

Medical Conditions Policy



Cranmore Infant School incorporating Little Acorns and Kids' Club

Approved by:	Governing Body	Date: December 2020
Last reviewed on:	October 2018	
Next review due by:	December 2022	

Supporting Pupils with Special Medical Needs

Cranmore Infant School (incorporating Cranmore Little Acorns and Kids' Club) is an inclusive community that welcomes and supports pupils with medical conditions.

This school provides all pupils with any medical condition the same opportunities as others at school, enabling them to play a full and active role in school life and achieve their academic potential.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they left school.

Cranmore Infant School makes sure all staff understand their duty of care to children in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

The named member of school staff responsible for this medical conditions policy and its implementation is the Head teacher Rebecca Ward.

This policy framework describes the essential criteria for how the school can meet the needs of children and young people with long-term conditions and short term medical needs. It has been adapted from a sample Medical Conditions Policy shared by Diabetes UK. It should be read alongside Solihull's 'The Administration of Medicines in Schools and Settings: A Policy Document updated 2018; 'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England', DfE 2015 and 'Giving medication to children in registered childcare' Ofsted.

The school's Covid Risk Assessment should also be used alongside this policy, for example, school expectation regarding the possible use of PPE when administering medication, when children are expected to stay at home etc.

This policy will be reviewed bi-annually and is next due to be reviewed in December 2022.

It is available on the school website and on request from the school office.

Complaints by parents or others should be discussed initially, as appropriate, with the class teacher or head teacher. It is desirable that complaints should be dealt with informally, but if that is not possible, then a written, formal complaint should be registered with the head teacher, unless it is a matter concerning the

head teacher, when it should be directed to the chair of governors. Parents may request a copy of the full complaints procedure from the school office.

1) This school is an inclusive community that supports and welcomes pupils with medical conditions.

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents.
- Pupils and parents feel confident in the care they receive from this school and the level of that care meets their needs.
- The school will ensure all pupils joining at normal transition times will have arrangements in place to manage their medical condition by the beginning of that term.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs.
- The school recognises that duties in the Children and Families Act and the Equality Act relate to children with disability or medical conditions.

2) This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

- Stakeholders include: Parents, pupils, school nurse, school staff, governors, and other health care professionals.

3) The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.

- Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels. The policy is available on the school website and all staff will be reminded of the policy and how it is implemented on an annual basis.

4) All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school. A confidential record of children's medical needs is kept in class registers and all staff understand their duty of care to pupils in an emergency.
- All staff receive training in what to do in an emergency and this is refreshed at least once a year.
- This school will, in partnership with parents and health care professionals, give careful consideration to whether an individual healthcare plan (IHP) is appropriate or proportionate. The development of a plan will be led by the Inclusion Leader, Mrs Laura Freeman.
- A pupil's individual healthcare plan will explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

5) All staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly. Training is provided as required throughout the year, and policies and procedures discussed with staff. There is ongoing identification and discussion of training needs, including as parts of the school's appraisal and induction process, when staff are given a first aid information booklet (see Appendix 2). A record of training undertaken is kept and updated by the Angie Knowles (SBM).
- Any member of staff providing support to a pupil with medical needs will have received suitable training.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. Senior leaders will take the appropriate course of action and if necessary will take pupils to hospital in their own car (seeking verbal consent from parents where at all possible).

6) This school has clear guidance on providing care and support and administering medication at school.

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- This school will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances. Medication may only be administered if prescribed by a healthcare professional. Medicines bought 'over the counter' including pain relief may not be administered.

- Medicines will only be administered at school when it would be detrimental to the pupil's health not to do so and where it is not clinically possible to arrange doses to be taken outside of school hours, e.g. when four doses of prescription medication are required in a 24 hour period.
- When administering medication, for example prescribed pain relief or antibiotics, this school will check the maximum dosage and when the previous dose was given. Two members of staff will always be present to administer and sign 'Administered Medication' form, and a member of SLT will authorise this first, unless it is for the regular use of an inhaler (see Appendix). Parents will be informed and asked to sign the form.
- Children at this school will not administer their own medication.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site educational visit and the needs of the pupil, associated risks and how these are to be managed will be included in the risk assessment for the visit. Red medication boxes will be taking on all off-site visits, including swimming and school trips. They will also be taken when classes take part in Forest School sessions.
- When children participate in school clubs, the member of staff responsible for releasing the children at the end of the session will be responsible for administering medication in the event of an emergency.
- When staff are fully trained, this school will not require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to children with an IHP, including with toileting issues (where there is a recognised medical condition).
- Parents at this school understand that they should let the school know immediately if their child's needs change and provide enough information to ensure their needs are met.
- If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's 'managing substance related incidents' procedures are followed.

