



Glenwood School

Together we will;
respect, achieve and make good choices

Glenwood Residential Special School

Supporting Learners with Medical Needs Policy

May 2022

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”***.

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 B) 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.

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 unusually distressed or in pain they should remain at home. Children and young people with or without ongoing 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 very closely with parents/carers and health professionals and do all we can to support young people to attend school safely. When there are complexities around young person's care we would always ensure we work closely with parents/carers and seek advice and guidance from medical professionals. On rare occasions it may not be possible for all involved 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, as appropriate, and other medical professionals, as required, 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.

If there is a significant long term or short-term change or complexities to a young person's health needs we would hold a 'risk assessment' meeting to ensure we fully understand the needs and care required. We would consult the appropriate medical professionals for guidance, training and advice to ensure we do all we can to be able to safely support the young person in school.

There will be times when medical professionals do not think it is safe for a young person to attend school – in these difficult circumstances we would work closely with parents/carers to find ways we could offer support or contact. We will always work, within advice and guidance of professionals and alongside parents/carers to support young people to be able to attend school safely.

Medical Information and Records

Any medical information that requires action or awareness would be recorded within a young person's Personal Support Strategy. All learners with a Medical Care plan and/or Permission to Administer Medication Form and/or have need for medically linked observations or recording require an **Individual Medical Folder**.

Every class displays the 'Medical Guidance' form (Appendix A) with the medical needs of young people clearly stated and the reasons for any Individual Medical Folder

Protocols for Administering Medication in School and Recording in Medical File:

<p>Organisation of Medical Documentation</p>	<p>All Learners with a Medical Care plan and/or Permission to Administer Medication Form and/or have need for medically linked observations or recording require an Individual Medical Folder.</p> <p>Ensure each folder is clearly laid out and important information is clear and easily accessible (file old Medicine Administration records in a separate folder and keep spare copies of forms in a separate folder)</p> <p>In the file should be any information shared, observed or known linked to medical presentations or concerns that may require medication or treatment. If new occurrences are observed at home a written account from parents/carers of presentation and action taken and that they would like followed should be recorded.</p> <p>Epilepsy Care Plans should be accompanied in the folder with a Seizure Record sheet – this should be used to record in detail any and all seizure linked or possible seizure linked behaviour or presentation – any information recorded should be shared with parents/carers in the agreed manner.</p> <p>Care Plans: The School Nurse will update Care Plans in the central folder (in the front office), will ensure the teacher is made aware of any changes and provide class with an updated copy. It is the teacher's responsibility to ensure the most up to date copy of the care plan is in the Learner's Medical Folder (and if there is emergency medication – there also needs to be a copy in the Yellow Bag).</p>
<p>Permission to Administer Medication</p>	<p>All medication given in school requires written permission from a parent/carer. A 'Permission to Administer Form' needs to be fully completed and filed in the young person's medical file.</p> <p>If we receive an 'emergency/on the day' request to administer medication, not on a permission form – a member of SLT or the school nurse should be consulted. If medication is necessary we may be able to administer for one day with verbal (recorded and witnessed) or written (emailed) permission (then recorded in medical file). Checks around need, last dosage and effects to monitor must be carried out, time administered must be shared clearly with parents and a form sent home for completion.</p> <p>'Over the Counter' Medication can be administered with consent form completed by parents (we must always consider if this is appropriate/ continues for prolonged periods etc)</p> <p>If requested to administer antibiotics – school will support with antibiotics prescribed four times a day. School Health advise that antibiotics prescribed three times a day can be safely administered at home (before school, arrival at home and before bed)</p> <p>When administering medication that is not regularly</p>

