

Supporting Pupils with Medical Conditions

Agreed by the Headteacher 21-05-21



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Statement of intent

The governing board of Watergate School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions receive appropriate support allowing them to play a full and active role in school life, remain healthy and have full access to education (including school trips and physical education).

Watergate School believes it is essential that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

All of our pupils, including those with medical conditions, have an Education, Health and Care Plan (EHCP) detailing their health, social and educational needs and provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

1 Roles and Responsibilities

1.1. The role of the governing body

- Ensure that policies, plans, procedures and systems are properly implemented to support children with medical needs and that these are sufficient to meet the statutory responsibilities of the governing body.
- To ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- The governing body will ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.
- To ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions.
- To ensure this policy is effectively monitored, evaluated and regularly updated.

1.2. The role of the Head Teacher

- Ensure effective communication with ALL stakeholders, both school-based and external providers.
- Ensure that this policy and associated plans, procedures and systems are effectively implemented with stakeholders.
- Ensure that all staff are aware of this policy and understand their role in its implementation.
- Ensure that a sufficient number of staff are trained and available to implement this policy and deliver against all individual care plans, including managing emergency situations, [including ensuring that there is **always** someone on each site, during child contact hours, who is available to respond to an emergency situation.](#)
- Consider recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Overall responsibility for ensuring care plans are in place for all children with medical conditions.
- Ensure that staff are appropriately insured and aware of the insurance arrangements.
- [Ensure educational provision is made for pupils who are unable to attend school for a significant period due to a medical condition.](#)
- [Ensure that the school is equipped with the necessary PPE to carry out medical procedures and that appropriate rooms are available for administration of such procedures.](#)
- [Ensure that all relevant guidance from DfE, DHSC etc is followed.](#)

1.3. The role of parents/carers

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Ensure that medication is sent to school securely following the school's procedures.
- Are involved in the development and review of their child's Care Plan.
- Carry out any agreed actions contained in the Care Plan, including those relating to the giving of emergency medication.
- Ensure that they, or another nominated adult, are contactable at all times.

1.4 The role of school staff

1.4.1. School staff

- Will be fully aware of every care plan relating to children that they directly work with.

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Complete sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Be aware of, and maintain, any classroom recording required which is related to a pupil's medical condition
- Where required, teachers will provide home-learning for pupils with medical needs that mean they cannot attend school.

1.4.2 School Staff with Medical Responsibilities - Leadership Team

- Respond immediately to medical emergencies
- Administer emergency medication within the school

1.4.3 Other School Staff with Medical Responsibilities

- Administer lunch-time gastronomy feeds as agreed with the Complex Needs Nursing Team (CNNT)
- Administering emergency medication on off-site visits

1.4.4 Identified School Staff with Health Care Responsibilities

- Attend to health care and medical needs for specified children, as agreed with the Complex Needs Nursing Team and Head Teacher
- Attend to off-site health care and medication needs with identified children.

1.4.5 School Administrative Team

- Ensure secure storage of in-date emergency medication.
- Ensure that emergency medication is easily available when required.
- Ensure that all emergency medication stored at school is within the expiry date
- Act as the control point for medication coming in and out of the school.
- Respond to emergency assistance alarms by alerting a member of the SLT, or other designated person, and liaising with the class team to ascertain the nature of the emergency.

1.5. The role of the School Nursing Team – Complex Needs

1.5.1 Complex Needs Nurse

- At the earliest opportunity, notify the school when a pupil has been identified as having a medical condition which requires support in school.
- Liaise with lead clinicians on appropriate support for pupils with medical conditions.
- Develop the individual Care Plans, or liaise with appropriate specialist to obtain the Care Plan, e.g. Children's Epilepsy Specialist Nurse
- Support staff to implement Care Plans and provide advice and training, or source appropriate training from the CNNT.
- Manage and administer regular, short term and PRN (as required) medication

1.5.2 Child Development Worker

- Support the Complex Needs Nurse.
- Administer gastrostomy feeds.

- Administer regular, short term and PRN medication.

1.6 The role of the School Nursing Team - Continuing Care

- Work with an individual child ensuring all health care needs as identified in the Health Care Plan, prepared by the Complex Needs Nursing Team are met.