7) This school has clear guidance on the storage of medication and equipment at school.

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Emergency medication/equipment (such as inhalers) is stored safely in a red box in a cupboard in the child's classroom, together with their IHPs (For Little Acorns and Kids' Club these are stored securely in cupboards in the annexe and studio). Piriton and Epi-pens are stored safely in the First Aid cupboard, together with IHPs.
- This school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely, and staff know where they are at all times and have access to them immediately. A fridge is available in the First Aid room for medication which needs to be refrigerated.

- This school will store medication that is in date and labelled in its original container, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents are asked to collect all long-term medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term (a termly letter is sent to parents reminding them of this requirement). Once a course of short-term medication is completed, it should be collected by parents to dispose of appropriately.
- This school disposes of needles and other sharps by putting them in a container with a lid (kept in the First Aid cupboard). Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of appropriately by parents.

8) This school has clear guidance about record keeping.

- Parents at this school are asked if their child has any medical conditions on the school admissions form and routine reminders are given at various points throughout the year.
- Where appropriate and proportionate, this school uses an IHP (Individual Health Care Plan) to record the support an individual pupil's needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- This school has a centralised register of IHPs in the school office, and an identified member of staff, Mrs Natalie Francis, has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents before sharing any medical information with any other party.
- This school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
- This school makes sure that all staff providing support to a pupil have received suitable training and on-going support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence (where appropriate), and this school keeps an up-to-date record of all training undertaken and by whom.

9) This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits. Registers for all school clubs include information on children's medical needs and during before and after school clubs, medication for children attending is kept in the school office so that it is easily accessible in an emergency.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment and to teach children about what to do in an emergency.
- This school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition. Following absence, reintegration back into school will be properly supported so pupils with medical conditions fully engage with learning. Short term absences, including those for medical appointments are effectively managed as per the school's attendance policy.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the Inclusion Leaders, who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- This school makes sure that a risk assessment is carried out before any out-of-school visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

10) This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and where appropriate has a written schedule of reducing specific triggers to support this.

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff are given appropriate training and written information on pupil's medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical conditions.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

11) Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

- The roles and responsibilities for all relevant parties are:

Head teacher: The Head teacher, Mrs Rebecca Ward, has overall responsibility for policy implementation. In her absence, this will be delegated to the Deputy Head teacher, Mrs Paula Whittle.

Governing Body: Will ensure that the school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. They will ensure that the arrangements the school sets up includes details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. They will also make sure that there is the appropriate level of insurance and liability cover in place.

Teachers and other staff: Will undertake relevant training. In line with this policy they will store and administer emergency medication as required and consented to, and keep appropriate records. They will understand the medical needs of pupils in their class with IHPs and implement these accordingly, including ensuring they are included in risk assessments for educational visits. Any staff medicine is the responsibility of the individual concerned and should be stored in an appropriate place out of the reach of pupils.

Trained designated staff: Mrs Laura Freeman, the Inclusion Leader, will, in partnership with parents and health care professionals lead the development of an IHP, in line with this policy. Natalie Francis, lead First Aider, will arrange staff training as appropriate. She will work with the Inclusion Leader to maintain up-to-date records of IHP's and support the effective implementation of this policy.

School Nurse: Will notify the school when a child has been identified as requiring support in school due to a medical condition, and will, in partnership with parents and school staff, contribute to the development of an IHP. They will also liaise locally with health professionals about appropriate support.

12) The medical conditions policy is regularly reviewed, evaluated and updated.

