



Management of medical needs in School



Vision Statement

We aim to create a safe, happy and nurturing environment for all our children!

Mission Statement

The Orchard School strives to provide the best quality teaching and learning with an inclusive and personalised curriculum, where all achievements are celebrated.

Approved by Governors: 17.11.2023

Signed chair of governors:

Head Teacher: Elizabeth Hopewell

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1. Introduction

The Orchard School aims to provide education for all children regardless of any medical conditions they may have. The school recognises that many children with complex learning difficulties may also need additional Health Service support; this should not preclude them from accessing education.

The School has many children with complex medical needs requiring Health Service supervision and support. There is an on-site specialist community paediatric nursing team. A qualified nurse may not always be on-site but is always available in working hours to support and to manage medical issues. There is also a team of therapists who support the school (physiotherapists / occupational therapists / speech therapists / dieticians), some of whom are based in the school part of the week.

Health Services will contribute to the production and monitoring of Education, Health and Care Plans as described in the SEND Code of Practice 2015.

The School is committed to ensuring that staff are allowed adequate time to be trained, competent and confident about any children they may be working with who have complex medical needs.

2. Legislation / Guidance

- Sandwell LA ***Management of Medical Needs in Education*** Dec 2020
- DfE statutory guidance ***Supporting children at school with medical conditions' September 2014 revised December 2015***
- Section 100 of the ***Children and Families Act 2014*** places a duty on governing bodies to make arrangements for supporting children at their school with medical conditions.
- The ***Special educational needs and disability (SEND) code of practice 2015*** requires medical needs to be considered in EHCPs.
- Section 2 of the ***Health and Safety at Work Act 1974***, and the associated regulations provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and children are not exposed to risks to their health and safety.
- Under the ***Misuse of Drugs Act 1971*** and associated regulations, the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.
- The ***Medicines Act 1968*** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.
- **Guidance on Infection Control in schools and other childcare settings** PHE 2017 – last updated March 2021 [health-protection-in-schools-and-other-childcare-facilities](#)
- **Notes on infectious diseases in schools** PHE 2019 [Spotty Book PHE](#)
- **There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. This is a voluntary role, apart from HCAs who have this as an integral part of their post.**

3 Roles and Responsibilities

3.1 Sandwell MBC

Under section 10 of the Children Act 2004, the Local Authority has a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

(The local Clinical Commissioning Group purchases the CCN and Therapy Services)

The LA should provide support, advice and guidance including suitable training for school staff, to ensure that the support within individual health care plans can be delivered effectively.

The LA should work with schools to support children with medical conditions to attend full time.

The LA has a duty to make arrangements for children who cannot attend full-time because of their health needs when it is clear that a child will be away for 15 days or more across a school year, whether consecutive or cumulative. <https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school> (See separate policy re “Children with health needs who cannot attend school”)

The LA maintains appropriate insurance cover for staff in maintained schools who are appropriately trained, as set out in these guidelines.

3.2 Governing Body

The Governing Body is responsible for:

- Ensuring the school has a medical policy for supporting children with medical needs, which is kept up to date
- Ensuring the policy is appropriately implemented and monitored
- Ensuring that staff have received the relevant training required and that this is kept up to date.
- Liaising with the health services when necessary regarding the policy in general or its application to specific children

3:3 Head Teacher

The Head Teacher should:

- ensure that the school's policy for management of medical needs is developed and effectively implemented with partners
- ensure that all staff are aware of and familiar with the policy.
- ensure that staff are appropriately insured and that each employee administering medications in school signs an indemnity form. (*Appendix 7*)
- in conjunction with the Community Children’s Nurses (CCNs), ensure that all willing volunteers are trained in the appropriate interventions or for administering medication and a written record kept and signed of this training. Copies of this will be kept in the member of staff’s personal file, and in a file relating to all those with health procedure competencies on the server.
- make sure that all parents are aware of the school’s policy and procedures for dealing with medical needs
- In conjunction with the CCNs ensure that accurate records are kept regarding children’s medical needs and that individual health care plans are available for children where necessary.
- ensure that a school register is maintained of children who have Individual Health Care Plans and care pathways including dates that these are to be reviewed.
- share information with parents to ensure the best care for their child
- seek parents’ agreement before passing on information about their child’s health to other school/health service staff in line with general data protection regulations
- ensure that parents’ cultural and religious views are respected

3:4 All School staff

All classroom staff are responsible for:

- Understanding the nature of any medical condition of the child(ren) for whom they are responsible in their class.
- Being aware of the likelihood of a medical emergency and what action to take if one occurs.
- Being aware of the trained staff who have volunteered to give medication and/ or support medical care in their class and back up arrangements if the responsible staff are absent or unavailable.
- Ensuring that they are aware of how and when to contact the CCNs or the emergency services in the case of each individual child.
- Ensuring they have received training and signed competencies prior to undertaking medical / nursing interventions.
- Ensuring they have had awareness training regarding use of medication / anaphylaxis / buccal midazolam; and management of asthma and epileptic seizures annually.

3.5 Health Care Assistants

Health Care Assistants are responsible for:

- Undertaking medical interventions for which they have been trained and completed competencies. These will include enteral feeding, administering medication and special oral feeding techniques.
- Undertaking training provided by the Community Children's Nurses and generic medicines awareness training.
- Following individual health care plans as set out by the Community Children's Nurses.
- Raising any concerns regarding a child's medical condition with the Community Children's Nursing Team; Head Teacher; and where appropriate, parents
- Checking on a half-termly basis that medicines cupboards in classrooms are up to date.
- Informing parents when their child's medication is due to be out of date or to run out. The parents will need at least one week's notice
- Ensuring on a weekly basis that spillpaks and PPE / items for nappy changing in bathrooms are available.

3:6 Community Children's Nurses (CCNs)

The Community Children's Nursing team is responsible for:

- Providing accessible nursing advice at all times during the school day.
- Identifying children who will require administration of medication and medical interventions.
- Ensuring that accurate nursing records are kept regarding children with medical needs they are involved with
- Sending a letter to parents in July each year to ask for an updated medication requirement notification prior to the next school year.
- Completing Individual Health Plans for all children with complex medical needs.
- Providing information and communicating effectively with parents and the school to help them understand the child's medical condition and supplementing information provided by parents.
- Supporting appropriate training and advice to school staff to support children with medical needs. Ensuring the advice and training are updated at least annually or more frequently if required.
- Providing guidance on medical conditions and specialist support for children with medical needs.
- Advising on the circumstances in which children with infectious diseases should not be in school and the action to be taken following an outbreak of an infectious disease.
- Home visiting for individual children and families when needed.

- Aiding clinics in school by consultant paediatricians and other Healthcare professionals such as dieticians, orthotists, ophthalmologists
- Contributing to Education Health and Care Plans
- Attending multi-agency reviews about individual children when required.
- Working closely with the consultant paediatricians and other health professionals involved with children to promote optimum health.

3.7 Community Therapy Services

Children's Therapy Services is an integrated team consisting of Occupational Therapists, Physiotherapists and Speech and Language Therapists. As an integrated service, single or multi-professional interventions maybe offered to children and young people who present with a physical disability; some of those children may have additional medical needs.

Speech and Language Therapy

Speech and Language Therapists provide advice regarding communication development and assessment of swallowing for children who may have a physical difficulty with swallowing. For children who have dysphagia (swallowing difficulties), the Speech and Language Therapists will put together recommendations in liaison with the School Health Nurse or Community Childrens Nurse.

Occupational Therapy

Occupational Therapists provide assessment and intervention strategies for children with neurological and physical disabilities that affect their ability to participate in the everyday activities.

Physiotherapy

Children's Physiotherapists aim to promote children's motor function and independence using expert knowledge of child development and disabilities.

3.8 Paediatricians

Children with significant medical needs are likely to be under the care of one or more Paediatricians and they are able to advise the school and CCNs about specific medical conditions/health care plans/EHCPs. Some community Paediatricians provide clinics in the Orchard School.

Paediatricians should:

- work closely with the CCNs and notify them when a child is identified as having a medical condition that will require support in school.
- provide information about a child's medical needs
- assess/review children with medical needs in school, or in a paediatric clinic if necessary

3.9 The General Practitioner

The child's GP will have an overview of their health needs. The Community Childrens Nurse will be able to consult the GP about a child's medical needs.

The GP should:

- Inform the School / Community Childrens Nurse when asked about a child's medical condition, where consent has been given by the parent or the child
- Liaise with the Community Childrens Nurse regarding a child's medical condition when necessary with the consent of parents.
- Liaise with specialist medical services supporting children.

3.10 Parents / Carers

Parents / carers are responsible for:

- Ensuring their child is well enough to attend school.

- Providing the CCNs with updated information about the child's medical condition.
- Reaching agreement jointly with the Head Teacher and CCNs regarding treatments required in school to ensure staff are trained accordingly.
- Ensuring all medication is labelled with the child's name and dose required and sent in the original packaging via the transport and not in the child's bag.
- Informing the school of any new medical needs, or changes in existing needs.
- Replacing supplies of medication when they run out, or are out of date.
- Completing an annual medical needs form about their child (*SS12 – Appendix 1*)
- Completing appropriate consent forms regarding the administering of medication in school or on off-site trips. (*Appendix 4 and 5*)
- Sending into school the child's equipment for procedures such as oral suction, nebulisation and enteral feeding.

4. Consent

Consent to give medications to children in school is required from someone with parental responsibility for the child. This may be the parents, a legally appointed guardian, or a local authority designated to care for the child.