1.7 The role of providers of other health services

1.7.1 Community Paediatricians

- Hold school clinics by appointment for: all new starters (unless recently seen elsewhere by the community paediatrician)); follow up annual review clinics are held for those with medical conditions; for those without medical conditions there is a Leavers Report when they transfer to another school. (NOTE: some pupils with more complex needs may be seen by their tertiary consultant rather than a community paediatrician).

1.7.2 Therapy Services

- Provide support in the school for children with particular complex conditions, e.g. Speech and Language Therapists for eating and drinking plans.

1.7.3 Nursing and Health Care Support - Privately Funded

- Working with an individual child ensuring all health care and medical needs as identified in the IHC prepared by the privately funded consultancy are met.

1.7.4 Other healthcare professionals, including GPs, tertiary consultants, dieticians

- Provide advice on developing Health Care Plans for specific complex conditions.
- May provide support in the school for children with particular complex conditions, e.g.; Dieticians for feeding plans

1.8 The role of providers of other services

1.8.1 Lewisham Passenger Services

- Arrange home-to-school transport for pupils with medical conditions. Where appropriate the school will share relevant information to allow Lewisham Passenger Services to develop appropriate transport plans for pupils with medical conditions.

1.8.2 Lewisham Passenger Services – Bus Escorts

- Act as the interface between parents/carers and the school when transporting medications between home and school

1.8.3 Private Transport Companies - Escorts

- Act as the interface between parents/carers and the school when transporting medications between home and school.

2. Health Care Plans

The school uses Health Care Plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether a Health Care Plan is required for a pupil. They may be written by:

- the Complex Needs Nurse based at the school
- a Specialist Nurse
- external consultancies.

Health Care Plans are used by the school to:

- Inform the appropriate staff about the individual needs of a pupil with a medical condition in their care
- Identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of common triggers
- Ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency

The Health Care Plan may be written in different formats (see Appendix B) according to the medical condition but all include the following information:

- The identified health need including the name and description of the medical condition
- The reason for and goals to be achieved by the Health Care Plan
- The implementation plan including triggers, symptoms, signs, treatment medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- What to do in an emergency, who to contact and the actions to take.

Once written and agreed, the Health Care Plan is signed by the healthcare professional who created the Health Care Plan, the parent/carer and the Headteacher. The parent/carer's signature is taken as consent to administer the medication. No medication is given until the signed Health Care Plan has been received.

A copy of the agreed Health Care Plan is sent to the parents/carers of the pupil with a long-term medical condition:

- at enrolment
- after alterations
- on an annual basis.

Health Care Plans are easily accessible to those who need to refer to them, whilst preserving confidentiality. Copies of the Health Care Plan are held securely:

- by the School Nursing Team
- in the classroom
- with the emergency medication in the lockable cupboard
- in the electronic individual pupil file
- in a folder in a lockable cupboard in the school Admin Office.

3. Managing medicines

All medicines are provided by the parents/carers and must have been prescribed by a medical professional. The school only accepts medicines that are in-date, labelled, in their original container, and that contain prescribed instructions for administration, dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Pupils are not given medicines without their parent/carer's written consent, as evidenced on the Health Care Plan or, if the pupil does not have a Health Care Form, a Medication Consent Form (Appendix C).

3.1 Regular, Short Term and PRN Medication

All regular, short term and PRN medicines are controlled by the school nursing team following their own guidance for storage, administering, recording and disposal. An exception is for any pupil at the school with a private care package where the assigned medical consultancy is responsible for controlling the medication.

Most medicines are stored safely in the Medical Room by the school nursing team. The medicines for the any pupil with private care are held in a lockable box with the pupil and are managed by staff from the medical consultancy with responsibility for his care.

Exceptionally medication can be stored securely in a lockable cabinet in the classroom for any pupil whose medication is administered by a trained member of school staff.

3.2 Emergency Medication

Emergency medication is controlled by the school. There are clear procedures in place for the management of the emergency medication (Appendix D). Staff know where the emergency medication is at all times.

3.2.1 Storage

The school has clear guidance on the storage of emergency medication in the school.

- Emergency medication is stored securely together with the Health Care Plan which refers to it. It is held in locked wall cupboards in the Admin Office in individual pupil folders. Emergency medication (Epipen) is also held in one classroom in a lockable secure wall safe.
- All trained staff have easy access to the emergency medication.
- The medication is checked termly and any out of date or no longer required medication is returned to the parents for safe disposal. Parents are requested to supply replacement medication.
- There is a clear monitoring and signing out system in place. (Appendix D)
- All medication is sent home with pupils at the end of the school year. Medication is not stored over the summer holidays.