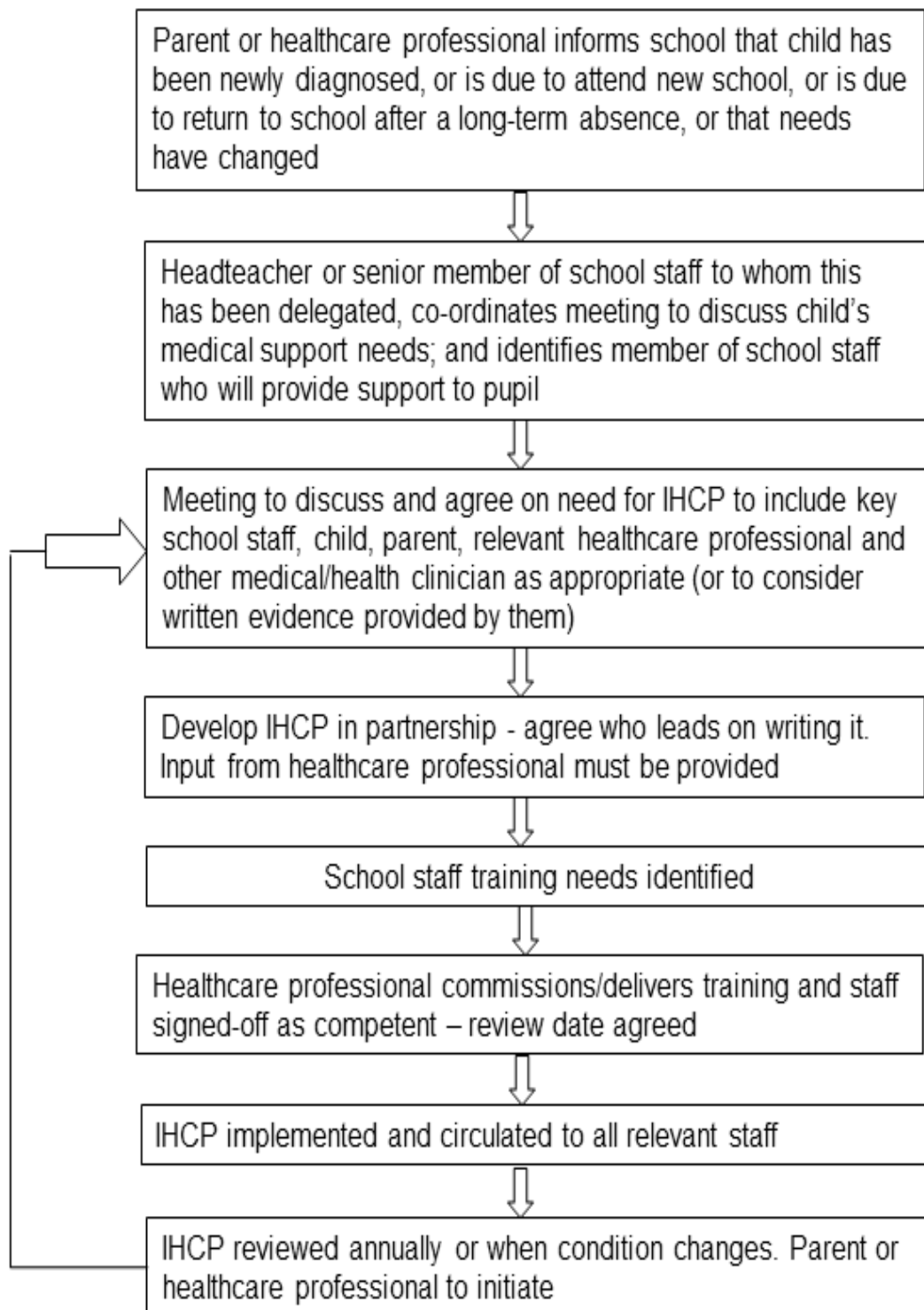
- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

Signed by Chair of Governors:

Date:

Appendix 1: Model Process for developing individual healthcare plans of

(Supporting pupils at school with medical conditions, April 2014, DfE)



Appendix 2: First Aid at Cranmore Infant School Information for Staff

Please read through this booklet to ensure that you know the procedures and good practice that we follow here at Cranmore. If you should have any questions do not hesitate to ask any of the appointed First Aiders to talk you through.

Appointed staff- We have several members of staff that are first aid trained. To make yourself familiar with who they are, please read the appointed person(s) posters displayed in the staff room and the first aid cupboard. If you are unsure when treating a child, please do not hesitate to ask for their assistance or advice if required.