5. First Aid

There are a number of first-aiders appointed by the School split into 2 categories:

- First aiders at work – These are the only members of the First Aid team who can deal with adults
- Paediatric First Aiders - These are the only members of the First Aid team who can deal with First Aid incidents involving children. All offsite visits must be accompanied by a Paediatric First Aider.

The school will arrange first aid training which is HSE approved. First aiders should update their training 3 yearly

Notices indicating first aiders are displayed around the school.

First aid kits are located in first aid cupboards in the school corridors, in the pool area, and in the minibus, and are clearly labeled. These are stocked as recommended by the DfE and HSE.

It is the responsibility of a nominated member of staff to review First aid kits weekly to ensure that the contents are kept up to date.

There is a defibrillator by the nurses office in school. This is checked by the site team visually at least weekly to check it is charged. Pads are changed when out of date (approx. 2 yearly).

All first aiders are trained re defibrillator use as part of their first aid training. An update video of the procedure is available on the H&S section of the server if staff wish to view this.

6. Infection Control

The School follows PHE, HPA, DfE and Sandwell LA guidance regarding infection control

Notes on infectious diseases in schools PHE 2019 [Spotty Book PHE](#) has detailed information on handwashing, cleaning of surfaces etc and exclusion periods for infectious diseases.

NB: there are specific infection control requirements regarding Covid 19 that are followed in response to national and local guidance

In order to minimise the risk of cross infection in school it is essential that attention be paid to basic hygiene and cleanliness.

Personal protective equipment (PPE)

Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles/visor if there is a risk of splashing to the face.

Exclusion

Prompt exclusion is essential to preventing the spread of infection in childhood settings. The School follows HPA / PHE guidance on exclusion for infectious disease, and also Covid guidelines (see legislation section above and the School Covid risk assessment.)

Clinical Waste

Specific changing facilities are provided in bathroom / toileting areas for nappies etc. Strict adherence to standard expected procedures is required. A risk assessment is in place for all staff to follow.

The school has a contract with an external contractor for the removal of clinical waste.

Yellow bags are provided for the disposal of clinical waste and these need to be taken to the bin provided near the garage at the side of the school on a daily basis. There is a staff rota to take these yellow clinical waste bags to the bins for disposal.

The CCNs have a sharps bin which they dispose of when necessary at Sandwell Hospital.

Specific cleaning recommendations

Issue	Recommendation
Drinking cups, bottles and beakers.	Wash in dishwasher or use hot water and detergent, rinsed and dried. Classroom craft and hand wash sinks should not be used for this purpose.
Hand washing	Hand washing is one of the most important ways of controlling the spread of infections. All staff should (and support children to) wash their hands in line with the covid risk assessment document and after using the toilet, before eating or handling food and after touching animals. Designated hand wash sinks are available for children and staff in the toilet areas complete with liquid soap and paper. Use the recommended hand washing technique when washing hands. Alcohol gel to be used by staff after activities if no appropriate sink is available such as when on school trips.
Toys	Use hot soapy water to clean toys after use. Soft toys should not be used in school.
Spillages.	All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing appropriate paracetamol. Clean spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills, and dispose of after use. Spillage kits are available for bodily fluids like blood, vomit and urine. Spillpaks are available for major spillages of bodily fluids in the bathrooms.
Cuts, bites, nose bleeds and needle stick injuries	These should be managed in accordance with Sandwell LA, and NHS advice regarding standard first aid and dealing with blood and bodily fluid spillage. Medical advice should be sought after a needle stick injury.
Mats, Physio ball, wedges etc	These items should be cleaned after being used with wipes of soapy water. Spray (screen) is available to wipe over PE equipment between use.

Laundry

There is a designated area on site for laundry facilities.

Soiled Clothing should be removed as soon as possible and placed in a plastic bag and sent home with the child for parents to wash.

If washed in school, soiled clothing should be washed separately in a washing machine, using a pre-wash cycle to rinse clothes prior to washing on the hottest temperature that the clothes will tolerate.

7. Individual Health Plans (IHPs)

The school uses Individual Health Plans (IHP) for children with complex medical needs to record important information about their medical needs at school. Each child's plan will include their signs, symptoms, medication and other treatments. If they require emergency rescue medication (eg. Buccolam for seizures) the relevant Emergency Plan will be attached. Further documentation can be attached to the Individual Health Plan if required.

Not all children with a medical condition will need an IHP as it depends on the severity of their condition. Examples of medical needs which should generate an IHP are: Diabetes Type 1; Tracheostomy; Difficult asthma; Epilepsy requiring buccolam.

Care Pathways

Children with a medical condition such as mild asthma, eczema, mild anaphylaxis symptoms can receive medication when necessary using a standard care pathway for these conditions. The pathway for the child will be kept in the medical cupboard in class along with IHPs. Standard medication pathways are displayed in classrooms.

7.1 Writing an IHP

It is the parents/carers responsibility to complete the IHP with the Community Children Nurses. The IHP document is shown at *Appendix 3*. Plans should be in place before the child starts at The Orchard School. If a plan is not completed in time school staff should follow standard first aid measures in an emergency.

7.2 Review of the IHP

The IHP should be reviewed at least every 2 academic years, and this will usually take place around the time of the child's EHCP review. The IHP will be reviewed more frequently if there are complex needs or changes in the care required.

Parents/Carers should notify the school immediately if a change in IHP is required.

7.3 Storing and Access to IHP

a. A central register will be kept by the school of children with complex medical needs needing an IHP. The Headteacher is responsible for ensuring this is kept up to date.

b. Parents / Carers must report changes regarding contacts to the school office, and changes regarding medicines or medical condition to the CCNs. These must be updated on the school's record system and in the copies of the IHP. (The admin staff will update contact details and the CCNs will update medical information.

c. The CCNs will follow up with parents/carers and health professional if further detail on a child's IHP is required or if permission or administration or medication is unclear or incomplete.

d. Parents/Carers are provided with a copy of the child's current agreed IHP.

e. IHPs will be kept locked in the medicines cupboard in the child's classroom. The CCNs also keep a copy and register of IHPs securely electronically in the nurses office.

f. When a member of staff is new to a child group, for example, due to staff absence, the school makes sure that they are made aware of the IHP and the needs of the children in their care

g. The school ensures that all staff protect child confidentiality.

h. The information in the IHP will remain confidential unless needed in an emergency.

8. Management of Medications

8.1 Arrangements to give medication in school

Medication can often be given outside school hours, but when it is required in school strict procedures must be followed.

A parental request / consent form should be completed each time there is a request for a new medication to be administered (*Appendix 4*). The arrangement must be agreed by the head teacher, and kept on file in the school office.

If there is any doubt about the need to give a particular medication this should be discussed with the Community Children's Nurse.

Medication should not be received in school unless it is clearly labelled with:

- The child's name
- The name and strength of the medication.
- The dosage and when the medication should be given.
- The expiry date (must be in date when received).
- Administration route (oral, nasal, buccal, rectal etc)
- Any special storage arrangements

All medication must come into school in the original childproof, appropriately labelled container or sachets. Where a child requires more than one type of medication each should be in a separate container.

The details of the medication / administration times etc will be transcribed onto the Medicine Administration Record. (see 8.6 below)

Changes to medications / instructions should only be accepted when received in writing. These are reported to the CCNs by parents / carers. Verbal messages will only be accepted in an emergency.

8.2 Transfer of medication between home and school

All medication being transported in or out of school should be transferred **hand to hand** with the escorts. Under no circumstances should medication be transferred in children's bags.

Children using LA transport: Parent signs the log sheet kept on the transport (which includes receipt of the child and medication) and hands medication to the escort. On arrival at school the member of staff receiving the child signs the log sheet and receives the medication.

When the child leaves school to go home the same process happens in reverse. (The same would happen if they are transferring to respite care).

Children transported by parents: A child signing in / out sheet (which includes receipt of child and also medications) is signed by the member of staff receiving the child. The parent signs this when receiving the child back at the end of the day.

8.3 Checking medication

On arrival into school the new or replacement medication must be handed to the Community Children's Nurses for checking. If they are not available a member of the senior leadership team should check, and if there are any queries phone the CCNs. The member of staff must then lock this in the classroom medicines cupboard along with a Medicines Administration Record (*MAR – see Appendix 2*) and if needed an emergency medication plan.

For unusual or controlled drugs (methylphenidate or risperidone) the HCAs will write on the MAR each time a new supply of medication is received in school.

8.4 Storage of medication

Children's daily and emergency medication will be stored in the locked medical cupboards in the child's classroom.

Some medication may need to be stored at low temperatures and must therefore be kept in the locked medical fridge located in the medical room. CCNs and HCAs hold the key to the fridge and staff must inform them if a medicine requires low temperature storage.

Some medications are kept in school overnight and are kept in these locked medical cupboards.

Completed MARs are scanned and retained on SystmOne by the CCNs.

8.5 Administering medication

Daily medication will be administered by trained members of staff / Health Care Assistants who are trained and have completed medication competencies.

The drugs will be drawn up, signed for and administered by two members of staff on the child's medication administration record which will be kept in the classroom with the child's medication.

Training

Teacher's conditions of employment do not include the administration of medication. This is also true of most non-teaching staff in the school other than the HCAs. Staff may however volunteer to administer medication. Any staff willing to accept this responsibility will receive appropriate training / guidance. Medical awareness training is provided for all teaching and support staff regarding General medicines administration, asthma, epilepsy and anaphylaxis. This is electronic and can be followed up with individual training by the CCNs if requested

Once training is completed a competency form (*Appendix 8*) will be signed by the CCN *and* the member of staff involved. Signed records of training will be kept with the staff CPD records.