3.2.2 Administering emergency medication

- Emergency medication is only held and administered if authorised through a signed Health Care Plan.
- Only staff who have been trained in delivering the medication undertake this; these are the senior leadership team and identified middle managers.
- The administration of emergency medication is always recorded. There are clear procedures for doing this (Appendix F)
- Parents are always informed when emergency medication has been given.

3.2.3 Off site visits

- During any off-site or residential visit, the emergency medication for all pupils is carried safely and securely by the responsible teacher.
- Where possible, trained staff will accompany the trip to administer the emergency medication if required. If this is not possible, then an ambulance will be called immediately and the medication and care plan will be handed to the paramedic crew. Parents are informed and agree to these arrangements prior to the visit.
- These arrangements will be included in the risk assessment drawn up for the visit.

3.2.4 Safe disposal

- Out-of-date medication is sent home to parents by the trained paediatric first aider in a secure manner.
- Sharps boxes are used for the disposal of needles. All sharps boxes in this school are stored in a locked cupboard under the control of the School Nursing Team - Complex Needs unless alternative safe and secure arrangements are put in place on a case-by-case basis.
- If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to school.

3.2.5 Controlled Drugs

- All controlled drugs are stored as required by the legislation in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered. Currently only Schedule 3 controlled drugs are held as emergency medication.

4. Emergency Procedures

An emergency can occur

- On site in a classroom, other teaching space, swimming pool or playground
- Off-site

Where a Health Care Plan is in place, it should detail:

- What constitutes an emergency.
- The medication required
- What to do in an emergency

There are clear procedures in place for the management of an emergency (Appendix E).

There are also clear procedures to be followed when calling an ambulance. (Appendix G)

- Emergency medication is provided by the parent and is kept in secure locked cabinets in the main Admin Office, with the following exception: emergency medication (epi pen) is also held in one classroom in a lockable secure wall safe.

5. Record Keeping

5.1 Regular, Short Term and PRN (as needed) Medication

- The School Nursing Team-Complex Needs keep an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the administering staff members, pupil, dose, date and time are recorded. These records are on MAR charts which are routinely monitored by the nursing team and which are stored securely with the medicines.
- For routine medications, a slip home is sent home to request new medication in advance of it running out/expiring, and the receipt or sending home of medicines is recorded on the MAR charts.
- If a medication needs to be given at a different time, or not given, the nursing team will discuss with parents/carers as and when this arises, and document it on their noting system.
- Medication sent into or returned from school is by the nursing team on the MAR charts.

5.2 Emergency Medication

- A record is kept of each time emergency medication is administered providing details of what, when and why (Appendix F). A copy of the record is sent home to the parent/carers each time the emergency medication is administered.

5.3 Other Record Keeping

- Class staff monitor and record seizures on seizure recording sheets (Appendix H) which are used to inform parents and other professionals.
- Class staff monitor and record any other significant medical events.
- All staff training to support pupils with medical conditions is recorded centrally against individual staff members.
- Medication sent into or returned from school is logged.

6. Staff training and support

- Staff do not undertake healthcare procedures or administer medication without appropriate training. Procedures are in place to request and record this training (Appendix J)
- Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in Health Care Plans. Staff have an awareness of the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- Training needs are assessed by the senior leadership team with support from the school nursing team – complex care through the review of Health Care Plans. This may be when a pupil with medical needs is admitted to the school, an existing pupil develops new medical conditions, a new staff member arrives and on an annual basis for all school staff.
- The school nursing team identifies suitable training opportunities that ensure staff have a sufficient awareness of the medical conditions affecting pupils in the school, and that staff can recognise difficulties and act quickly in emergency situations.
- The school nursing team confirms the proficiency of staff in performing medical procedures or providing medication.
- Any staff member providing support to a pupil with medical conditions receives appropriate training. Refresher training is provided at least annually. All training and the date provided is recorded against the name of the staff member on the Sims database.

- A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- Whole-school awareness training is carried out on a regular basis for all staff, and included in the induction of new staff members.
- Training is commissioned by the head teacher and provided by the following bodies:
The school medical team
Commercial training provider.
- Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

7. Education on other Sites and Holiday Centres

This policy applies to both the main Watergate School site and the Ladywell Annex.

The policy also applies to all Holiday Centres run by Watergate School during school holidays. The manager of the Holiday Centre is responsible for ensuring that the procedures are replicated for pupils attending the holiday centre, that all emergency medicines are logged and recorded and stored securely.

