



Glenwood School

Together we will;
respect, achieve and make good choices

Glenwood School Supporting Learners with Medical Needs Policy

October 2020

Glenwood School Policy Supporting Learners with Medical Needs

Introduction

This policy reflects the values, ethos and philosophy of Glenwood School in relation to supporting young people with medical needs. This document is based on the DfE publication ***“Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of Academies in England”*** December 2015 which is a mixture of statutory guidance and non-statutory advice.

This policy does not relate to children in EYFS years as the Statutory Framework for EYFS is applied to this age range.

This Policy is a working document and reflects the practices that are carried out.

This policy is agreed by the Governing Body and must be implemented by all staff. It is available to interested parties.

There is a separate procedure for the safe handling of medicines within the ‘The Glen’ (appendix A) based on the DfE Residential Special Schools National Minimum Standards 1 April 2015 and the Royal Pharmaceutical Society Handling of Medicines in Social Care.

Rationale

Many of the young people who attend Glenwood will have long-term and complex medical conditions which may require on-going support, medicines or care while at school to help manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. Health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that the school works in partnership with parent/carers and health professionals to provide effective support for the young person’s medical condition and that all learners feel safe. Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting learners at their school with medical conditions.

Aims

The overall aim of this policy is to ensure that all children and young people with medical conditions, in terms of both physical and mental health, are properly understood and effectively supported so that they can play a full and active role in all aspects of school life, remain as healthy as possible and achieve their full potential.

Responsibilities

The Governing body must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties. Policies should be reviewed regularly and be readily accessible to parents/carers and school staff.

A young person’s health should not be put at unnecessary risk simply because they attend school. In addition, and in line with their safeguarding duties, governing bodies should not place other learners at risk or accept a young person in school where it would be detrimental to the child and others to do so.

The governing body should ensure that their arrangements give parents/carers confidence in the school's ability to support their young person's medical needs effectively. The arrangements should show an understanding of how medical conditions impact on a young person's ability to learn, and aim to increase their confidence and promote self-care. There should be recognition that some medical conditions, if not managed well, can be fatal.

The Governing body must ensure that arrangements are in place in school to support learners with medical conditions. In doing so, they should ensure that all young people can access and enjoy the same opportunities at school. The School, Local Authority, Health professionals and other support services should work together to ensure that young people with medical conditions receive a full education.

The Governing body should ensure that the school's leaders liaise with health and social care professionals, learners and parents/carers to ensure that the needs of learners with medical conditions are effectively supported. The needs of each individual must be considered and how their medical condition impacts on their school life.

Context

The incidence of learners having medical conditions at Glenwood is high. Individuals will not be routinely excluded from school activities as a result. It is important that everyone understands the distinction between a young person with medical conditions and a young person who is ill. A young person with a medical condition attends school and their health is considered when planning activities. Every effort is made to ensure that they miss as little school as possible. However, when young people are ill or unwell they should not attend school. If they are infectious or have an illness that makes them distressed or in pain they should remain at home. Children and young people with or without health conditions can be ill at times.

Learners who require short term medication such as antibiotics may return to school once they are well enough to do so.

Implementation

The named person with overall responsibility at Glenwood is the Headteacher; other senior members of staff are equipped to take responsibility in the event of the Headteacher being unavailable. i.e the Deputy Headteacher/Residential Lead

We will always work closely with parents/carers and health professionals, sometimes it may not be possible to agree on all aspects of a young person's care. Whilst we will always seek resolution we will follow the guidance of health professionals, this ensures all staff are covered by insurance provided by the Local Authority.

On admission or following a change in need

Prior to starting at the school, we meet with parents/carers to ascertain details of any medical needs a young person has. We then arrange further meetings with the specialist nurse if appropriate who will then arrange any necessary training. This seldom results in a delay to admission. If new needs arise we follow a similar process and any changes including additional training are quickly put in place.

Administration of Medication

We dispense medication that has been prescribed by a Doctor including those for ongoing conditions, e.g. epilepsy, asthma. On occasions parents/carers may wish school to give other 'over the counter' medication. This medication will not normally be given, unless the Headteacher has made an exception. Medication should come

into school in the container it is dispensed in from the pharmacy, clearly labelled with: the name of the medication, the name of the learner, the dosage, the method of administration and the dates of issue and expiry. Parents/carers are required to complete a form regarding administration of the medication.