	<p>given e.g. pain relief 'when required'; – we will always check with home when the last dose was administered and clearly communicate when the dose was given in school.</p>
<p>Administering Medication</p>	<p>Staff must always:</p> <ul style="list-style-type: none"> -Ensure hand hygiene routines are followed effectively prior to preparation and administration of medication. -Prepare surfaces by clearing and cleaning down thoroughly. Ensure all equipment is clean and safe to use. -Carefully consider your preparation area (avoid distractions, may need clear boundary/division around the area) <p>Other members of staff should support to limit distractions during the time when medication is being prepared and administered - it is important to be able to concentrate fully.</p> <p>Every time medication is given the 5 R's must be checked and adhered to:</p> <p>Right Learner receives</p> <p>Right Medication</p> <p>Right Dose/Strength</p> <p>Right Time by</p> <p>Right Route</p> <p>All Medication Administration must be checked and signed by two members of staff.</p> <p>All medication administered must be documented on the drug chart with date and time and signed by both the member of staff who administered the medication and the member of staff who witnessed.</p> <p>Emergency Medication can be administered by a trained member of staff following the Individual Care Plan. (documented and witnessed/checked by another member of staff if at all possible).</p> <p>If an ambulance is called please ask someone to inform the front office and ask them to notify a member of SLT (if not aware already).</p> <p>A member of SLT should be informed if Emergency Medication is administered (after procedures have been followed)</p>
<p>Storage of Medication</p>	<p>All medication received into school or sent home must be fully recorded and signed in and out. (all expired, surplus or unwanted medications must be returned to parents/carers)</p> <p>All Medication must be stored in the locked cupboard in class.</p>

	<p>Emergency Medication must accompany the young person (with relevant Care Plan(s) in a yellow drawstring bag worn by the supporting adult) at all times when outside of the classroom. In the bag should be a copy of the most up to date care plan and all that is required to administer medication and record information linked to seizures and medication. The bag should be clearly labelled (permanent marker) with the young person's name on the part of the bag that goes against the adults back when worn.</p> <p>Some medication may need to be stored in a refrigerator – each corridor has a medication fridge –temperature of medication fridges are routinely monitored.</p> <p>Cool boiled water required for feeds should be stored in a standard lidded pot. This should be refreshed during the day as needed.</p> <p>All medication is returned home at the end of each academic year/term, or sooner if it is out of date for safe disposal by parents/carers</p> <p>When a learner is going to respite there may be medication in their respite bag/suitcase. This medication should not be removed (unless it needs specialist storage). This should alleviate the possibility of medication not being sent to respite at the end of the day. The same procedure applies if a learner is going to stay at 'The Glen' after school.</p>
Ongoing Checks in Class	<p>We must:</p> <p>Ensure all members of staff working in class are aware of young people in class with an emergency care plan.</p> <p>Staff regularly read and go through care plans and raise any questions. In an emergency situation you need to already be familiar with layout of information and content.</p> <p>Ensure staff team are confident and fully trained to administer any medication or feeds and know any actions or observations required for the young people in the class. Staff must share any worries or concerns they have.</p> <p>Ensure labels are clear and fully 'readable'</p> <p>For prescription medication ensure the label states the correct name and dosage instructions.</p> <p>Check expiry date of medication – ensure parents are informed in plenty of time of any medication that is due to expire.</p> <p>Check care plans and 'permission to administer' forms are in date and up to date (reviewed and updated at least annually)</p>

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 ensure 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.

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 (Medical Cupboard and Individual Yellow Emergency Bag). Within 'The Glen' senior residential staff hold this responsibility.

Appendix A shows the Emergency Seizure Protocol and supports staff to follow procedures. This should be displayed in class and also a copy kept with every care plan (In Yellow Emergency Bags)

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/ is outlined in the care plan.

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 on the careplan 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 procedure for 'The Glen' is outlined in Appendix B.

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. A member of staff will accompany the learner to the hospital (if parents/carers have not arrived). This person will stay with the learner until the parent/carer arrives.

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. 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' but administering medication should not be delayed.

The procedures (Care Plans) for all learners who have seizures must be in their Medical File (in the medical cupboard in class) and in the Yellow Emergency Bag (held by the adult supporting the young person). 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 for all relevant learners. 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.

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 supporting requests for referral 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 team 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. It is the responsibility of individual staff to raise any worries, concerns or if they are not confident to administer or carry out a care plan they have received training for.

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.

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, Elizabeth Cornish. Where parents/carers feel their concerns have not been addressed 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 May 2022

APPENDIX A:

GUIDANCE FORM : This should be filled in and displayed in every class.