Some training eg regarding enteral feeds, is specific to the individual child and this is provided by the Community Children's Nurses. Once training is completed a competency form will be signed by the CCN *and* the member of staff involved. This will be given to the school admin team to be kept in the staff member's personal file. A copy will be kept on the server in a file showing all those with medical competencies.

Once trained regular updates will take place at least annually and staff need to keep up their competence by giving the medication / undertaking routine procedures like feeding, at least once a month

8.6 Transcribing

Transcribing should not be confused with prescribing. Transcribing is the act of copying the details of a prescribed medication onto a Medication Administration Record (MAR).

This is usually undertaken by the CCNs. In the event that they are not on site it will need to be undertaken by a member of the senior leadership team and two members of staff should sign the MAR to agree it is correct. *(See MAR at Appendix 2)*

It is important to note that although not prescribing, transcribing should be treated with the same vigilance as dispensing medication to a pupil. Errors can occur when transcribing if the medication information is not up to date or it is not checked thoroughly.

When transcribing the following information **MUST** be included:

- Name of Pupil
- Date of Birth of Pupil
- Name of Medication
- Strength of the medication (e.g. 5mg/5mls or 5mg tablets)
- Dose (e.g. 5mgs = 5mls)
- Route
- Time

It is the responsibility of Parents / Carers to ensure that school have the most up to date medication information. Any changes **MUST** be reported to school by parents as soon as the change is made.

In some cases parents will need to provide written confirmation from the prescribing professional of the medication and any changes to this eg. For unusual or controlled drugs or where there is confusion about the correct dosage.

8.7 Emergency medication

Emergency medication may be administered by any member of staff who has received awareness training in the appropriate procedures and who is willing to undertake such administration. No member of staff will be expected to administer medication against their will. However, all staff have the responsibility for recognising the onset of symptoms which signify the need for emergency medication. In such circumstances they should seek urgent medical assistance from other members of staff who can administer the medication and if necessary call for an ambulance by dialling 999.

Children known to have a condition that may require emergency medication such as epilepsy will have a specific emergency rescue medication plan. This type of medication must be readily available in an emergency and so will be kept locked in the classroom cabinet. Examples of this type of medication are Buccolam or an Epipen.

A copy of the emergency rescue medication care pathway must be kept with the medication. This is written by the Community Children's Nurse and must include clear precise details of the action to be taken in the case of an emergency e.g prolonged seizures.

8.8 Paracetamol

Paracetamol may be given by staff to an unwell child who is uncomfortable / in pain. Please refer to the standard operating procedure at Appendix 17

Paracetamol will be administered with regard to the following points:

- No paracetamol can be given before 12 noon without written or verbal confirmation from the parent/carer that none has been given in the morning. Staff will telephone the parents to ascertain whether or not a dose has been administered unless this is recorded in the home-school diary.
- Paracetamol can be given once the child has been assessed by a CCN, or if they are unavailable, a paediatric first-aider.
- Paracetamol will only be administered by a CCN or if they are unavailable, a paediatric first-aider

Paracetamol will not be given:

- If parents have not sent a supply to use in school.
- Where the parents have requested that it is not given to their child or where the child is allergic to paracetamol.

When the dose has been given, parents will be notified firstly by telephone or, if the parent is not available, via the home/school diary **and** through the bus escorts in order to ensure the message gets through.

8.9 Chlorphenamine (for hay fever)

Chlorphenamine may be given to a child who suffers from hay fever and has clear hay fever symptoms: Itchy, red or watery eyes; Runny or blocked nose; Coughing or sneezing. Please refer to the standard operating procedure at Appendix 18

Chlorphenamine will be administered with regard to the following points:

- No Chlorphenamine can be given before 12 noon without written or verbal confirmation from the parent/carer that none has been given in the morning. Staff will telephone the parents to ascertain whether or not a dose has been administered unless this is recorded in the home-school diary.
- Chlorphenamine can be given once the child has been assessed by a CCN, or if they are unavailable, a paediatric first-aider.
- Chlorphenamine will only be administered by a CCN or if they are unavailable, a paediatric first-aider

Chlorphenamine will not be given:

- If parents have not sent a supply to use in school.
- Where the parents have requested that it is not given to their child or where the child has adverse reactions to paracetamol.

When the dose has been given, parents will be notified firstly by telephone or, if the parent is not available, via the home/school diary **and** through the bus escorts in order to ensure the message gets through.

8.10 Over the counter medicines

Only paracetamol, and chlorphenamine (for hayfever) will be accepted as over the counter medicines

These should be treated in the same way as prescribed medication, although they do not have a label from the pharmacy.

Parents must clearly label the container with the child's name, dose and date medication sent to school, and complete a consent form. If this has not occurred, the person receiving the medication in school (the CCN or member of senior management team) will write the child's details and the date the medication was received on the bottle. If received by the SLT they will check with the CCNs by phone whether the child is suitable for these medications.

These professionals should ensure:

- medication is in date

- manufactured dose matches dosage advised from parent / carer and this is checked by the CCNs as an acceptable medication for that particular child before transcribing onto the MAR.
- parental consent to administer medication in school
- completion of a MAR as per prescribed medications

8.11 Homeopathic Medications

The school will not accept or administer any homeopathic medications

8.12 Staff medication

If staff require medication during the course of the working day they are required to bring this to school with them. Staff should self-administer, it is not the responsibility of the Community Children's Nurses to administer any staff medication.

Staff should ensure that any medication brought into school is locked in a secure place away from children. It should not be locked in the class medicines cupboard

8.13 Medication for off-site trips

All medication being given whilst off site must be carried in a locked bag at all times by the identified member of staff (named on the risk assessment).

CCNs can train members of staff to give medication for school trips as long as they are intending to maintain their competence after the trip by giving the medication in school regularly. They will not be trained simply for a trip.

Before leaving site two trained members of staff must draw up any liquid medication required, cap the syringes, label the syringes with the following information:

- Name of the child
- Name of the drug
- Dose
- Expiry date

Staff must take the MARs with them and sign, time, and date the sheet only once the medication has been administered.

Emergency medication and IHPs should be taken off site and carried in a locked bag at all times by the identified member of staff (named on the risk assessment). Once returned to site, emergency medication must be immediately returned to the locked cupboard in the child's classroom for storage.

8.14 Management of Medication on a Residential Trip

Medication will be the responsibility of the trip leader. All medication required for a residential trip should be confirmed in writing with the parents/carers and sent in the same manner as all medication is sent into school and signed for.

Prior to the residential trip the child medical record will be completed by the trip leader.

This will be taken on the trip with the required medication in a locked bag which will be situated with the trip leader at all times in a secure location. The MAR and emergency rescue medication plan will also be stored with the medication.

Medication will be administered by two staff who have received correct competency training from Community Children's Nurses. NB: staff will not be trained specifically for trips – competencies need to be maintained throughout the year.

Once medication has been administered, staff members will sign the MAR with appropriate information.

Once the trip has returned to school, medication will be returned home and the log sheet signed. The MARs will be returned to the Off-site trips coordinator and will be archived with all other documents relating to the trip.

8.15. Disposal of medication and Medical waste

School staff will be responsible for the safe disposal of any medication not needed in school. This will normally be sent home with the child as it is the parent's responsibility to dispose of it safely.

Medical waste in yellow clinical waste bags in the bathrooms will be taken to the large disposal bins at the back of the building by staff on a rota basis. There is an external contract for these to be removed.

A Sharps container will be kept in the nurses office for the safe disposal of needles. The Community Children's Nurses are responsible for arranging the collection of the Sharps container when full and its replacement.

The lockable medicines cabinets in classrooms must be kept tidy, and only medication and IHPs should be stored in them. At the end of every half-term a check should be made of the lockable medicine cabinet and medicines fridge by the HCAs. Any medicine, which is no longer required, out of date, or not clearly labelled should be returned to parents for safe disposal.

9. Information about Specific Conditions

9.1 Emergency rescue medication plans

Emergency medication pathways regarding Buccolam administration for Epileptic Seizures, and Hydrocortisone administration for a child on regular hydrocortisone are shown at *Appendix 12 and 16*. Plans for Anaphylaxis are provided by the hospital prescribing rescue medication for this. These pathways should be completed for relevant children and stored with their IHP and in classroom medical cabinets with the emergency rescue medications.

Staff should contact the CCNs or the child's Paediatrician if further information is needed about other specific medical conditions.

9.2 Enteral Feeding

Enteral feeding is used for children who cannot take in sufficient nutrition by mouth to keep healthy. It is required if a child does not have a safe swallow so is at high risk of aspirating food/fluid into their lungs; or They have an underlying condition which makes it difficult for them to maintain adequate nutrition e.g. some neuromuscular conditions. *See Appendix 13 for the procedure for feeding via naso-gastric tube, gastrostomy or gastrojejunostomy*

The child will be fed through a tube going into the stomach either by:-

- A nasogastric tube which goes via a nostril and down the back of the throat into the stomach.
- A gastrostomy tube which goes directly into the stomach through the abdominal wall.

- A gastro-jejunostomy tube goes directly into the stomach through the abdominal wall. Part of the tube is further advanced into the jejunum.

Some children will no longer be able to eat/drink anything orally but others will continue to have some nutrition orally. Feeds may be specialised milk-based, or a blended diet (which requires specific techniques).

These children will need an IHP.

The feeding regime will be managed by the specialist multidisciplinary team at the hospital, including Paediatrician, Paediatric Dietician and Community Children's Nurse.

Any member of staff who undertakes enteral feeding will be trained to do so by the Community Children's Nurses. This will include all the Health Care Assistants. The training will be specific to the individual child. The Community Children's Nurse on completion of the training will complete a competency form.

Parents will need to provide equipment and feed on a daily/weekly basis and report any issues from the previous day.