Class teachers and residential staff should be aware of the procedures currently followed regarding storage, administration and documentation.

If a learner is well but needs to complete a course of antibiotics we will dispense this if it is prescribed for administering four times a day. It is likely that before a course of antibiotics is completed the person will be fit for school. It is important that the course is completed; consequently, the school will support this. School Health advise that antibiotics prescribed three times a day can satisfactorily be administered at home. However, if any family were experiencing great difficulty administering medication or if there are specific timings given the school will give the medication.

A second member of staff must check the medication and dosage prior to it being administered and countersign the dispensing record. If in any doubt about procedure or whether or not a medication should be dispensed please see a member of the Senior Leadership Team, Residential Care Manager or Residential Educational Facilitator where applicable.

Medication received in school should be handed into the Front Office or placed in the appropriate locked cupboard. The teacher is responsible for ensuring that the appropriate forms are completed.

When a learner is going to respite there may be medication in their respite bag/suitcase. This medication should not be removed. This should alleviate the possibility of medication not being sent to respite at the end of the day. Bags/suitcases are always supervised by office staff throughout the day. The same procedure applies if a learner is going to stay at 'The Glen' after school.

All medication is returned home at the end of each term, or sooner if is out of date for safe disposal by parents/carers.

Allergies.

There is an increase in the number of learners who suffer extreme allergic reactions to certain foods, in particular anything containing nut products. There is an individual protocol for any learner deemed to be in this category. Staff are requested to ensure that nut products are not brought into school. This applies to any learner/staff member having a packed lunch as well as food sent in for class birthday parties, bird food, packages used for junk modelling, sun cream, polish etc. The reaction can be life threatening, the food does not need to be consumed, for some people the smell or touch is enough.

If staff receive additional individual information regarding allergies it must be passed to the Front Office, Residential Care Manager if the learner is staying at The Glen, School Nurse and Catering Manager and that class information is updated and circulated. Information on allergies etc is available in each classroom, with all staff being aware of its location.

Epilepsy

Many young people who attend Glenwood have epilepsy and almost all of these learners have medication to control their condition. This will take the form of regularly administered medicine and might also include emergency rescue medication.

A copy of all written instructions from parents/carers and the latest Epilepsy Care Plan must be in the central file in the main school office and within the young person's medication folder in 'The Glen'.

The class teacher is responsible for knowing the procedures relating to learners in their own class. It is their responsibility to communicate this to all staff in class and to ensure written guidelines/care plans are readily available in the class and all staff should know their location. Within 'The Glen' senior residential staff has this responsibility.

Many learners have seizures and under normal circumstances are not sent home following a seizure unless that has been requested by the parent/carer on the appropriate form.

If a learner is given emergency medication e.g. rectal diazepam, buccal midazolam, paraldehyde this must be recorded on the medication administration sheet. Care Plans include advice on any other action required including notifying parent/carers.

If the procedure set out by the parent/carer includes calling an ambulance this can be summoned by any member of staff and reported to a member of the Senior Leadership Team if applicable once it has been called. The school office staff can be asked to telephone. The procedure for 'The Glen' is outlined in Appendix A.

Staff must be ready for the ambulance arrival with a written record of all medication the learner takes in school or whilst staying at The Glen, what has been administered, along with the timings and description of seizures. Other relevant details including date of birth, address etc. is required – each young person staying at The Glen will have a hospital passport to take with them. A member of staff will accompany the learner to the hospital. This person will stay with the learner until the parent/carer arrives or until another member of staff takes over.

A member of the Senior Leadership Team does not need to be involved in making a decision about giving emergency medication. Staff will be following a plan prepared by a suitably qualified medical practitioner and agreed by the parent/carer. Staff must follow the advice set out with regard to timings exactly. If advice is required staff can ask any member of the Senior Leadership Team/Residential Care Manager if applicable. In normal circumstances it is expected that a teacher will remain with the learner during this time. A member of the Senior Leadership Team/Residential Care Manager must always be told once emergency medication has been administered. When rescue medication is given, another member of staff should be present if possible. Preferably at least one of the staff should be a teacher or Senior Support Worker/Manager at 'The Glen'.