First Aid Boxes- We have two first aid boxes and one trips/outing box in school. One is located in the school hall and the other is located in the first aid cupboard. The first aid cupboard is in between the two Reception classes. The trips and outings box can also be found within the first aid cupboard. The boxes are checked on a regular basis, however, we do ask that if you notice that stocks are running low just top the box up with the supplies that are stored also within the cupboard. Should you also notice that more items will need purchasing, please write the item onto the order form, this will inform the named first aider.

Administering First Aid- Within the green first aid documents folder there is an advice leaflet should you need it. However, If you are unsure when treating a child, please do not hesitate to ask for a named first aiders assistance. Common treatments are as follows:-Cold compress applied for bumps (stored in the fridge within the first aid cupboard-**PLEASE PUT BACK ONCE USED**). For serious bumps this should be applied for at least 10 minutes.

-Cuts and grazes to be cleaned with wet gauze or moist wipes.

-If a plaster is required please check the plaster wallet to ensure the child's parent has given their permission.

-When treating a child with a nose bleed, pinch the soft part of the child's nose whilst their head is tilted forwards until the bleeding stops. If their nose bleed lasts longer than 10minutes, seek assistance from a named first aider.

The most important thing to remember when giving first aid is to always wear gloves!

Serious Injuries- If you are at all concerned with a child when treating them or monitoring them afterwards do not hesitate in seeking assistance from firstly a named first aider or a member of the senior leadership team who will then make a decision on the next step.

Recording Information- If any treatment was given fill out either a **red** bumped head letter or a **white** letter for any other body injury. Please then either photocopy this or write out another copy. The main letter goes home with the child and the copy is to be kept in the **purple** folder in the first aid cupboard. Please inform the child's class teacher who will then give the red slip directly to the child's carer or white slips can be either put in the child's book bag or to the carer.

Illness- Should a child complain that they are feeling un well and you are concerned, we have forehead thermometers in the first aid box to check their temperature, if it is higher than 37 c seek further guidance from a first aider. Sick buckets are also placed around school as well as in the first aid cupboard should you require one.

Cleaning up of body fluids- Within the first aid cupboard are newspapers, paper towels, a mop bucket, gloves, aprons and yellow bags all for cleaning up spillages.

- Firstly cover the fluid up with newspaper until you are able to deal with it.
- Next whilst wearing gloves, scoop up the newspaper and its contents into a **yellow** bag.
- Clean up the rest of the spillage with warm soapy water.
- Dispose of the **yellow** bag into the **red** first aid bin.
- If site manager is available, inform him of where the bodily fluid was, so that he can disinfect the area. If not, then please let him know when he returns to school.
- ALL USED FIRST AID ITEMS ARE TO BE PUT IN THE **RED** BIN IN THE FIRST AID CUPBOARD SO THAT THE SITE MANAGER CAN DISPOSE OF THEM CORRECTLY.

Trip/outing first aid box- In the first aid cupboard is a box labelled up for an outing that includes the following:

- Spare clothes/pants/socks for girls and boys of different ages.
- A fully stocked first aid box and accident forms.

- Plastic bags and tissues.
- A water bottle.
- Next to the box is a sick bucket for trips and outings only.

To ensure that it is fully equipped, check through it in case you should need anything else. Once you have returned to school, please make sure that box is left in the full condition that it was taken.

Medication in school- Some children require medication in emergency situations that needs to be stored in school. In each classroom, within the stock cupboard a **red** box labelled **Medication** is stored. This will contain any inhalers/eczema cream for the named child/children within that class. It will also have their care plans or consent forms so that any member of staff will know which children and their medication/dosage should they need to administer any. If a child has an epi-pen or Piriton in school, this will be stored in another **red** box labelled **Emergency Medication** but is stored within the locked first aid cupboard. Individual care plans are also displayed for staff eyes only within the first aid cupboard.

For each child that requires medication their parent/carer has to give their consent to school staff to administer it. This will either be done through a care plan or a consent letter. Should you ever have to administer any medication to a child it should be recorded on the administration record form that is also stored at the back of each child's care plan (in **red** folder). The child's parent should also be informed as well as the Head teacher.

If it is an epi-pen that has been administered then parents should be contacted straight away as well as the emergency services.

Epi-pen training is carried out annually by the school nurse and as a member of staff you can choose whether you would be happy to administer it or not.