Specific care for a nasogastric (NG) tube

- The tube is held in place under tape fixed to the child's face. This tape can come off if it gets wet. The staff caring for the child need to be alert to this and be able to change the tape.
- The tube is relatively easy to pull out so it should be tucked away at the back of the neck, when not in use.
- Children can do their usual activities with an NG tube. They would need specific waterproof tape attached if they go swimming from school.
- If the tube comes out, it is not a medical emergency. The parents would need to be contacted either to replace the tube themselves or arrange for the tube to be replaced. This could potentially be done at the end of the school day. This can be done by the Community Children's Nurses
- It is common for the child's skin to become sore under the tape. Staff need to inform the parents and CCNs if they are concerned.

Specific care for a gastrostomy tube/button

- A gastrostomy tube is initially placed under surgical conditions by creating a stoma (hole) through the abdominal wall into the stomach.
- The stoma site can become sore and red. The CCNs and the parents should be informed if this has happened to seek advice.
- Children can go swimming with a gastrostomy stoma. There is no need to cover it with a protective dressing.
- ***If the tube comes out, it is a MEDICAL EMERGENCY.*** This is because the stoma will start to close within an hour and potentially the child would require surgery to open the stoma again. It should be made clear on the child's IHP where to refer the child to for replacement. A Community Children's Nurse can replace a gastrostomy tube.

Specific care for a gastro-jejunostomy tube

A gastrostomy tube is initially placed under surgical conditions by creating a stoma (hole) through the abdominal wall into the stomach.

- The stoma site can become sore and red. The CCNs and the parents should be informed if this has happened to seek advice.
- Children can go swimming with a gastrostomy stoma. There is no need to cover it with a protective dressing.

- ***If the tube comes out, it is a MEDICAL EMERGENCY.*** This is because it requires replacement as a surgical procedure. A CCN can replace the gastrostomy part of the tube which would keep the stoma open. It should be made clear on the child's IHP where to refer the child to for replacement.

Blended diet

Blended diet can refer to any food or drink other than water, expressed breast milk, infant formula or commercial enteral formula being given via an enteral feeding tube. This is a specialised type of feeding which can only be done in school following the agreement of a paediatric dietician, consultant paediatrician, Childrens Community Nurse and the school.

As a school we are willing to consider giving a child blended diet. Currently capacity to do this is limited by staff availability until automated delivery devices are available.

Prior to starting blended diet in school, a meeting will be arranged with all parties to agree a plan which is suitable for the child in the education setting.

Only blended diet sent into school by the parent / carer on the same day will be administered. Items cannot be stored overnight, and the School is not responsible for the content of what is sent in.

It is important to note that the school is unable to heat the food.

School are unable to provide or blend the feed. The parent needs to prepare the food, send it in the morning, labelled with the contents.

9.3 Food allergies / intolerances

Some children may have allergies or intolerances to certain foods. The commonest allergic reactions are to nuts, eggs or milk. The needs of individual children with food allergies in relation to dietary requirements and snacks in school must be specified.

These children will have a record of their allergies kept in the classroom and by the catering department, and an emergency pathway if necessary if they may have anaphylactic reactions. All staff involved with the child during the day need to be aware regarding food management and symptoms they have during an allergic reaction. Where a child has a food allergy the school catering department will be made aware of this so that a separate menu can be provided where required for that child.

A care pathway will be needed if the child requires pirition for allergic reactions.

If a child has severe reactions (an anaphylactic reaction) to an allergen they may require emergency medication and this must be recorded on a specific emergency rescue medication plan and in their IHP. The emergency medication plan will be provided by the specialist paediatric team looking after the child. Details of allergies and any care plans are also taken on off-site visits.

9.4 Oral Suction and management of secretions pathway

A few children may occasionally require oral suction during the school day. This is a last resort to clear secretions and a management of secretions pathway should be followed before undertaking oral suction. See Appendix 15

Any member of staff who voluntarily undertakes this will be trained to do so by the Community Children's Nurse. The training will be specific to the individual child.

The Community Children's Nurse on completion of the training will complete a competency form.

Class staff can learn to do oral suction. If a child requires deep suction, specialist care will be required whilst they are in school.

9.5 Tracheostomy

A child may have a tracheostomy when they have long term issues with breathing. The few children at The Orchard School with a tracheostomy also have additional complex medical problems. The child MAY require a package of care through the Health Service.

Staff require specific training to help manage a tracheostomy, and these children may require a 1:1 trained health carer with them during the school day.

Individual risk assessment and planning will take place including the Community Children's Nurses and other relevant Health Service staff.

If the tube gets blocked or came out for any reason, replacement of the tube is an emergency procedure. The child must have a suction kit and emergency kit with them at all times.

9.6 Intermittent catheterisation

This procedure is required when a child is unable to empty their bladder properly due to an underlying condition such as spina bifida.

There are two ways of doing this:-

- *Intermittent catheterisation*. This means passing a thin hollow tube (catheter) into the bladder to drain urine, removing it once the bladder is empty.
- *Mitrofanoff catheter*. This is a surgically created channel which runs from the bladder to the abdominal wall. The catheter is inserted through the channel until the urine is drained off and then the catheter is removed.
- *Supra pubic catheter*. This is a catheter which is inserted into the bladder through the wall of the lower abdomen. This will be an indwelling device.

These procedures must be done regularly through the day to prevent urine sitting in the bladder and becoming infected and also to prevent the child/young person wetting themselves.

Management of Intermittent catheterisation/mitrofanoff/suprapubic catheter in school

This is a procedure that should be carried out by school staff who have received specific training from the Community Children's Nurses. Training should be updated every year

- This is a clean procedure, it is not sterile. However scrupulous hand hygiene is essential.
- The procedure will take place in a private area in the school bathroom.

9.7 Storage and Use of Oxygen cylinders / Concentrators

Oxygen and suction will either be stored under the child's wheelchair, in the child's classroom; or if not in constant use, in the medical room and CCN office in lockable metal cages.

The school only have small transportable cylinders in school and when being transported these should be kept in a carrier for transportation.

General Procedures for use of oxygen in school:

- Only trained personnel must use oxygen cylinders.
- Do not bang, drop, or hit the cylinder.
- Never smoke or produce a naked flame near the cylinder.
- Do not use grease or oil near a cylinder as this can result in spontaneous combustion.
- It is the responsibility of the Community Children's Nurse to check the oxygen cylinder on a regular basis termly and to arrange changeover as needed.

Symbols will be on doors of rooms which have oxygen cylinders.

Transporting Oxygen cylinders

Companies transporting children must be aware of any oxygen cylinders they are required to carry. In the case of accident they must inform the fire service that they are carrying oxygen on the vehicle.

O2 Concentrator

If a child has an O2 concentrator this will be installed and maintained by the supplying company.

School staff will be trained to use the concentrator by the company when they deliver it.

Routine maintenance e.g. washing filter by class staff / HCA once trained.

It should be stored in a safe area of the classroom.

The CCNs may be able to troubleshoot any problems occurring, if not the supplying company will need to be contacted.

10. Indemnity Statement

An Indemnity form for the administration of medication in school is at *Appendix 7*

This form would be in favour of members of school staff who agree to administer medication, and who work in community schools such as The Orchard School as employees of the council.

Signed forms should be kept on the member of staff's personal file. A database will also be kept centrally of staff who have signed an indemnity form.

- This indemnity should be a free standing document to be completed by the school when an individual agrees to be responsible for the administration of medication. However, it should be noted that this would not cover staff who take such action on an emergency basis.

- This should not relate to Teachers' professional duties, because the administration of medication is not a duty which the School Teachers' Pay and Conditions Document requires teachers to undertake.

(NB: HCAs and some Support staff at The Orchard School have administration of medicines / medical procedures as part of their job role)

- It is our opinion that staff would not in practice permit a child to go without medication in an emergency. If a child suffered harm whilst at school because no arrangements were in place to administer medication, the child might have a claim under the Human Rights Act 1998. Schools would also need to be mindful of the requirements of the Disability Discrimination Act 1995 and the new provisions of the Special Educational Needs and Disability Act 2001 applying to schools, which mean schools have a duty not to discriminate and to make "reasonable adjustments". In some cases, pupils who need medication will be pupils who have a disability within the meaning of the legislation. These provisions should be kept in mind if any situation arises in which a pupil's need for medication results in that pupil being put under a disadvantage in any way.

12 Associated Policies

Personal Care Protocol

Health and Safety Policy

Manual handling Policy

Safe Touch Protocol

Off-site and out of hours Policy (EVOLVE Policy)

13. Monitoring and Review

This policy will be reviewed by the school leadership team and the CCNs annually. It will be approved by the Governing Body.

Approved July 2022, updated with paracetamol and chlorphenamine procedures November 2022

APPENDICES

- 1 Form SS12 (Annual medical details form for parents to complete)**
- 2 Medicine Administration Record (MAR)**
- 3 Individual Health Care Plan (IHP) for a child with medical needs**
- 4 Request for school to administer medication**
- 5 Request for school to administer medication or treatment during an offsite or out of hours activity.**
- 6 Administering Medication Pathway**
- 7 Indemnity form for the administration of medication in schools**
- 8 Competency Assessment for Administration of Medication by School Staff**
- 9 Competency Assessment for Medical Procedures**
- 10 Individual Healthcare Plan Pathway**
- 11 Emergency management of a seizure**
- 12 Buccolam Emergency Care Pathway**
- 13 Procedure for feeding via naso-gastric tube or gastrostomy**
- 14 Gastrostomy Emergency Pathway**
- 15 Procedure Pathway for Secretion Management**
- 16 Procedure Pathway for a child on regular hydrocortisone**
- 17 Standard Operating Procedure for Paracetamol administration**
- 18 Standard Operating Procedure for Chlorphenamine administration**
- 19 Online training courses for Orchard staff regarding medical needs**

Documentation not shown in appendices

Log sheet kept on transport

Emergency care plan for anaphylaxis – this will be supplied for individual children by the hospital specialist

Allergen sheet

Child signing in-out sheet

The Orchard School

Form SS12

This form should be completed by PARENTS or persons with parental responsibility in respect of every pupil on entry to the school, and annually.