The procedures (Care Plans) for all learners who have seizures must be available in a prominent position in their class which all staff are aware of, as well as in a central file in the main office so that all school staff can refer to them. At The Glen they are stored in the main offices in both houses with copies in each young person's bedroom.

All classes in school and the main office have copies of all care plans on all learners, in addition to the notes being available in the learner's own class.

If a learner has medication to be given in an emergency, this with written instructions/care plans, must be taken with the member of staff responsible whenever the learner is 'off-site'. In the event of an incident in the minibus, stop and deal with the incident,

calling an ambulance if it is the procedure. Do not try to take the learner to hospital yourself.

Staff will be suitably trained in the administration of any emergency medication. All learners, for whom this applies, will have a Care Plan in place. These are prepared by Health Professionals in consultation with parents/carers. Class and residential staff need to ensure they have been “signed off” as authorised to administer emergency medication on all Individual Care Plans. A second member of staff should check the medication and dosage prior to it being administered if possible.

Eating and Nutrition

A number of young people attending Glenwood will be at risk of malnutrition or obesity due to their special educational needs and disabilities. This may be as a result of a physical problem or part of the sensory issues associated with autism. The school will liaise with both parents/carers and health professionals in order to minimise the impact of their difficulties. This may involve requesting referrals to specialists such as dieticians or speech therapists. Some young people will require a “special diet” and this may include agreement that they do not follow the school’s general food guidelines.

A number of young people at Glenwood require enteral feeds. These are delivered by the class and residential and who receive appropriate training from the school nurse or those they recommend. Training is provided for each individual learner as every feeding regime is different and consequently generic training is not appropriate.

Staff Training

All class based and residential staff are trained to give emergency medication for epilepsy and anaphylaxis and this training is updated annually. No member of staff would be required to give medication if they were not willing to do so. Each individual Care Plan contains the names of staff “signed off” for any administration of emergency rescue medication for that young person.

Training for administering an enteral feed is given to staff working with individuals who require this support. They are trained for individual learners. The school nurse “signs off” this training and maintains a register of trained staff. A specialist nurse will assess the competency of residential staff.

Class and residential staff are also trained on other care procedures for individuals they are responsible for e.g. stoma care, asthma.

Home to School Transport

The majority of young people attending Glenwood are transported by Local Authority provided transport. Where learners have any medical condition, it is the responsibility of parents/carers to inform transport of the relevant facts. The school will make every effort to make sure that the parent/carer has informed transport of any relevant issues and will, with the permission of parents/carers, provide any information they hold or are aware of to ensure that transport arrangements are appropriate. The Local Authority provide specific training for those who are escorting children and young people who have significant medical needs.

Following a review of the training delivery, in light of Covid-19,

- Operators must no longer carry rescue medication for children with a Level 3 Epilepsy risk assessment. All other measures/process remain the same.

- Training for Level 3 Epilepsy risk assessments will be delivered virtually – via online training and a videocall one-to-one assessment with each member of staff for each child they are responsible for on a vehicle

Please note – this does not change training requirements for other specialist healthcare needs. Where a practical element is required in the training (e.g. Suction, Oxygen, Anaphylaxis, Diabetes), this will still be face-to-face. It should also be noted that, for the small number of Level 4 Epilepsy risk assessments, operators will be required to continue carrying and administering rescue medication, in the line with the protocols outlined in the risk assessment.

Review

All Individual Care Plans are reviewed at least annually

Complaints

Parents/carers' concerns about the support provided for their young person with a medical condition should be directed, in the first instance, to the designated lead for supporting learners with medical conditions, Liz Cornish. Where parents/carers feel their concerns have not been addressed, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaint procedure (see website for details).

Record Keeping

Records are kept in line with guidance from health professionals and individual needs

Review of Policy

The policy will be reviewed annually.