It is the child's parent/carer responsibility to check their child's medication is in date. However, as good practice the named first aider will check all medication in school on a termly basis and will highlight to staff if parents need to be informed.

Help!- Should you ever need any assistance in an emergency or you are on your own and need treatment for a child, there are emergency cards placed in each of the classrooms, in the hall and by the playground doors. These can be sent with a child to get another adult's help. If you do have to use it, please make sure it is put back once the emergency is over.

Appendix 3: Medicines in School Appendices

APPENDIX A

R e c t a l D i a z e p a m
F i r s t D o s e A u t h o r i s a t i o n F o r m

I, the prescriber:.....(named consultant)

.....(base & contact tel. no)

give permission for the rectal administration of **Diazepam** by staff who have **attended specific training**.

I take full responsibility for this medication to be given as outlined below.

SIGNED:..... DATED:

NAME OF CHILD: DOB:

NHS No:School:.....

Home Address:

Other Setting:

P R E S C R I B E D D O S E :

A m o u n t t o b e a d m i n i s t e r e d :

R O U T E : R E C T A L

To be given if seizure lasts longer than: minutes

Special instructions (if required):

.....

W h e n t o c a l l f o r a P a r a m e d i c A m b u l a n c e :

- Whenever any emergency rescue medication is being given to this child for the first time in a school / setting
- If the seizure has not resolved afterminutes following administration of Diazepam
- Other

I n s t r u c t i o n s f o r a d m i n i s t r a t i o n :

Please see individual manufacturer's instructions.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

**R e c t a l D i a z e p a m
S e c o n d D o s e A u t h o r i s a t i o n F o r m**

I, the prescriber:.....(named consultant)
.....(base & contact tel. no)

give permission for the rectal administration of **Diazepam** by staff who have **attended specific training**.

I take full responsibility for this medication to be given as outlined below.

SIGNED:..... DATED:

NAME OF CHILD: DOB:

NHS No:School:.....

Home Address:

Other Setting:

P R E S C R I B E D D O S E :

A m o u n t t o b e a d m i n i s t e r e d :

R O U T E : R E C T A L

To be given if seizure lasts longer than: minutes

Special instructions (if required):

W h e n t o c a l l f o r a P a r a m e d i c A m b u l a n c e :

- Whenever any emergency rescue medication is being given to this child for the first time in a school / setting
- If the seizure has not resolved afterminutes following administration of Diazepam
- Other

I N S T R U C T I O N S F O R A D M I N I S T R A T I O N

Please see individual manufacturer's instructions.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

APPENDIX B

Consent Form for Administration of Rectal Diazepam

All staff that have received the appropriate training and are considered competent are authorised to give Rectal Diazepam at school/early years setting and respite care.

Parent/carer Consent

Child's Name	
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If authorised persons are not available then **999 procedures** will be activated, and **parent/carer informed**.

Parent/Carer		Date	
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On behalf of school/setting			
Head teacher / setting lead or manager		Date	
On behalf of Heart of England Foundation Trust			
Doctor/Nurse		Date	
Reviewed by		Date	
Reviewed by		Date	

APPENDIX C

Buccal Midazolam 10 mg in 1 mL (multidose bottle preparation) F i r s t D o s e A u t h o r i s a t i o n F o r m

I, the prescriber:.....(child's clinician)
.....(base & contact tel. no)
give permission for the buccal administration of **Midazolam preparation dispensed as 10mg in 1mL multidose bottle** by staff who have **attended specific training**. I take full responsibility for this medication to be
g i v e n a s o u t l i n e d b e l o w .
SIGNED:..... DATED:

NAME OF CHILD: DOB:
NHS No: School:.....
Home Address:
Other Setting:

P R E S C R I B E D D O S E : m g
A m o u n t t o b e a m L s t e r e d i n m L :
R O U T E : B U C C A L
To be given if seizure lasts longer than: minutes
Special instructions (if required):

W h e n t o c a l l f o r a P a r a m e d i c A m b u l a n c e :

- Whenever any emergency rescue medication is being given to this child for the first time in s c h o o l / s e t t i n g .
- If the seizure has not resolved afterminutes following administration of Buccal Midazolam
- Other

I n s t r u c t i o n s f o r a d m i n i s t r a t i o n

Take the **multidose bottle** and the **1 mL oral dispenser** supplied with this medication. Draw up the liquid as instructed using the oral dispenser until the black mark on the plunger reaches the correct '**mL**' mark. Place the tip of the dispenser into the buccal area of the child's mouth, between the cheek and the gum of the lower jaw, by the back teeth. Then slowly empty the contents of the dispenser. Remove dispenser from the child's mouth and gently hold lips together for a few s e c o n d s t o a l l o w a b s o r p t i o n .

