected. Exclusion may be considered in some circumstances.                                                         |
| Impetigo (Streptococcal Group A, skin infection)                                          | Until sores are crusted or healed or until 48 hours after antibiotic treatment has started          | Antibiotic treatment may speed healing and reduce infectious period.                                                                                                                                   |
| Measles                                                                                   | 4 days from onset of rash. Always consult with HPT.                                                 | Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children. Your local HPT will organise contact tracing.         |
| Molluscum contagiosum                                                                     | None                                                                                                | A mild self limiting condition. Try to avoid prolonged skin to skin contact.                                                                                                                           |
| Ringworm                                                                                  | None                                                                                                |                                                                                                                                                                                                        |
| Roseola (infantum)                                                                        | None                                                                                                | None                                                                                                                                                                                                   |
| Scabies                                                                                   | Child can return after first treatment                                                              | Two treatments 1 week apart for cases. Contacts should also have 2 treatments, include the entire household and any other very close contacts. If further information required contact your local HPT. |
| Scarlet fever                                                                             | 24 hours from commencing antibiotics                                                                | Antibiotic treatment recommended for affected child.                                                                                                                                                   |
| Slapped Cheek Syndrome (Erythrovirus B19)                                                 | None                                                                                                | Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children.                                                                                                    |
| Shingles (Varicella Zoster)                                                               | Exclude only if rash is weeping and cannot be covered e.g. with clothing                            | Can cause chickenpox in those who have not had chickenpox.                                                                                                                                             |
| Warts and Verrucae                                                                        | None                                                                                                | Verrucae should be covered in swimming pools                                                                                                                                                           |
| Diarrhoea and Vomiting Illness                                                            | Exclusion period                                                                                    | Comments                                                                                                                                                                                               |
| Diarrhoea and / or vomiting                                                               | Exclude until 48 hours after the diarrhoea and/or vomiting has stopped. Your local HPT will advise. | Diarrhoea is defined as 3 or more loose stools in 24 hours or a sudden change of bowel habit. Blood in stools require urgent medical attention.                                                        |
| Norovirus, Campylobacter, Salmonella                                                      | 48 hours from last episode of diarrhoea and vomiting.                                               |                                                                                                                                                                                                        |
| Cryptosporidiosis                                                                         | 48 hours from last episode of diarrhoea and vomiting.                                               |                                                                                                                                                                                                        |

| Guidance on Infection Control and Communicable Disease In Schools and Child Care Settings |                                                                                                              |                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To Minimise the Risk of Transmission of Infection to Other Children and Staff             |                                                                                                              |                                                                                                                                                                                                                               |
| E.coli O157, Shigella (Bacillary dysentery), Enteric fever (Typhoid and paratyphoid)      | Your local HPT will advise.                                                                                  |                                                                                                                                                                                                                               |
| Respiratory Infections                                                                    | Exclusion period                                                                                             | Comments                                                                                                                                                                                                                      |
| Coughs/colds                                                                              | Until recovered.                                                                                             | Consider influenza during the winter months                                                                                                                                                                                   |
| Flu (influenza)                                                                           | Until recovered.                                                                                             | Severe infection may occur in those who are vulnerable to infection.                                                                                                                                                          |
| Tuberculosis (TB)                                                                         | Consult with local HPT.                                                                                      | Not usually spread from children. Requires prolonged close contact for spread.                                                                                                                                                |
| Whooping cough (Pertussis)                                                                | 5 days from commencing antibiotic treatment or 21 days from the onset of illness if no antibiotic treatment. | Preventable by vaccination. After treatment non-infections coughing may still continue for many weeks. Your local HPT will organise any contact tracing.                                                                      |
| Others                                                                                    | Exclusion period                                                                                             | Comments                                                                                                                                                                                                                      |
| Conjunctivitis                                                                            | None. If outbreak occurs consult with local HPT.                                                             | Antibiotics will not work if the infection is due to a virus. In these cases the discharge is usually only clear fluid (like tears) and the eyes are only slightly red. In these cases exclusion is not required.             |
| Diphtheria                                                                                | Exclusion will apply. Always consult with your local HPT.                                                    | Preventable by vaccination. Your local HPT will organise all contact Tracing.                                                                                                                                                 |
| Glandular Fever                                                                           | None                                                                                                         |                                                                                                                                                                                                                               |
| Headlice                                                                                  | None                                                                                                         | Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.          |
| Hepatitis A or E                                                                          | 7 days from onset of jaundice/ symptoms.                                                                     |                                                                                                                                                                                                                               |
| Hepatitis B and C                                                                         | None                                                                                                         | Blood borne viruses are not infectious through casual contact.                                                                                                                                                                |
| Meningococcal Meningitis / Septicaemia                                                    | Until recovered. HPT will advise.                                                                            | Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Your local HPT will provide advice for staff and parents as required and organise all contact tracing. |
| Meningitis due to other bacteria                                                          | Until recovered.                                                                                             | Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPT will give advice on any action required.                             |
| Meningitis viral                                                                          | None                                                                                                         | Milder illness. There is no reason to exclude siblings and other close contacts of a case.                                                                                                                                    |
| Mumps                                                                                     | 5 days from onset of swollen glands.                                                                         | Preventable by vaccination (MMR x 2 doses)                                                                                                                                                                                    |
| Threadworms                                                                               | None                                                                                                         | Treatment is required for the child and all household contacts.                                                                                                                                                               |
| For further information please contact the Health Promotion Team Tel: 01387 272724        |                                                                                                              |                                                                                                                                                                                                                               |