Supporting documents:

Equality Act 2010

SEND Code of Practice

SEND Local Offer

Supporting Pupils at school with Medical Conditions-DfE December 2015

DfE Residential Special Schools – National Minimum Standards April 2015

Royal Pharmaceutical Society – The Handling of Medicines in Social Care

Policy Reviewed October 2020

Appendix A

Medication Procedure for Glenwood's Residential Provision – 'The Glen'

Obtaining medicines

A young person's medication must be available to 'The Glen' prior to their stay in the container it is dispensed in from the pharmacy, clearly labelled with the name of the young person, the medication, dosage, method of administration, dates of issue and expiry. Parents/Carers are required to complete the 'permission to administer medication' prior to their young person's stay and again if any changes are required.

Senior Residential Support Workers are responsible for arranging for stocks to be replenished by Parents/Carers as required. Surplus, unwanted or expired medicines must be returned to them and details recorded on the Medication Administration Record (BAR).

Records

Each young person will have a medication folder containing the following documents:

- One Page Profile with 'need to know' information (form 2).
- Permission to administer medication form completed by their Parents/Carers (form 4).
- MAR including an audit trail of medication returned to Parents/Carers (form 1).
- Where required, a Medication Care Plan specific to the individual medical needs of a young person, which may include the protocol for the administration of emergency medication (example form 3).

Their One Page Profile and MAR must be copied and taken with them in the event that they need an emergency admission to hospital whilst staying at 'The Glen'.

A separate Controlled Drugs (CD) record book, bound with numbered pages must be kept to record the receipt, administration, balance and transfer/disposal of CDs. There must be one page for each CD for each young person.

Administration of a CD must be recorded on the MAR and in the CD record book.

Storage

All Medicines must be kept secure within the locked storage room accessed via the residential offices. Senior Residential Support Workers on each shift are the designated key holders.

The storage rooms are temperature controlled and must not exceed 25°. A maximum/minimum thermometer is placed in both rooms and the temperature of the room must be monitored and recorded on a daily basis (preferably at the same time each day) to ensure that medicines stored in the room are within the recommended limit.

Within the storage rooms, medication is housed in three ways:

- General medicines including liquids, creams, inhalers are stored in the locked metal cabinet affixed to the wall.
- Controlled Drugs Legislation for CD's does not apply to Children's Services, however they must be kept separately in a locked safe box within the locked metal cabinet for general medicines. Only the Residential Care Manager, their deputy and/or Senior Residential Support Worker who is the designated key holder have authorisation to manage and administer CDs.
- Refrigerated Storage. Some medicines must be stored in a refrigerator because at room temperature they break down or 'go off'. The Patient Information Leaflet that is supplied with medicine will state whether it needs to be kept in a fridge. There is a fridge within each storage room. This must be cleaned daily whilst in use.

The temperature of the medicine refrigerator must be monitored and recorded daily when it is in use (Form 5). The usual range is between 2-8° Celsius. If the temperature falls outside of this range the Senior Residential Support Worker must place the medicines in a bag marked "DO NOT USE" and transfer to another refrigerator (preferably another medicines refrigerator, if available) ensuring they are quarantined and kept separate from unaffected stock.

Check the monitoring form for when the refrigerator was last working properly. Try and establish how long the medicines have been stored outside the required range of temperatures.

Contact the dispensing Pharmacy or '111' outside of the pharmacy's opening hours and follow the advice given. The incident reporting procedure must also be followed and the Residential Care Manager/On Call Manager notified immediately.

If (after seeking advice) you are advised that it is safe to use the medicines that have been exposed to higher than storage temperatures, these stocks must be marked 'use first' and mark with a new expiry date if applicable.

MEDICINES FOR USE IN AN EMERGENCY

Medicines for use in an emergency are exempt from the above storage guidelines although attention should be paid to the safe storage and security of these items. Where it has been identified that a learner may need emergency medication without delay, it will be held securely along with their medical care plan in a rucksack/waist bag by a designated residential staff member on each shift (who has been assessed as competent to administer it).