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue m e d i c a t i o n d e t a i l s .

Buccal Midazolam 10 mg in 1 mL (multidose bottle preparation)
S e c o n d D o s e A u t h o r i s a t i o n F o r m

I, the prescriber:.....(named consultant)
.....(base & contact tel no)
give permission for the buccal administration of **Midazolam preparation dispensed as 10mg in 1mL multidose bottle** by staff who have attended specific training. I take full responsibility for this medication to be
g i v e n a s o u t l i n e d b e l o w .
SIGNED:..... DATED:

NAME OF CHILD: DOB:
NHS No: School:.....
Home Address:
Other Setting:

P R E S C R I B E D D O S E : m g
A m o u n t t o b e a **s t e r e d i n m L :**
R O U T E : B U C C A L
To be given if seizure lasts longer than: minutes
Special instructions (if required):

- W h e n t o c a l l f o r a P a r a m e d i c A m b u l a n c e :**
- Whenever any emergency rescue medication is being given to this child for the first time in a school/setting
 - If the seizure has not resolved afterminutes following administration of Buccal Midazolam
 - Other

I n s t r u c t i o n s f o r A d m i n i s t r a t i o n
Take the **multidose bottle** and the **1 mL oral dispenser** supplied with this medication. Draw up the liquid as instructed using the oral dispenser until the black mark on the plunger reaches the correct '**mL**' mark. Place the tip of the dispenser into the buccal area of the child's mouth, between the cheek and the gum of the lower jaw, by the back teeth. Then slowly empty the contents of the dispenser. Remove dispenser from the child's mouth and gently hold lips together for a few seconds to allow absorption.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

Buccal Midazolam Oromucosal Solution in a Pre-filled Oral Syringe (Buccolam®)
F i r s t D o s e A u t h o r i s a t i o n F o r m

I, the prescriber:.....(child's clinician)
.....(base & contact tel. no.)

give permission for the buccal administration of a **Buccolam® pre-filled oral syringe** by staff who have **attended specific training**. I take full responsibility for this medication to be given as outlined below.

SIGNED:.....DATED:.....

NAME OF CHILD: DOB:

NHS No:School:.....

Home Address:

Other Setting:

Dose to be administered: ONE mg PR PRE-FILLED ORAL SYRINGE

R O U T E : B U C C A L

To be given if seizure lasts longer than: minutes

Special instructions (if required):

W h e n t o c a l l f o r a P a r a m e d i c A m b u l a n c e :

- Whenever any emergency rescue medication is being given to this child for the first time in school / setting.
- If the seizure has not resolved afterminutes following administration of Buccal Midazolam Oromucosal.
- Other

I n s t r u c t i o n s f o r a d m i n i s t r a t i o n :

- Break the tamper-proof seal and remove the oral syringe from the protective plastic tube.
- **Remove and throw away the oral syringe cap.**
- Place the tip of the oral syringe into the buccal area of the child's mouth, between the cheek and the gum of the lower jaw by the back teeth.
- Slowly drip the Buccolam® solution into this area until the oral syringe is empty.
- Remove the oral syringe from the child's mouth.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

**Buccal Midazolam Oromucosal Solution in a Pre-filled Oral Syringe
(Buccolam®)
Second Dose Authorisation Form**

I, the prescriber: (child's clinician)

..... (base & contact tel. no)

give permission for the buccal administration of a **Buccolam® pre-filled oral syringe** by staff who have received specific training. I take full responsibility for this medication to be given as outlined below.

SIGNED: DATED:

NAME OF CHILD: DOB:

NHS No: School.....

Home Address:

Other Setting:

Dose to be administered: ONE mg **PRE-FILLED ORAL SYRINGE**

ROUTE: BUCCAL

To be given if seizure lasts longer than:minutes

Special instructions (if required):

When to call for a Paramedic Ambulance:

- Whenever any emergency rescue medication is being given to this child for the first time in a school/setting.
- If the seizure has not resolved afterminutes following administration of Buccal Midazolam.
- Other.....