EMERGENCY SEIZURE PROTOCOL : This should be displayed in class and be readily available with any Epilepsy Care Plans

Emergency Seizure Protocol

Adult with the young person at onset of seizure:

- ❖ SAFETY- Ensure safety of positioning and environment
 - ❖ Time – Begin timing the seizure
 - ❖ Call for help
- ❖ Make observations – Talk through presentation of the young person



Supporting Adult:

- ❖ Read through the care plan – Adults together identify type of seizure (using observation and details in care plan)
- ❖ When & what action needs to be taken? (taking into account the type of seizure)
- ❖ Recording minute by minute – Recording observations and presentation of young person



Supporting Adult:

- ❖ Time of action – Administering medication / calling ambulance
 - ❖ Preparation of Emergency Medication (if applicable)
 - ❖ Both adults to check correct dosage is prepared



Adult with the young person at onset of seizure:

- ❖ Adult with the young person to administer medication



Supporting Adult to:

- ❖ Phone ambulance and continue recording observations and actions
 - ❖ Office to be contacted to inform parents/carers



Guidance Linked with Medication

Permissions to Administer	Preparation & Administration	Organisation of Medical Documentation	Learners in Turquoise 25 with Medical Folder/ Care Plan
<p>All medication given in school requires written permission from a parent/carer. A 'Permission to Administer Form' needs to be fully completed and filed in the young person's medical file.</p> <p>'Over the Counter' Medication can be administered with consent form completed by parents (always consider if this is appropriate/ continues for prolonged periods etc)</p> <p>If requested to administer antibiotics – school will support with antibiotics prescribed four times a day. School Health advise that antibiotics prescribed three times a day can be safely administered at home (before school, arrival at home and before bed)</p> <p>When administering medication that is not regularly given e.g. pain relief 'when required'; – always check with home when the last dose was administered and clearly communicate when the dose was given in school.</p>	<p>Ensure hand hygiene routines are followed effectively prior to preparation and administration of medication.</p> <p>Prepare surfaces by clearing and cleaning down thoroughly. Ensure all equipment is clean and safe to use.</p> <p>Carefully consider your preparation area (avoid distractions, may need clear boundary/division around the area)</p> <p>Other members of staff should support to limit distractions during the time when medication is being prepared and administered - it is important to be able to concentrate fully.</p> <p>Every time medication is given the 5 R's must be checked and adhered to:</p> <p>Right Learner receives</p> <p>Right Medication</p> <p>Right Dose/Strength</p> <p>Right Time by</p> <p>Right Route</p> <p>All Medication Administration must be checked and signed by two members of staff.</p>	<p>All Learners (listed in adjacent column) with a Medical Care plan and/or Permission to Administer Medication Form and/or have need for medically linked observations or recording require an Individual Medical Folder.</p> <p>Ensure each folder is clearly laid out and important information is clear and easily accessible (file old Medicine Administration records in a separate folder and keep spare copies of forms in a separate folder)</p> <p>In the file should be any information shared, observed or known linked to medical presentations or concerns that may require medication or treatment. If new occurrences are observed at home a written account from parents/carers of presentation and action taken and that they would like followed should be recorded.</p> <p>Epilepsy Care Plans should be accompanied in the folder with a Seizure Record sheet – this should be used to record in detail any and all seizure linked or possible seizure linked behaviour or presentation – any information recorded should be shared with parents/carers in the agreed manner.</p> <p>Care Plans: The School Nurse will update Care Plans in the central folder (in the front office), will ensure the teacher is made aware of any changes and provide class with an updated copy. It is the teacher's responsibility to ensure the most up to date copy of the care plan is in the Learner's Medical Folder (and if emergency medication – also in the Yellow Bag).</p>	<p>Annie Hoxham: Anaphylaxis Care Plan - Emergency Medication Allergic to peanuts</p> <p>Freddie Probert: Epilepsy Care Plan – Emergency Medication</p> <p>Daily Medication administered</p> <p>Penelope Walters: Epilepsy Care Plan – Emergency Medication</p> <p>Dexter Jenkins: Daily Medication administered</p> <p>Julie Sandville: Permission to administer pain relief – clear instructions and circumstances outlined on form</p>
<p>Checks Ongoing</p>		<p>Storage Of Medication</p>	
<p>Ensure all members of staff working in class are aware of young people in class with an emergency care plan.</p> <p>Staff regularly read and go through care plans and raise any questions. In an emergency situation you would want to already be familiar with layout of information and content.</p> <p>Ensure labels are clear and fully 'readable'</p> <p>For prescription medication ensure the label states the correct name and dosage instructions.</p> <p>Check expiry date of medication – ensure parents are informed in plenty of time of any medication that is due to expire.</p> <p>Check care plans and 'permission to administer' forms are in date and up to date (reviewed and updated at least annually)</p>	<p>All medication administered must be documented on the drug chart with date and time and signed by both the member of staff who administered the medication and the member of staff who witnessed.</p> <p>Emergency Medication can be administered by a trained member of staff following the Individual Care Plan. (documented and witnessed/checked by another member of staff if at all possible).</p> <p>If an ambulance is called please ask someone to inform the front office and ask them to notify a member of SLT (if not aware already).</p> <p>A member of SLT should be informed if Emergency Medication is administered (after procedures have been followed)</p>	<p>All medication received into school or sent home must be fully recorded and signed in and out. (all expired, surplus or unwanted medications must be returned to parents/carers)</p> <p>All Medication must be stored in the locked cupboard in class.</p> <p>Emergency Medication must accompany the young person (with relevant Care Plan(s) in a yellow drawstring bag worn by the supporting adult) at all times when outside of the classroom. In the bag should be a copy of the most up to date care plan and all that is required to administer medication and record information linked to seizures and medication. The bag should be clearly labelled (permanent marker) with the young person's name on the part of the bag that goes against the adults back when worn.</p> <p>Some medication may need to be stored in a refrigerator – each corridor has a medication fridge (add on here location of relevant one) – please frequently check the temperature of the fridge.</p> <p>Cool boiled water should be stored in a standard lidded pot. This should be refreshed during the day as needed.</p>	<p>Doug Jenkins: Possibly experiencing 'absences' – currently being investigated – any linked observations should be recorded in Individual Medical File and parents informed.</p> <p>Emergency Medication must accompany the young person everywhere. Yellow Bag including medication and Yellow Folder with Care Plan</p>
<p>Further Notes:</p>			