Administration

All staff who administer medication must adhere to the principle of the **5 'Rs'**:

- **Right young person**
- **Right medication**
- **Right dose/strength**
- **Right time**
- **Right route**

The following process must be followed:

1. The administration of all medication must involve two staff members one to administer and one to witness (at least one must be a Senior staff member). The witness must counter-sign all appropriate records to confirm the correct procedure was followed.
2. Check you are giving medication to the right person. Follow all information contained within their medication folder.
3. Select all of the correct medicines for the time of day for the young person including medicines that are stored in the fridge and CD box. Refer to the MAR chart and remember things may have changed.
4. Check that the young person isn't showing any symptoms of nausea, vomiting or diarrhoea before taking medicines out of their containers. If they do, speak to their Parent/Carers for their views and follow this up with the dispensing pharmacist/GP or 111 out of hours for further guidance and advice.
5. If a young person refuses their medication refer to their Medication Care Plan for guidance on steps to take. Medication must not be given covertly (hiding it in food or drink) unless it is outlined in their Medication Care Plan and agreed by their Parent/Carer and a medical practitioner.
6. Some medicines are meant to be taken occasionally when there is a specific need, for example for pain or in an emergency. These will be noted as 'PRN' (when required) on the MAR and details of how to administer these will be noted within the young person's Medication Care Plan.
7. Ensure there is a cold drink available for the young person to wash down their medication. It is almost impossible to swallow tablets or capsules without a drink. Hot drinks should be avoided as many medicines are badly affected by heat.
8. Encourage the young person to sit upright or stand. It is very difficult to swallow tablets or capsules when lying down. It is very likely that the tablet or capsule could get stuck in the throat or gullet where it could cause difficulty with swallowing or could damage the lining of the gullet.
9. Medicines (tablet or liquid form) should be emptied directly into a medicine pot without being handled. Refer to the young person's one-page profile for specific details of how they prefer to take their medicines and what support they need to do this.
10. Some medicines may be harmful to the person who is administering them. If there is a known health and safety risk from medication, this will be noted on the MAR sheet and appropriate PPE must be worn.
11. If medication is to be applied to the skin (topically) the person administering it must wear gloves to protect themselves and also to prevent cross infection. These medicines are absorbed through the skin. The young person's Medication Care Plan will give clear directions on how to apply topical medicines.
12. If a young person has difficulty swallowing medication or has this via a feeding tube guidance on how to support them will be outlined in their Medication Care

Plan. Only staff who have been trained and competent in these procedures can administer medication.

13. Records will be made by the person administering medication immediately afterwards, witnessed by a second Senior staff member.

NB: If it is not possible to follow any aspect of the young person's Medication Care Plan staff must contact their Parent/Carer for advice and guidance and then follow this up with the dispensing pharmacist/GP or 111 out of hours. An incident report must be completed and the Residential Care Manager/On Call Manager informed.

Self-administration

Where possible and where capacity allows, young people should be involved in the administration of their medication. For example, a young person may be able to apply cream or hold their inhaler. The level of support a young person requires and how they can be involved will be written in their One Page Profile and Medication Care Plan.

Disposal of medicines

Surplus, unwanted or expired medication including CDs must be returned to the young person's Parent/Carer for disposal at the end of each week. CDs must be in a separate container. Parents/Carers must be informed beforehand so that they can make arrangements for disposal. A record of returned medication must be made on the MAR and within the CD Register if applicable.

Minor ailments

In the event of a young person becoming unwell during their stay in 'The Glen', Parent/Carers will be contacted immediately and arrangements made for their return home where they can continue their recovery in their own familiar surroundings.

'Home remedies' will not be available for a young person unless they have been provided and permission obtained from their Parent/Carer prior to their stay.

Training

All staff will undertake basic training in the safe handling of medicines as part of their induction.

All staff with responsibility for administering medication will have the appropriate training and their competence assessed at least annually or more frequently if required by the Registered Care Manager or deputy.

Where a young person requires specialist support with medicines or emergency medication, face to face training will be provided to residential staff by a healthcare professional or school nurse prior to their stay. Staff will also have their competence assessed in specialist procedures at least annually or if a young person's needs change.

Medication Incidents

Errors can occur in the prescribing, dispensing or administration of medicines and may have serious consequences for the young person. It is important that errors are recorded and the cause investigated so that we can learn from the incident and prevent a similar error happening in the future.