Section A – Child's Details:

Surname:	<input type="text"/>	Date of Birth:	<input type="text"/>
Forenames:	<input type="text"/>		
Address:	<input type="text"/>		
Name of School:	<input type="text"/>		

Note:

In the event of certain other activities involving my child being away from school/home, I will be asked to complete an additional form for each activity.

Section B – Medical Information

This information will be shared with the Community Children's Nurses to ensure that any medical needs your child may have in school are dealt with appropriately. If you wish to discuss this further, please contact the CCNs on: 0121 569 7054

1. Your Child's Family Doctor:

Name:	<input type="text"/>
Address:	<input type="text"/>
Tel:	<input type="text"/>
NHS No:	<input type="text"/>

2. Is your child on any regular medication? Yes ☐ No ☐

If yes, please give details:

3. Is your child under the care of any hospital, please give the Consultant's name and details:

4. Has your child had any of the following immunisations? (from your red book)

Age Due	Immunisation	Please tick the relevant boxes below and date as appropriate	
2 months	1st Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	
3 months	2nd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	
4 months	3rd Diphtheria, Tetanus, Whooping Cough, Haemophilus Influenzae (Hib), Polio, Men C	<input type="checkbox"/>	
12-18 months	Measles, Mumps, Rubella (1st MMR) (2nd MMR – usually at 3-5 years)	<input type="checkbox"/>	
3-5 years	Diphtheria, Tetanus, Whooping Cough, Polio Booster	<input type="checkbox"/>	
10-14 years	BCG (only for children with identified risk factors)	<input type="checkbox"/>	
14 years	Tetanus, Polio and Diphtheria Booster	<input type="checkbox"/>	

5. Does your child suffer from any of the following problems?

	Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Poor Vision	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Serious allergic reaction e.g. to medicines/ foods	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Other significant conditions	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked any of the above, please give details:

Personal Accident Insurance

6. The local authority does not provide Personal Accident Insurance for individual pupils.

Personal Accident Insurance can be taken out by parents if they think it necessary. They should consult the school to check whether this cover has been taken out on behalf of all school pupils before proceeding.

7. Emergency Contact Telephone Numbers: (Please give 2 if possible)

(1)	<input type="text"/>	Name	Daytime Tel No	<input type="text"/>
(2)	<input type="text"/>	Name	Daytime Tel No	<input type="text"/>

8. Home Language:(include dialect if other than English)

Signed:

Date:

Name:

(Parent or Guardian with parental responsibility)

The Orchard School is committed to protecting the privacy and security of personal information. We use personal information about pupils in accordance with the General Data Protection Regulation (GDPR), section 537A of the Education Act 1996 and section 83 of the Children Act 1989. Please see the Privacy Statement on the school website for further information

Please return this form as soon as possible to school

Medicine Administration Record (MAR)**The Orchard School**

<div style="text-align: center;"> Photo Photo </div>	Name:		
	Date of Birth/NHS No		
	Medicine name and strength		
	Dosage and Method of administration:		
	Timing		
	Transcribing Signatures	1. 2.	

Date:	Time:	Dose	Administered by:	Witnessed by:	Comments

Individual Health Care Plan (IHP) for a child with medical needs

<div style="text-align: center;">Photo</div> <div style="text-align: center;">Photo</div>	Name:	
	Date of Birth:	
	Current Year/Class:	
	School:	
	NHS No:	

Family/ carer Contact 1:

Name:	
Home Telephone:	
Work Telephone:	
Relationship:	

Emergency Contact 2:

Name:	
Home Telephone:	
Work Telephone:	
Relationship:	

Hospital Doctor(s) /Paediatrician(s):

Name:	
Telephone:	
Name:	
Telephone:	

Specialist Nurse (where applicable) in addition to Orchard Community Children's Nurse

Name:	
Telephone:	

Details of child's medical conditions

--

Triggers or things that make the condition(s) worse

--

Regular requirements: (e.g. PE, dietary, therapy, nursing needs)

--

Does the child have regular medication? Yes ☐ No ☐

Name and type of medication	
What does the medication do?	
Dose and method of administration:	
Time:	
Are there any side effects?	
When should it be given?	

NB: if the child requires medication regularly during school hours, it is necessary to deliver this in the original container issued by the pharmacy to the escort if using Local Authority Transport, or to the member of staff receiving the child if parental transport to school is used.

Does the child have emergency medication: Yes ☐ No ☐

If yes please specify:

--

FOR EMERGENCY PROCEDURES THERE WILL BE A SEPARATE EMERGENCY PLAN

Parental Agreement

I agree that the information contained in this plan may be shared with individuals involved with my child's care and education. I understand that I must notify the school of any changes in writing.			
I understand that if my child takes regular medication I must deliver this personally to the escort on Local Authority Transport or the member of staff receiving my child in school.			
Signed (parent/carer)			
Print Name		Date	

Healthcare Professional Agreement

I agree that the information is accurate and up to date at the present time			
Signed			
Job Title			
Print Name		Date	

Review of health plan to next be completed by (date)

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Request for school to administer medication

If your child needs medication to be administered during the school day it is necessary to complete this request form.

The school will not give your child medicine unless you complete and sign this form, and the head teacher has agreed that school staff can administer medication.

Child's Surname:			
Forename(s):			
Date of Birth:		NHS No:	
		M	<input type="checkbox"/>
		F	<input type="checkbox"/>
Address:			
Post Code:		Year/Class	
Condition/Illness:			

Medication

Name/Type of medication (as per dispensary label):

For how long will your child take this medication?

Date dispensed:

Expiry date:

Dosage (amount) and method of administration:

Time(s) to be given:

Special precautions (if any):

Does your child have any side effects with this medicine? (If yes, explain what these are)

Contact Information

Family Contact 1:

Name

Home Telephone

Work Telephone

Relationship

Family Contact 2:

Name

Home Telephone

Work Telephone

Relationship

Parental Agreement:

I understand that I must deliver the medicine personally to the escort on Local Authority Transport for my child or, if taking my child to school, to the member of staff receiving him / her. I accept that this is a service which the school is not obliged to undertake.

Signature:

Date:

Name (print):

Relationship to Pupil:

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Request for school to administer medication during offsite trip

If your child needs medication / medical treatment to be administered during an offsite trip it is necessary to complete this request form.

The school will not give your child medicine unless you complete and sign this form, and the head teacher has agreed that school staff can administer the medication whilst offsite.

Child's Surname:

Forename(s):

Date of Birth:

NHS No:

M ☐

F ☐

Address:

Post Code:

Year/Class

Condition/Illness:

Medication

Name/Type of medication (as per dispensary label):

For how long will your child take this medication?

Date dispensed:

Expiry date:

Dosage (amount) and method of administration:

Time(s) to be given:

Special precautions (if any):

Does your child have any side effects with this medicine? (If yes, explain what these are)

Treatment: (e.g. physiotherapy, catheterisation etc)

If treatment is required, please complete the section below:

Type of treatment:

Details of treatment:

Timing:

Contact Information

* Please note: It is essential that both contacts can be contacted by telephone:

Family Contact 1:

Name

Home Telephone

Work Telephone

Relationship

Alternative Emergency Contact:

Name	<input type="text"/>
Home Telephone	<input type="text"/>
Work Telephone	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Relationship	<input type="text"/>

Parental Agreement:

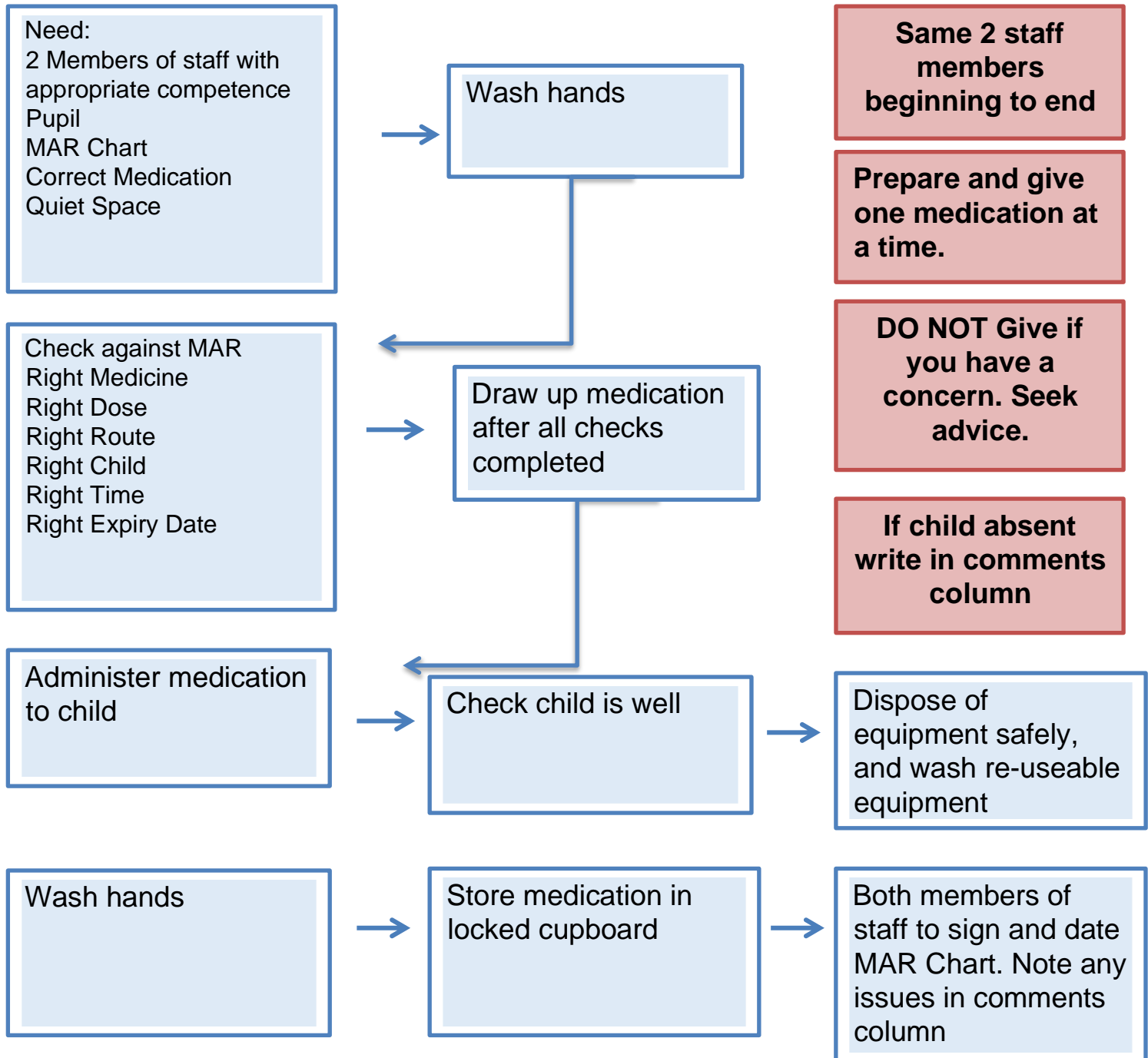
I understand that I must deliver the medicine personally to _____

I accept that this is a service which the school is not obliged to undertake.

Signature:	<input type="text"/>	Date:	<input type="text"/>
Name (print):	<input type="text"/>		
Relationship to Pupil:	<input type="text"/>		

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Administering Medication Pathway



Same 2 staff members
beginning to end

Prepare and give
one medication at
a time.

DO NOT Give if
you have a
concern. Seek
advice.

If child absent
write in comments
column

DON'T

- × **Pour Medication into the lid of bottle**
- × **Repeat if child vomits or spits it out**
- × **Prepare medication to give later**
- × **Leave medication in reach of pupils**
- × **Get the MAR Chart covered in medication or water – it is a LEGAL document**

Indemnity form for the administration of medication in schools

You have agreed that you will, if called upon to do so, be prepared to administer medication to pupils in school in accordance with the guidance set out in the council's policy document "Management of children with medical needs in school" and in accordance with any relevant policy of the school.

In consideration of your said agreement, and on the terms which follow, the council agrees that it will indemnify you against any liability for damages or other compensation arising out of or connected with the administration of medication, including liability for omissions or for another person's legal costs, and any sums paid on account of alleged such liabilities. The council will further indemnify you against any costs and expenses reasonable incurred by you in connection with any claim for damages or other compensation that may be made against you.

The council's obligation to indemnify you in respect of any claim is conditional upon: -

- (a) Your notifying the council (NOTE – identify who should be notified) as soon as you are aware that any claim against you has been made or is being considered.
- (b) Your cooperating and continuing to cooperate fully with the council and/or its insurers in dealing with any such claim, whether or not you remain in the employment of the council:
and
- (c) You not have made any admissions of liability or any payments on account of any alleged liability without first receiving the written agreement of the council or its insurers.

Where you claim the benefit of this indemnity, the council or its insurers may at their own expense conduct or take over the conduct of any litigation against you (whether actual or contemplated) and shall have full authority to instruct solicitors and to settle or otherwise deal with such litigation as they think fit. The council shall have the benefit of any rights of contribution or indemnity against third parties to which you may be entitled. Without prejudice to the general obligation of cooperation, you agree to sign any consents, authorities or assignments which the council or its insurers may reasonably require.

For the avoidance of doubt, this indemnity extends to any liability for negligent acts and omissions on your part. It does not extend to any case in which you may be adjudged deliberately to have harmed any person, and in any event of any such finding by a competent court, the council or its insurers may recover from you any sums already expended by them pursuant to this indemnity.

This indemnity applies to the administration of medication in school, and also in the course of school trips and other official school activities which may take place off school premises or out of school hours.

Signed + Name:	<input type="text"/>	<input type="text"/>
Post held:	<input type="text"/>	
Date:	<input type="text"/>	
Head Teacher:	<input type="text"/>	
School:	<input type="text"/>	

Competence for Administration of Medication by School Staff

This competency is for child _____ only; / for class _____ delete as necessary

This competency expires on _____

This competency certifies Carer _____ only

AREA OF CONCERN	REQUIRED SKILLS & KNOWLEDGE	initial Training	Practice	Competent
1) Carer to understand the medication Name of drug/s	Carer demonstrates an awareness of: <ul style="list-style-type: none"> The reason for the medication(s) Q The effect of the medication(s) Q Any side effects of the medication(s) Q Aware of incompatibilities of drugs 			
2) Carer to understand the routes and methods of administration	<ul style="list-style-type: none"> Oral Q Topical Q Rectal Q Nebulised Q 			
3) Carer to understand the policies relating to the administration of medication	<ul style="list-style-type: none"> Management of Children with Medical Needs in schools (Sandwell, 			
4) Carer to understand the safety aspects of drug administration.	<ul style="list-style-type: none"> Safe hand washing technique. D Correct Storage of drug. Q Correct child/young person D Correct time. D Correct drug D Correct dose D Correct route D Special instructions D Checking of the medicine administration sheet D 			
5) Carer to understand the safety aspects of drug administration	<ul style="list-style-type: none"> Check name on bottle against MARS D Check the name on the bottle D Check the strength of the drug D Check the expiry date on the drug D Check the dose D Any contraindications for giving the drug D Quiet and secure area D 			
6) Carer to be competent using equipment required.	<ul style="list-style-type: none"> All equipment ready for use Clean/clear surface for preparation D Measuring /nebuliser pots to be clean and dry D Correct syringes for measuring and administration D MARS/pen D Water to flush if necessary D 			
7) Carer to administer oral/nasogastric/ gastrostomy drug safely	<ul style="list-style-type: none"> MARS, child/young person, drug, time, route checked D pH checked D patency of tube checked D 			

	<ul style="list-style-type: none"> Amount of tap water for flush checked D Oral drug checked and administered correctly D 			
8) Carer to administer nebulised drug safely	<ul style="list-style-type: none"> MARS, child/young person, drug, time, route checked D Drug mixed with correct fluid type and amount D Nebulised drug administered correctly D 			
9) Carer to administer topical drug safely	<ul style="list-style-type: none"> MARS, child/young person, drug, time, route checked D Area for administration to be clean and dry D Use of gloves to apply medication D Correct amount used D Topical drug to be administered correctly D 			
10) Carer to administer rectal drug safely	<ul style="list-style-type: none"> MARS, child/young person, drug, time, route checked D Position child/young person correctly D Maintains dignity and privacy D Correct use of lubricant D Correct use of gloves. D Rectal drug administered correctly D 			
11) Carer to understand the importance of correct disposal/or cleaning of equipment	<ul style="list-style-type: none"> Knowledge of equipment which is non disposable D Aware of how to clean equipment D Knowledge of disposal policy D Replaces all equipment and medicines appropriately D 			
12) Post administration observation	<ul style="list-style-type: none"> Observes and reports changes to CCN Q 			
13) Carer to be aware of importance of record keeping.	<ul style="list-style-type: none"> Accurate, completion of MARS D Who to report to if there is a problem with the medication What to do if child/young person vomits following medication. Q 			
14) Carer to have an understanding of reporting missed, omitted or drug error	<ul style="list-style-type: none"> Who to report to in office hours if these occur Q 			
15) Carer to have understanding of the need for privacy and dignity of child/young person	<ul style="list-style-type: none"> Inform child/young person of what is going to happen Give medication slowly and safely via administration route Allow child/young person to set pace of medicine administration If possible give them a choice as to where and when the medicine is given. 			

Staff Name

I the above named carer certify that I am happy to carry out the procedure within the competencies detailed. I understand the scope of these competencies. I will only use this training in respect of the child/young person specifically named on the front of this form and I will not carry out procedures, which are contrary to or not covered by this training.

I will seek further training if I have any concerns about my competency and in any event six weeks before the expiry date on the front of this form renew my training. Upon the date of expiry of this competency, if my training has not been renewed, or if I have concerns about my competency, I will discontinue undertaking the procedure detailed in this document and seek appropriate advice from a suitably qualified clinician and or my employer. In all other respects I will seek necessary advice and guidance and further training needed as necessary in order for me to continue to operate within these competencies.

Name Signature..... Date

Competency assessment carried out by:

Name 1 Signature..... Date.....
2
3

Final Assessment

I certify that the person named, as a carer, on this document was competent at the time of assessment to carry out the procedure detailed in this competency document and that I have current N.M.C registration.