## HEALTH CARE IN SCHOOLS AND NURSERIES

### APPENDIX 7

| STAFF HEALTH CARE TRAINING RECORD                                                                                                                                                                                                          |  |      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|
| Name of school                                                                                                                                                                                                                             |  |      |  |
| Name of staff member                                                                                                                                                                                                                       |  |      |  |
| Type/details of training received                                                                                                                                                                                                          |  |      |  |
| Name(s) of medication/ health care procedure involved                                                                                                                                                                                      |  |      |  |
| Date training completed                                                                                                                                                                                                                    |  |      |  |
| Training provided by                                                                                                                                                                                                                       |  |      |  |
| I confirm that that the above training has been received by:                                                                                                                                                                               |  |      |  |
| Trainee's name and designation                                                                                                                                                                                                             |  |      |  |
| Trainee's signature                                                                                                                                                                                                                        |  | Date |  |
| Trainer's name and designation                                                                                                                                                                                                             |  |      |  |
| Trainer's signature                                                                                                                                                                                                                        |  | Date |  |
| <p><b>STAFF INDEMNITY</b> – Dumfries and Galloway Council Education Services will indemnify and support staff to assist pupils with specific medical needs as outlined under legal issues in Health Care in Schools and Nurseries 2013</p> |  |      |  |

**APPENDIX 8**  
**RECORD OF ADMINISTERED MEDICATION**

Pupil's name .....  
Member(s) of staff designated to administer medication.....

| Date | Name of medication | Time | Dose given<br>(or reason why<br>dose withheld) | Any reactions | Member of staff/s<br>( <i>print name</i> ) | Signature/s | Parents informed<br>of last dose given |
|------|--------------------|------|------------------------------------------------|---------------|--------------------------------------------|-------------|----------------------------------------|
|      |                    |      |                                                |               |                                            |             |                                        |
|      |                    |      |                                                |               |                                            |             |                                        |
|      |                    |      |                                                |               |                                            |             |                                        |
|      |                    |      |                                                |               |                                            |             |                                        |

**APPENDIX 9**  
**RECORD OF STORED MEDICATION**

| Date medication<br>to be stored is<br>received | Name of medication | Name of pupil the<br>medication is for | Expiry date | Where the medication<br>will<br>be stored | Date the medication no<br>longer needs stored |
|------------------------------------------------|--------------------|----------------------------------------|-------------|-------------------------------------------|-----------------------------------------------|
|                                                |                    |                                        |             |                                           |                                               |
|                                                |                    |                                        |             |                                           |                                               |
|                                                |                    |                                        |             |                                           |                                               |
|                                                |                    |                                        |             |                                           |                                               |
|                                                |                    |                                        |             |                                           |                                               |