Examples of medication errors are:

- Wrong dose is given, too much or too little
- Medication is not given
- Medication is given to the wrong young person

In the event of a medication error or incident the following sequence of reporting must be undertaken by the Senior Support Worker leading the shift:

1. If the young person has been adversely affected or appears to be unwell medical help must be requested immediately by calling '999' and following the guidance given.
2. If they do not appear to be adversely affected, promptly seek and follow advice from the young person's GP, Dispensing Pharmacist or 111 out of hours.
3. Report the incident to the Residential Care Manager/On Call Manager after the required actions have been taken or sooner if support is needed. The Residential Manager or their deputy has responsibility to report the incident to the regulatory body and SLT.
4. Report the incident to the young person's Parent/Carer.
5. Complete an incident report, the medication records, communication log and handover record.

Forms

- 1 MAR including an audit trail of medication returned to Parents/Carers
- 2 One Page Profile with 'need to know' information
- 3 Medication Care Plan including the protocol for the administration of emergency medication-example
- 4 Permission to administer medication form completed by their Parents/Carers
- 5 Temperature Record
- 6 Staff example signatures

XXXXX'sOne Page Profile for Medication

This is me:



My medication

Name and type of medication	Why I need to take it

To support me with medication you need to: (include how I communicate, the environment, what works for me, what doesn't, how I take my medication, how I can be involved and what things I can do for myself).

Form 3

GUIDELINES FOR ADMINISTRATION OF BUCCAL MIDAZOLAM IN EPILEPSY AND FEBRILE CONVULSIONS FOR NON-MEDICAL/NON-NURSING STAFF

INDIVIDUAL CARE PLAN TO BE COMPLETED BY OR IN CONSULTATION WITH THE MEDICAL PRACTITIONER (Please use language appropriate to the lay person)

Name of Child/Adult: Mr Mickey Mouse-TestPatient Age: 30	
Date of Birth: 25 Aug 1990	Prescribing Weight:
NHS No:	
<p>Seizure classification and/or description of seizures which may require Buccal Midazolam</p> <p>(Record all details of seizures e.g. goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc.)</p> <p>Warning sign of seizure –</p> <p>Presentation of seizure –</p> <p>Usual duration of seizure -</p> <p>Post Seizure -</p> <p>Other useful information –</p> <p>Triggers –</p> <p>Regular epilepsy medication –</p> <p>Action to be taken: follow care plan if seizure lasts longer than 5 minutes</p> <ul style="list-style-type: none"> o Stay calm o Note the time and duration of the seizure o Do not restrain the jerky movements o Ensure Danger is safe – remove any dangerous objects that may cause injury o Do not move Danger unless he/she is in danger o Place a soft cushion under his/her head o Never place anything in his/her mouth o Maintain his/her dignity o Once jerking has stopped, place him/her in the recovery position o Provide first aid if injuries have been sustained o No food or drink to be given until fully alert o Responsible adult to remain until fully alert 	

MIDAZOLAM TREATMENT PLAN	
1. When should Buccal Midazolam be administered? (Note here should include whether it is after a certain length of time or number of seizures)	
SHOULD TONIC CLONIC SEIZURE LAST 5 MINUTES OR LONGER	
2. Initial Dosage: How much Buccal Midazolam is given initially? (Note recommended number of milligrams for this person)	
5MG OF BUCCAL MIDAZOLAM TO BE ADMINISTERED IN DIVIDED DOSES INTO EACH BUCCAL CAVITY	
3. What is the usual reaction(s) to Buccal Midazolam?	
UNKNOWN, BUT POTENTIAL SIDE EFFECTS; SEVERE DROWSINESS, AGITATION, RESPIRATORY DEPRESSION	
4. If there are difficulties in the administration of Buccal Midazolam e.g. Excessive salivation, what action should be taken? –	
<ul style="list-style-type: none"> - Remove any excessive saliva with a tissue and attempt to administer. Abandon attempt if difficulties continue to administer - DO NOT administer a 2nd dose of midazolam - Call 999 if any difficulties in administration 	
5. Can a second dose of Buccal Midazolam be given?	NO
There is an increased risk of respiratory depression when more than 2 doses of Benzodiazepine are given. It is, therefore, recommended that one dose is given and that an ambulance is called if the initial dose is not effective, as more Benzodiazepine may be required in hospital, and that Community staff receive training in respiratory rescue.	
6. When should 999 be dialed for emergency help? (please tick appropriate box)	
<ul style="list-style-type: none"> <input type="checkbox"/> At start of seizure due not having midazolam before OR after 5 minutes of a convulsive seizure and buccal midazolam is administered (please delete as appropriate) <input type="checkbox"/> If concerned about the child's breathing <input type="checkbox"/> If any injuries are sustained <input type="checkbox"/> If you are concerned for any reason <input type="checkbox"/> If the full prescribed dose of Buccal Midazolam fails to control the seizure 	
7. Who should witness the administration of Buccal Midazolam?	
Another member of staff at the education setting who has had training in seizure awareness and administration of buccal midazolam	