NameSignature Date

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Competency Assessment for Medical Procedures. The Orchard School

This competency is for (procedure):

Expiry Date:

Named Carer:

	Max duration 12 months

Required Skills and Knowledge:

Areas Covered Signature:

Basic anatomy and physiology

Psychological Implications

Demonstration of skill

Complications and troubleshooting

Safety

Record Keeping

Privacy and dignity

Trainee

Trainer

Levels of Competency

Initial teaching

Supervised practice

Safe to practice

Competent/confident practice

Competency assessment completed by:

Name:

Title:

Signature:

Date:

I certify that the above named, as carer on this document is competent to carry out the procedure detailed above and that I have a current NMC registration.

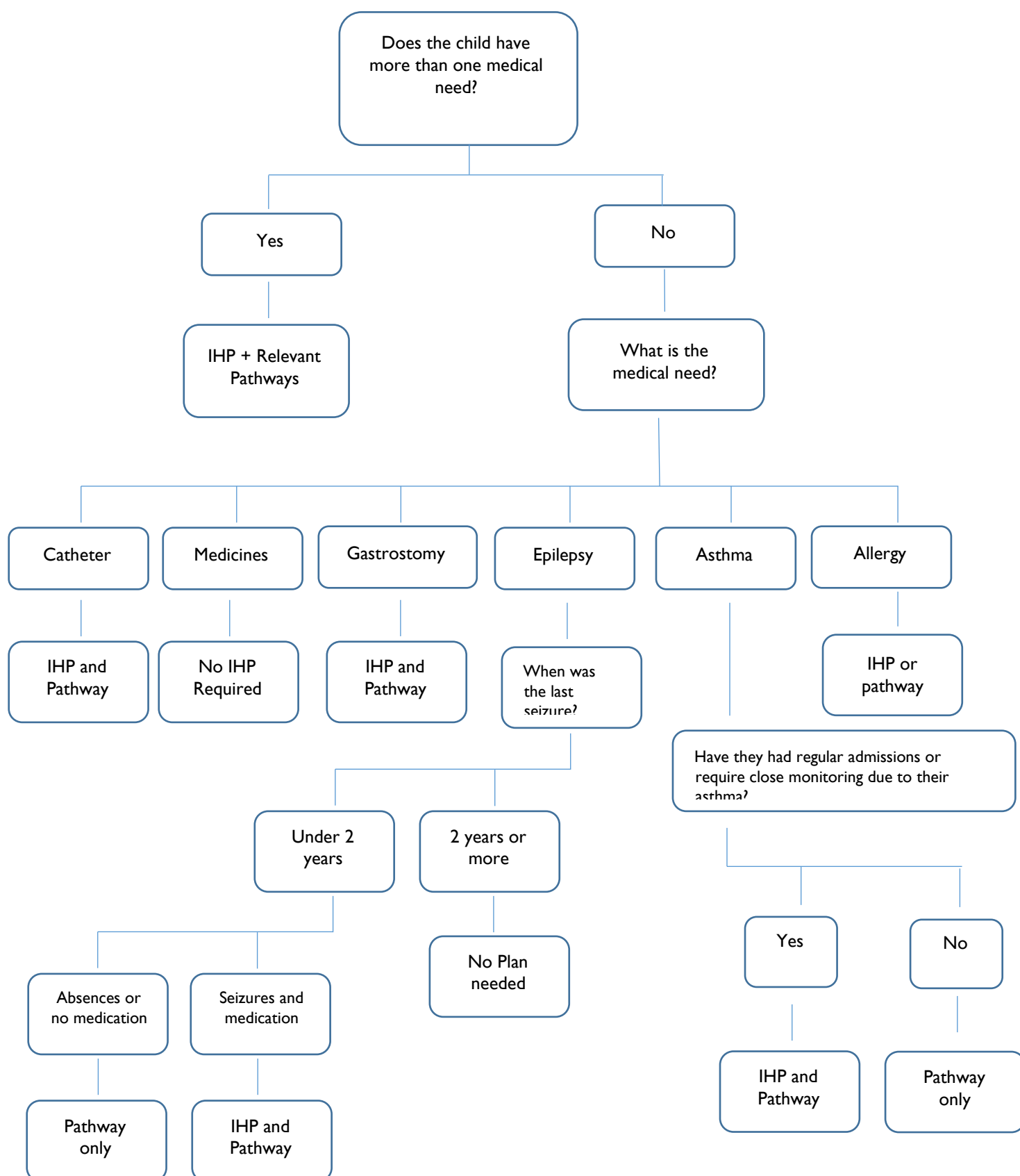
.....

I the above named carer certify that I am happy to carry out the above procedure within the competencies detailed above. I understand the scope of these competencies. I will seek further training if I have any concerns about my competency and in any event six weeks before the expiry date on the front of this form renew my training. Upon the date of expiry of this competency, if my training has not been renewed or if I have concerns about my competency, I will discontinue undertaking the procedure and seek appropriate advice from a qualified clinician and / or my employer. I will ensure I maintain my competence by undertaking the procedure at least weekly where appropriate.

Name:

Signature:

Individual Healthcare Plan Pathway



Emergency Management of an Epileptic Seizure

Pupils Name:

D.O.B

Pupil starts seizing, commence timing seizure.



Move anything away from the pupil that could cause harm.

**DO NOT restrict their movement
DO NOT put anything at all between the teeth or in the mouth**

CALL AN AMBULANCE IF:

- *This is the child's first suspected seizure
- *The child is having difficulty breathing, stops breathing or turns blue
- *The seizure lasts more than 5 minutes

As soon as the seizure ends/as soon as possible turn the child/young person onto their side in the recovery position

Offer reassurance and support to the child/young person as they may be:

- *Confused/Drowsy
- *May require somewhere private but require adult supervision
- *Maintain child/young persons dignity at all times, being mindful of incontinence.



It is not always necessary to send a child home after a seizure, but each child is different, and it depends on factors such as how often fits occur, whether the typical course is followed etc. Ideally, a decision will be taken in consultation with the parents when the child's condition is first discussed and a procedure established.

Buccolam**Emergency Care Pathway**

Pupils Name:

D.O.B:

Pupil starts seizing,
commence timing
seizure.



Move anything away
from the pupil that
could cause harm.

**DO NOT
restrict their
movement**

ONE

MG

PRE-FILLED BUCCOLAM SYRINGE TO BE ADMINISTERED**MINUTES AFTER ONSET OF SEIZURE**

Take one plastic tube,
break the seal and pull
the cap off. Take the
syringe



Remove the syringe
cap and gently insert
into the mouth,
between the gum and

**NOTHING IS TO
BREAK THE
LINE OF TEETH.**

Slowly press the
syringe plunger to
release the whole
amount of the buccal
midazolam into the
side of the mouth.



Remove the syringe from
the child's mouth; keep
the empty syringe to give
to a doctor or paramedic
so they know what dose
has been given.

**THE TIME THAT
BUCCOLAM IS
GIVEN MUST BE
PASSED ONTO
AMBULANCE CREW
AND PARENTS**



When pupil has stopped
seizing place in recovery
position if appropriate.

**AN AMBULANCE MUST CALLED BE WHEN:
IT IS THE FIRST DOSE GIVEN IN THE COMMUNITY
THE SEIZURE LASTS A FURTHER 5 MINUTES AFTER BUCCOLAM
YOU ARE CONCERNED ABOUT THE PATIENTS BREATHING**

Signature:

Date:

Expiry Date:

Procedure for Feeding via Naso-gastric tube or Gastrostomy**Name:****DOB:****NHS Number:****Need:**

- * A competent trained member of staff
- * 50ml Enteral Syringe
- * Correct extension set for child's button
- * pH Strips (NG)

Ensure child / young person is in appropriate position for feeding

Never feed flat, child/young person should be no lower than 30-45 degrees

Wash hands, put on gloves and follow infection control guidance

Set up feed via appropriate route as per training

DO NOT feed child or young person if vomiting.

On completion of feed remove extension set from gastrostomy

Wash hands and tidy away.

If child starts vomiting or becomes unwell during feed switch off.

DO NOT feed if pH is over 5.5. pH must be checked before every NG Use.

When should I inform a Nurse:

- If gastrostomy site or face looks sore.
- If you have tried repositioning a child and are still unable to get a pH.
- If NG tube comes out, call parents if no nurse on site.
- If leaking is noted from Gastrostomy valve.
- If gastrostomy comes out refer to emergency gastrostomy pathway

Gastrostomy Emergency Pathway

Name: Tube Size:	DOB: Signed:	NHS Number: Date:
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Gastrostomy comes out

You Must Seek Help IMMEDIATELY

Call Community Children's Nurse or parent, if they are able to replace it.

If unavailable call 999 and advise it is a medical emergency

Get emergency pack from first aid box by medical room

If fully removed, cover site with gauze and tape.

If only partially removed, tape gastrostomy in place.

If available a spare gastrostomy should be taken with the child to hospital

If the child or young person needs to be transported to hospital, they MUST be taken to Birmingham Children's Hospital and be seen by general surgeons or nutritional care team.

APPENDIX 15

Procedure Pathway for Secretion Management

Name:

DOB:

NHS Number:

Symptoms:

- * Unable to clear secretions
- * Nasal flaring
- * Tracheal tug
- * Stomach sucking in when breathing in
- * More effort breathing than normal
- * Pale around nose and mouth

Change position, take out of wheelchair, lie on side, or over a wedge.

If child / young person is on feed. Stop immediately

DO NOT allow head to fall forwards or backwards as this will block airway

DO NOT sweep mouth with a tissue, or put finger into mouth.

If condition does not improve may require oral suction.

If secretions are thick and child has nebulisers give a saline nebuliser to loosen secretions.

If nebuliser given, reposition post nebuliser and allow 10-20 minutes for this to work.

Put child / young person on preferred side to encourage secretion drainage.