# HEALTH CARE IN SCHOOLS AND NURSERIES

## APPENDIX 10

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Acupuncture                          | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Anal plugs                           | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Apnea monitoring                     | Yes – in respect of monitoring via a machine following written guidelines. There is no cover available in respect of visual monitoring                                                                                                                                                                                                                                                                                                                              |
| Bathing                              | Yes – following training and in accordance with written guidelines                                                                                                                                                                                                                                                                                                                                                                                                  |
| Blood samples                        | Yes – but only by Glucometer following written guidelines                                                                                                                                                                                                                                                                                                                                                                                                           |
| Buccal medazolam                     | Yes – following written guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Bladder wash out                     | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Catheters                            | Yes – following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes                                                                                                                                                                                                                                                                                                                       |
| Colostomy/Stoma care                 | Yes – following written guidelines in respect of both cleaning and changing of bags                                                                                                                                                                                                                                                                                                                                                                                 |
| Chest drainage exercise              | Yes – following written health care plan provided under the direction of a medical practitioner                                                                                                                                                                                                                                                                                                                                                                     |
| Dressings                            | Yes – following written health care plan for both application and replacement of dressings                                                                                                                                                                                                                                                                                                                                                                          |
| Defibrillators/First Aid only        | Yes – following written instructions and appropriate documented training                                                                                                                                                                                                                                                                                                                                                                                            |
| Denture cleansing                    | Yes – following appropriate training                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ear syringe                          | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Ear/Nose drops                       | Yes – following written guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Enema suppositories                  | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Eye care                             | Yes – following written guidelines for persons unable to close eyes                                                                                                                                                                                                                                                                                                                                                                                                 |
| First Aid                            | Yes – Should be qualified first aiders and applies during the course of the business for the benefit of employees and others                                                                                                                                                                                                                                                                                                                                        |
| Gastronomy tube – Peg feeding        | Yes – cover available in respect of feeding and cleaning following written guidelines but no cover available for tube insertion                                                                                                                                                                                                                                                                                                                                     |
| Hearing aids                         | Yes – for assistance in fitting/replacement of hearing aids following written guidelines                                                                                                                                                                                                                                                                                                                                                                            |
| Inhalers, and nebulisers             | Yes – for both mechanical and held following written guidelines                                                                                                                                                                                                                                                                                                                                                                                                     |
| Injections                           | Yes but only for the administering of pre packaged doses on a regular basis pre prescribed by a medical practitioner and written guidelines                                                                                                                                                                                                                                                                                                                         |
| Medipens                             | Yes – following written guidelines with a preassembled epipen                                                                                                                                                                                                                                                                                                                                                                                                       |
| Mouth toilet                         | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Naso-gastric tube feeding            | Yes – following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion or reinsertion which should be carried out by a medical practitioner.                                                                                                                                                                                                                                           |
| Occupational therapy                 | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Oral medication                      | Yes - subject to being pre-prescribed by a medical practitioner and written guidelines. Where this involves children, wherever possible Parents/Guardians should provide the medication prior to the child leaving home. A written consent form will be required from Parent/Guardian and this should be in accordance with LEA procedure on medicines in schools etc. Similar consideration should be given when asked to administer “over the counter” medicines. |
| Oxygen – administration of Pessaries | Yes – but only in respect of assisting user following written guidelines, i.e. applying a mask                                                                                                                                                                                                                                                                                                                                                                      |
| Reiki                                | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Physiotherapy                        | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Pressure bandages                    | Yes – following written guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Rectal medazalam in prepackaged dose | Yes – following written guidelines and 2 members of staff must be present                                                                                                                                                                                                                                                                                                                                                                                           |
| Rectal diazepam in prepackaged dose  | Yes – following written guidelines and 2 members of staff must be present                                                                                                                                                                                                                                                                                                                                                                                           |
| Rectal Paraldehyde                   | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Splints                              | Yes – as directed by a medical practitioner                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Suction machine                      | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Syringe drivers-programming of       | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Suppositories                        | No – other than rectal diazepam and medazalam.                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Swabs - External                     | Yes – following written guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Swabs - Internal                     | No – other than oral following written guidelines                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Toe nail cutting                     | Yes – following written guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Tracheostomy                         | No – Cover is only available for cleaning around the edges of the tube only following written guidelines                                                                                                                                                                                                                                                                                                                                                            |
| Ventilators                          | Yes – following written guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                  |