Instructions for administration:

- Break the tamper-proof seal and remove the oral syringe from the protective plastic tube.
- Remove and throw away the oral syringe cap.
- Place the tip of the oral syringe into the buccal area of the child's mouth, between the cheek and the gum of the lower jaw by the back teeth.
- Slowly drip the Buccolam® solution into this area until the oral syringe is empty.
- Remove the oral syringe from the child's mouth.

The authorisation form must be updated annually or whenever there are any changes to the child's emergency rescue medication details.

APPENDIX D

Consent Form for Administration of Buccal Midazolam

All staff that have received the appropriate training and are considered competent are authorised to give Buccal Midazolam at school/early years setting and respite care.

Parent/carer Consent

Name of child	
----------------------	--

If authorised persons are not available then **999 procedures** will be activated, and **parent/carer informed**.

Parent/Carer		Date	
---------------------	--	-------------	--

On behalf of school/setting			
Head teacher / setting lead or manager		Date	
On behalf of Heart of England Foundation Trust			
Doctor/Nurse		Date	
Reviewed by		Date	
Reviewed by		Date	

APPENDIX E

Medicine Administration Record Card for Emergency Anti Convulsants

Name of child:	Date of Birth:
Name of medication:	School/setting:

Date				
Name of medication				
Dose and time				
Second dose and time (if given)				
Length and/or number of seizures				
Observations				
Outcome				
Parent/carer informed				
SLT authorised administration of medication				
Medication administered by				
Witnessed by				

APPENDIX F

Consent Form to Administer Medicines

The school/early years setting staff will not give any medication unless this form is completed and signed.

Dear Head teacher/setting lead or manager

I request and authorise that my child *be given/gives himself/herself the following medication:
(*delete as appropriate)

Name of child		Date of Birth	
Address			
Daytime Tel no(s)			
School/setting			
Class (where applicable)			
Name of Medicine:			
Special precautions e.g. take after eating			
Are there any side effects that the school/setting needs to know about?			
Time of Dose		Dose	
Start Date		Finish Date	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification.

Name of medical professional:	
Contact telephone number:	

I confirm that:

- It is necessary to give this medication during the school/setting day
- I agree to collect it at the end of the **day/week/half term** (delete as appropriate)
- This medicine has been given without adverse effect in the past.
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.

Signed (parent/carer)	
Date	

APPENDIX H

A Care Plan is a written agreement that clarifies for staff, parents and the child the help that the school/setting can provide and receive. A Care Plan is for a child with individual medical needs, but **not all pupils with medical needs will require a full Care Plan**. For some pupils with medical needs, the school/setting may simply require a written agreement in which parents authorise the school/setting to administer medicine.

Care Plan for Child with Medical Needs – Part 1 of 2

Name of child:	Photo:
Address:	
Date of birth:	
Condition:	

Name of school/setting		Year /Group		Date	
Review Dates					

CONTACT INFORMATION		
Family Contact 1	Name:	Tel Work:
		Tel Home:
		Tel Mobile:
Relationship		
Family Contact 2	Name:	Tel Work:
		Tel Home:
		Tel Mobile:
Relationship		

Clinic/Hospital Contact	
Name	
Clinic/Hospital	
Tel No	
Name of GP	
Tel No	

Describe condition and give details of child's individual symptoms:

Describe what constitutes an emergency for the child and the action and follow up required if this occurs:

Completed by

Date

APPENDIX I

Care Plan for Child with Medical Needs – Part 2 of 2

This form completes the Care Plan and it is a record that parent/carer, staff and school nurse/doctor all agree with the Care Plan. The original will be kept at school/setting, and copies made for parent/carer, school nurse/health visitor/specialist nurse and GP.

Due to the complexity and unstable nature of some children's medical conditions, the Care Plan can be altered in an emergency to ensure the child's safety. This should be done through consultation between staff and health professionals who are present during the incident. Parents/carers should be contacted and the incident documented on the pupil's records.

It is always the responsibility of parents/carers to keep staff and health professionals fully informed of changes in their child's condition. They must agree the Care Plan and supply necessary medication, ensuring it is in date on a termly basis.