Keep head in a safe position to open up airways helping child / young person to clear secretions

Use tissue or wipe to clear any excess secretions from outside of mouth.

Ensure child is in a comfortable position and breathing has returned to normal.

Call an ambulance if:
If child or young person deteriorates
Colour changes or child is struggling to breathe even after intervention
If child/young person appears to be choking

Signature:

Date:

Expiry Date:

APPENDIX 16

Sandwell and West Birmingham Hospitals
NHS Trust



Procedure Pathway for Hydrocortisone

Name:

DOB:

NHS Number:

Symptoms:

- * High temperature (Over 38 degrees)
- * Faints
- * Stomach upset that is severe enough to prevent normal school activities
- * Lethargy, lack of concentration or drowsiness



Call parents immediately.
Agree with parents to give double hydrocortisone dose.



Offer full sugar orange squash drink or Lucozade
(If not available give glucogel if trained to do so)



If deteriorates call 999 immediately

Broken Limb
Bump to head leading to unconsciousness
Burn Injury
Child found pale, clammy, drowsy or unresponsive



Call 999 Immediately



Inform them patient has adrenal insufficiency and emergency Hydrocortisone IM injection.

(Only ambulance crew to administer)



Contact parent and nursing staff

Signature:

Date:

Expiry Date:

APPENDIX 17



Standard Operating Procedure for Administration of Paracetamol

Aim

- For staff trained in medication administration to be able to administer paracetamol
- For children and young people to receive paracetamol safely

Indications for use

- Pain
- High temperature over 38c with discomfort or distress

Dosage

- Medication administration sheet to be provided by Community Children's Nurses with correct dosage.
- If one is unavailable trained staff should use age appropriate dosage guidance on the side of the paracetamol bottle.
- Staff must be aware of the appropriate strength of paracetamol to use:
Paracetamol oral suspension 120mgs in 5mls is for children under 6 years.
Paracetamol oral suspension 250mgs in 5mls is for children 6 years and over.
The age appropriate version of paracetamol should be used at all times.
- Please note some cold and flu medicines contain paracetamol, these should not be given at the same time as having paracetamol.

Dosage for young child 120mgs/5mls

Child's Age	How Much	How often (in 24 hours)
3 – 6 months	One 2.5 mL spoonful (small end spoon)	4 times
6 – 24 months	One 5 mL spoonful (large end spoon)	4 times
2 – 4 years	One 5.0 mL spoonful (large end) and one 2.5 mL spoonful (small end)	4 times
4 – 8 years	Two 5 mL spoonfuls (large end)	4 times
8 – 10 years	Three 5 mL spoonfuls (large end)	4 times
10 - 12 years	Four 5 mL spoonfuls (large end)	4 times

Dosage for 6+ 250mgs/5mls

Child's Age	How Much	How often (in 24 hours)*
Under 6 years	Not recommended	N/A
6 – 8 years	5 ml	4 times
8 – 10 years	7.5 ml (5 ml + 2.5 ml)	4 times
10 – 12 years	10 ml (5 ml + 5 ml)	4 times

Frequency

- Paracetamol must be given no more than 4-6 hourly

Administration

- School staff must contact families for consent prior to administration.
- Parents must inform school whether in the home/school diary or verbally of the last time and dose the child received paracetamol or cold medication. If this is not provided by parents, school staff must contact families for this information prior to administration.
- If any question as to whether a child should receive paracetamol school staff should discuss with the Community Children's Nurses prior to administration.
- Two members of trained staff should check the medicine before administration
 - Right Child
 - Right Route
 - Right Dose
 - Right Time
 - Expiry Date
- School staff must contact parents either verbally or via the home/school diary to advise on how much paracetamol has been administered and at what time.
- Medicine administration sheet should be completed and signed by the two members of staff who have checked and administered.
- The same two members of staff must follow the process through from beginning to end.

Storage

- All paracetamol to be kept in locked cupboards in the child's classroom.
- A medicine administration sheet should be stored in the red care plan folder.
- A new unopened bottle must be provided by parents, clearly labelled with the child's name, this does not have to be a prescription bottle, parents can purchase over the counter paracetamol.
- The medication is tracked by HCAs to ensure that it does not expire.

APPENDIX 18

Standard Operating Procedure for Administration of Chlorphenamine



Aim

- For staff trained in medication administration to be able to administer chlorphenamine (or any brand named chlorphenamine e.g piriton or allerief for hay fever.
- For children to receive chlorphenamine safely.
- Only to be used if requested and sent in by parents for management of hayfever.

Indications for use

- Hay fever

Symptoms

- Itchy, red or watery eyes
- Runny or blocked nose
- Coughing or sneezing

Dosage

- Medication administration sheet to be provided by Community Children's Nurses with correct dosage.
- If one is unavailable trained staff should transcribe age-appropriate dosage guidance on the side of the chlorphenamine bottle on to a new MARS including the child's name and D.O.B.

Child's Age	How Much	How often (in 24 hours)
2 - 6 years	2.5mls (1mg)	4 - 6 hourly
6 – 12 years	5 ml (2mgs)	4 - 6 hourly

Frequency

- Chlorphenamine must be given no more than 4-6 hourly.

Administration

- Parents should clearly report hayfever symptoms to staff.
- Parents must inform school in the home/school diary or verbally of the last time and dose the child received chlorphenamine. If this is not provided by parents, school staff must contact families for this information prior to administration.
- If any question as to whether a child should receive chlorphenamine school staff should discuss with the Community Children's Nurses prior to administration.
- Two members of trained staff should check the medicine before administration
 - Right Child
 - Right Route
 - Right Dose
 - Right Time
 - Expiry Date

- School staff must contact parents either verbally or via the home/school diary to advise on how much chlorphenamine has been administered and at what time.
- Medicine administration sheet should be completed and signed by the two members of staff who have checked and administered.
- The same two members of staff must follow the process through from beginning to end.

Storage

- All chlorphenamine to be kept in locked cupboards in the child's classroom.
- A medicine administration sheet should be stored in the red care plan folder.
- A new unopened bottle must be provided by parents, clearly labelled with the child's name.
- The expiry date will be tracked by the school and parents will be informed when a new bottle is required

Online training courses for Orchard staff regarding medical needs

Anaphylaxis	<p>https://www.anaphylaxis.org.uk/information-training/allergywise-training/ Allergywise training for schools. Comprehensive training which takes about 45 minutes and you get an email at the end to confirm whether or not you have completed the course successfully. This could then be sent to the school as evidence.</p> <p>Follow up discussion with CCN re individual child, if requested.</p>
Asthma	<p>Supporting Children's Health and Young People with Asthma (educationforhealth.org)https://sch.educationforhealth.org/wp/elearning/ There is no certificate associated with this training. It covers all the different inhalers as well as management of a child with asthma.</p> <p>No follow up training with CCN required</p>
Buccolam	<p>http://www.buccolam.co.uk How to administer Buccolam</p> <p>https://www.medicinesforchildren.org.uk/sites/default/files/content-type/leaflet/pdf/20140604125432_0.pdf</p> <p>Follow up discussion with CCN re individual child, if requested.</p>
Epilepsy	<p>https://learn.epilepsy.org.uk/ Epilepsy awareness for schools, including videos of the different types of seizures Certificate available when course completed. Course time – 1-2 hours</p> <p>Follow up discussion with CCN re individual child, if requested.</p>
Gastrostomy.	<p>http://covandwarkschildcomps.org.uk/ Coventry and Warcs competencies and workbooks</p> <p>https://www.nutriciaflocare.com/ Interactive training for using feed pump</p> <p>One to one follow up training with CCN</p>
Male and female catheterisation	<p>http://covandwarkschildcomps.org.uk/ Coventry and Warcs competencies and workbooks</p> <p>https://www.coloplast.co.uk/bladder-and-bowel/how-to-guides/catheter-guides-for-children/ Videos about the procedure and how the bladder works Information about neurogenic bladder, spina bifida</p> <p>https://www.shinecharity.org.uk/bladder-and-bowel-care/how-does-your-bladder-work-an-animated-guide</p> <p>One to one follow up training with CCN</p>

Medication	<p>Training on Educare</p> <p>www.medicinesforchildren.org</p> <p>Information sheets about individual medicines</p> <p>Webex training may be available from CCNs if there are enough staff.</p> <p>One to one follow up training with CCN once competencies have been completed</p>
Mitrofanoff	<p>http://covandwarkschildcomps.org.uk/</p> <p>Coventry and Warcs competencies and workbooks</p> <p>One to one follow up training with CCN</p>
Nasogastric tube	<p>http://covandwarkschildcomps.org.uk/</p> <p>Coventry and Warcs competencies and workbooks</p> <p>https://www.nutriciaflocare.com/</p> <p>Interactive training for using feed pump</p> <p>One to one follow up training with CCN</p>
Oral suction	<p>http://covandwarkschildcomps.org.uk/</p> <p>Coventry and Warcs competencies and workbooks</p> <p>One to one follow up training with CCN</p>
VNS	<p>https://vnstherapy.showpad.com/share/k6sXOtyJCJtV1wlbiNKEW</p> <p>https://vnstherapy.showpad.com/share/2K1tYlnCtP3V0ho0sbRXr</p> <p>Follow up discussion with CCN re individual child, if requested.</p>

<http://covandwarkschildcomps.org.uk/>

- Each school will have a “dummy child”.
- Each member of staff who needs training will need to register online. They will then be linked to the IF code for their school.
- Each member of staff will need to complete the online presentation and workbook
- The workbook will be sent to the CCNs for marking. If passed, then we will confirm their competency.
- Please be aware that the training is designed for use by nurses and carers and, as such, takes time and care to complete properly.