Appendix B

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 form' 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 (MAR).

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 HOC/REF 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 their individual bag held by the adult supervising the young person.

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 HOC/REF 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 HOC/REF.

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 HOC/REF after the required actions have been taken or sooner if support is needed. The HOC/REF has responsibility to report the incident to 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



Form 3

**GUIDELINES FOR
CONVULSIONS FOR
INDIVIDUAL CARE
PRACTITIONER (P)**

MIDAZOLAM TREATMENT PLAN	
<p>Name of Child/Adult:</p> <p>Date of Birth: 25</p> <p>NHS No:</p> <p>Seizure classification: Midazolam (Record all details of convulsions last 3 months)</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: Triggers – Regular epilepsy r</p> <p>Action to be taken:</p> <ul style="list-style-type: none"> o Stay calm o Note the time o Do not restrain o Ensure Danger o Do not move o Place a soft object o Never place anything in mouth o Maintain his/her airway o Once jerking has stopped o Provide first aid o No food or drink o Responsible 	<p>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</p> <p>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</p> <p>3. What is the usual reaction(s) to Buccal Midazolam? UNKNOWN, BUT POTENTIAL SIDE EFFECTS; SEVERE DROWSINESS, AGITATION, RESPIRATORY DEPRESSION</p> <p>4. If there are difficulties in the administration of Buccal Midazolam e.g. Excessive salivation, what action should be taken? –</p> <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 <p>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.</p> <p>6. When should 999 be dialed for emergency help? (please tick appropriate box)</p> <ul style="list-style-type: none"> o 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) o If concerned about the child's breathing o If any injuries are sustained o If you are concerned for any reason o If the full prescribed dose of Buccal Midazolam fails to control the seizure <p>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</p>

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	

- Check dose and e
- Maximum 2 doses
- If a 2nd dose is rec
- It is the parents re
- buccal midazolam |
- It is the parents re

GENERAL SEIZURE

SCHOOL TRIPS OF

- Trips to be c
- Designated |

BATHING/SWIMMING

- Always have
- Staff (instru
- condition
- Close obser
- Young pers
- 'funny'

All occasions when Buccal Midazolam is administered must be recorded		
<u>This plan has been agreed by the following</u>		
Prescribing Doctor:		
(Block Capitals)		
Signature:	Date:	
Authorised Person(s) trained to administer Buccal Midazolam		
Name:	Signature:	Date:
(Block Capitals)		
Name:	Signature:	Date:
(Block Capitals)		
Name:	Signature:	Date:
(Block Capitals)		
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					

✂

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
Please detail specific guidelines for the administration of emergency medication	
What visible symptoms will the young person display?	
I understand that:	
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:	
<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 	
I accept that the school has the right to refuse to administer medication.	
Name: Relationship to young person:	
Signature: Date:	

Form 4

Form 5