8. Who/Where needs to be informed?	
Prescribing Doctor	
a)	Tel:
Parent/Guardian	
b)	Tel:
Other	
c)	Tel:
9. For Care/Medical staff: is insurance cover in place?	YES/NO
10. Precautions – Under what circumstances should Buccal Midazolam not be used	
<ul style="list-style-type: none"> - Check dose and expiry date of Buccal Midazolam – if expired do not administer - Maximum 2 doses in a 24 hour period - If a 2nd dose is required within 6 hours an ambulance must be present - It is the parents responsibility to inform the education setting if their child has received buccal midazolam prior to attending that day - It is the parents responsibility to supply in date medication to the education setting 	
GENERAL SEIZURE SAFETY ADVICE	
SCHOOL TRIPS OR OTHER EXTERNAL ACTIVITIES	
<ul style="list-style-type: none"> • Trips to be discussed with parents/carers to ensure all necessary support is in place • Designated member of staff/LSA to carry Buccal Midazolam and health care plan 	
BATHING/SWIMMING	
<ul style="list-style-type: none"> • Always have access to the young person when they are using the bathroom • Staff (instructor/lifeguard) at swimming pool to be informed of the young persons' condition • Close observation of the young person throughout the time in the water • Young person to be encouraged to go towards the side of the pool if they start to feel 'funny' 	

All occasions when Buccal Midazolam is administered must be recorded

This plan has been agreed by the following

Prescribing

Doctor:
(Block Capitals)

Signature: Date:

Authorised Person(s) trained to administer Buccal Midazolam

Name: Signature: Date:
(Block Capitals)

Client/Parent/Guardian

..... Signature: Date:
(Block Capitals)

Care plan drawn up with parental consultation by: Specialist school nurse

..... Signature: Date:
(Block Capitals)

Head of school/Unit

..... Signature: Date:
(Block Capitals)

This form should be available for review at every medical review of the patient.

Date for review of care plan:

Copies to be held by: Parent, School, Childs health record

Copy holders to be notified of any changes by: Parent/Specialist School Nurse

Date					
Recorded by					
Type of Seizure					
Length and/or number of seizures					
Initial Dosage					
Outcome					
Second Dosage (If any)					
Outcome					
Observations					
Parent/Guardian informed					
Prescribing doctor informed					
Other Information					
Witness					
Re-order of Buccal Midazolam					
Name of person re-ordering					
Date					

Form 4

Glenwood Residential Special School Permission to Administer Medication	
Name of young person:	D.O.B:
Address	Telephone Number
Emergency Contacts and relationship	Telephone Numbers
Name and address of GP	Young Person's Hospital Number
<p>Please detail specific guidelines for the administration of emergency medication</p> <p>What visible symptoms will the young person display?</p> <p>How much time should lapse before the medication is administered?</p> <p>What dose of medication should be administered and how frequently can it be repeated?</p> <p>What procedure should be followed after the medication has been administered?</p>	
<p>Any other information that may be useful</p>	
<p>I understand that:</p> <p>All medication must arrive in school via the escort, not in the young person's own bag. Medication must come into school in the original container that it was dispensed in from the Pharmacy. It must be clearly labelled with:</p> <ul style="list-style-type: none"> • The name of the young person • The prescribed dosage • The time of administration • The method of administration • The date of issue • The date of expiry <p>I accept that the school has the right to refuse to administer medication.</p> <p>Name: Relationship to young person:</p> <p>Signature: Date:</p>	

Form 5



Glenwood Residential Special School Medication Storage – Daily temperature record						
Month:		Year:				
Date	Time	Fridge Temp (2-8°C)	Room Temp 25°C	Fridge Cleaned Y/N	Staff initials	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