Name of child	
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Name of parent/carer			
Signature of parent/carer		Date	

On behalf of school/setting			
Name of Head teacher/setting lead			
Signature of Head teacher/setting lead		Date	

On behalf of Heart of England Foundation Trust			
Name of Doctor/Nurse			
Signature of Doctor/Nurse		Date	

Example **STAFF INDEMNITY** statement (to be amended according to who the employer is)

Solihull MB Council (*insert employer's name where SMBC is not the employer*) fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment and have been provided with appropriate training. For the purposes of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. In practice, indemnity means Solihull MB Council (*insert employer's name where SMBC is not the employer*) and not the employee will meet the cost of damages should a claim for negligence be successful. It is very rare for school/setting staff to be sued for negligence and instead the action will usually be between the parent/carer and the employer. Staff should at all times follow the guidance provided by Heart of England Foundation Trust.

APPENDIX J

The letter below is attached for guidance. It can be **adapted** and used for issue by school/setting staff as well as Heart of England Foundation Trust School nurses.

Clinic address/School/Setting address
Telephone contact details

Date

Dear parent/carer

Name of Child - Medication in school

It is suggested that you check your child's medication on a termly basis to ensure it is in date, there are no changes to the dose and it is still needed by your child. It should be replaced or removed as necessary, especially at the beginning of each new academic year.

If there are changes to your child's condition and/or medication, please ensure the school/setting staff/Heart of England Foundation Trust School nurse is/are notified in writing.

I am available at the clinic/school/setting, contact details as above, if you wish to discuss your child's condition.

Yours sincerely

Care Trust School nurse/school/setting lead

APPENDIX L

Staff training record – administration of medicines

Name of school/setting: -----

Name: -----

Type of training received: -----

Accreditation (where appropriate) -----

Date of training completed: -----

Training provided by: -----

Profession and title: -----

I confirm that ----- (name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment covered by it.

I recommend that the training is updated ----- (please state how often).

Trainer's signature: ----- Date: -----

I confirm that I have received the training detailed above.

Staff signature: ----- Date: -----

Suggested review date: -----

APPENDIX M

Suggested Policy Framework (to be read alongside Solihull's Administration of Medicines in Schools and Settings, 2013)

1. Managing medicines during the school day

- What procedures are in place for managing prescription medicines which need to be taken during the day?
- Under what circumstances might a child take any non-prescription medicines?
- How are the school's policies and practice relating to the administration of medicines communicated to parents?

2. Managing medicines on trips and outings

- What procedures are in place for managing prescription medicines on trips and outings?
- How are staff attending off-site visits made aware of any pupils with medical conditions on the visit?

3. Roles and responsibilities of staff supervising the administration of medicines

- Which members of staff have had the responsibility for administering medicine written into their job descriptions?
- What training has been given to staff members who agree to administer medication, where needed?

4. Children's medical needs - parental responsibilities

- What opportunities are there for parents to discuss their children's medical needs with staff?
- What arrangements are in place for parents to collect medication that is no longer required/out of date?

5. Parents' written agreement

- How do parents access consent forms/letters?
- Where are completed forms kept? How long for?

6. School policy - supporting children with complex or long-term health needs

- How are children with medical conditions supported to be involved fully in school/setting life?
- How have key stakeholders, including parents, been consulted about this policy?

7. Policy on children taking and carrying their own medicines

- How are children encouraged to take control of managing their condition?

8. Advice and Guidance to staff

- How are staff supported to understand the common medical conditions that affect children at this school?
- Which health professionals work with the school/setting to support children with complex health needs?

9. Record keeping

- What records are kept relating to the administration of medicines?
- Are records kept securely and confidentiality maintained?
- How long are records kept for?

10. Storing medicines

- Which member of staff is responsible for ensuring the correct storage of medication?
- Which locked cupboard will be used for keeping any controlled drugs?
- Where is the refrigerator which is used for the storage of medicine situated?
- Where is emergency medication stored in order to ensure that it is appropriately accessible?

11. Emergency procedures

- How are staff and children supported to feel confident in knowing what to do in an emergency?

12. Risk assessment and arrangement procedures (care plans)

- Who completes care plans?
- Where are they stored?
- When are they reviewed?

13. Review of policy

- When will this policy be reviewed and updated?
- How will stakeholders be involved?