8. Off Site trips, residential visits and sporting activities

- Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- Prior to an activity taking place a risk assessment is carried out to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate.
- Arrangements will be made for all pupils to participate except where evidence from a clinician, such as a specialist consultant, indicates that this is not possible.

9. Unacceptable Practice

Watergate School will never:

- Assume that pupils with the same condition require the same treatment.
- Ignore medical evidence or opinion.
- Ignore the views of the pupil and/or their parents/carers.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, unless this is specified in their Health Care Plan.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.

10. Liability and Indemnity.

- The governing body ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
- The school holds an insurance policy through the London Borough of Lewisham, this includes medical malpractice cover. This policy is accessible to staff.
- In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not an individual.

11. Complaints

- Parent/carers wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

- If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy.

Appendix A - Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Care Standards Act 2000
- The Children Act 1989 & The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 025 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline autoinjectors in schools'

1.3. This policy has due regard to the following school policies:

- SEND Policy
- The Educational Events and Visits Policy
- Complaints Procedure Policy

Appendix B - Care Plan Formats

The Care Plan is held in 4 different formats depending upon the reason for the plan. These are:

- Allergies (BSACI) (Appendix Bi)
- Epilepsy/Seizures (Appendix Bii)
- Asthma
- All other medical conditions – prepared by the complex needs nurse. (Appendix Biii)

Care plans are completed by the Complex Needs Medical Team, or other specialist medical practitioners using their agreed formats and are agreed and signed off by parents and the Headteacher. The class team and all members of staff who work with the child read and sign the care plan.

Appendix B i – Allergy Health Care Plan

bsaci ALLERGY ACTION PLAN

improving allergy care
through education, training and researchRCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's HealthAnaphylaxis
Campaign
AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)




- Phone parent/emergency contact

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- | | | |
|---|--|---|
| A AIRWAY | B BREATHING | C CONSCIOUSNESS |
| <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)



- 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: . . mg)
- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**

***** IF IN DOUBT, GIVE ADRENALINE *******AFTER GIVING ADRENALINE:**

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

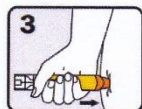
© The British Society for Allergy & Clinical Immunology 6/2018

How to give EpiPen®

1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name:

Hospital/Clinic:



Date:

Appendix B ii Epilepsy/Seizure Health Care Plan

Lewisham and Greenwich



NHS Trust

<p align="center"><u>PATIENT INFORMATION</u></p> <p>Name: _____ DOB: _____ NHS Number: _____ School: _____ Diagnosis: _____</p> <p>Relevant Treatment: _____ Drug Allergies: _____ Epilepsy Consultant: _____ Epilepsy Nurse Specialist: _____</p> <p>NB _____</p>
<p align="center"><u>SEIZURE DESCRIPTION</u></p> <p>Type 1 Seizure: _____ will lose consciousness, go stiff and then her arms and legs will jerk. Her eyes may close and her breathing pattern may change.</p> <p>_____ most recent seizure was preceded by her vomiting earlier on in the evening.</p>
<p align="center"><u>EMERGENCY MEDICATION</u></p> <p>My emergency medication is Buccal Midazolam (Buccolam) 7.5mg if I have a seizure <u>lasting more than 5 minutes</u></p> <p>I have not had to use buccal midazolam before, please call an ambulance before it is given.</p> <p>An ambulance should also be called if:</p> <ul style="list-style-type: none"> • If I injure myself during a seizure. • If I have difficulty breathing during or after a seizure. • If you are otherwise concerned about me during or after a seizure.
<p>CARE PLAN WRITTEN BY: _____</p> <p>AGREED BY (Parent): (Please sign, print & date) _____</p> <p>AGREED BY (School): (Please sign, print & date) _____</p>

SEIZURE MANAGEMENT PLAN – REVIEWED FEBRUARY 2020

Care Plan: Gastrostomy

Name: _____

DOB: _____

Identified Health Need	Goal	Implementation Plan
_____ has a gastrostomy button, in order to ensure his nutritional and hydration needs are met.	To ensure that gastrostomy site is maintained in school.	<p>Ensure that the site is clean and dry – report any concerns to the nursing team.</p> <p>If button comes out, a member of the nursing team must be informed immediately.</p> <p>Parents/carers will supply all feeds and equipment for the administration of feeds.</p> <p>Parents/carers will inform school and school nurse of any changes in the management of his gastrostomy.</p> <p>Size 14fr 1.7cm Mini button.</p>
Care plan written by: Date: August 2019	Agreed by school representative: (Print name)	Agreed by parent/carer: <i>By signing you agree to update school and nursing team of any changes and to ensure supplies/medication are provided and in date.</i> (Print name)
(signed)	(Signed)	(signed)
Reviewed by: (print name)	Care plan still appropriate: (sign below)	Date:


 High quality care for every patient
every day

Medical Consent Form – to be inserted here

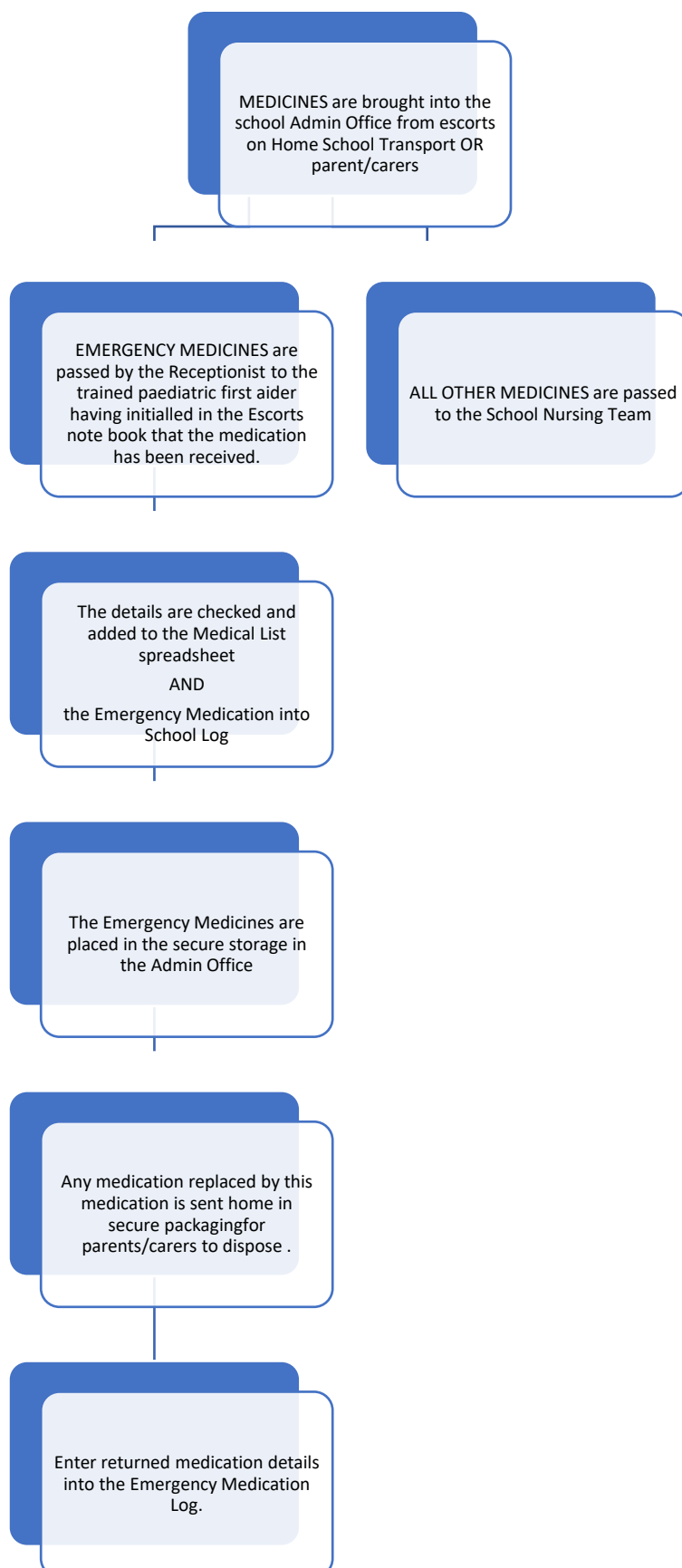
Appendix D - Procedures for the control of emergency medication.

- Information for the control of emergency medication is held in the spreadsheet: Admin Shared Area (Q:)/Admin School organisation/First Aid/**Medication List**
- The responsibility for ensuring that this information is accurate and up to date lies with the trained designated member of the Admin team.

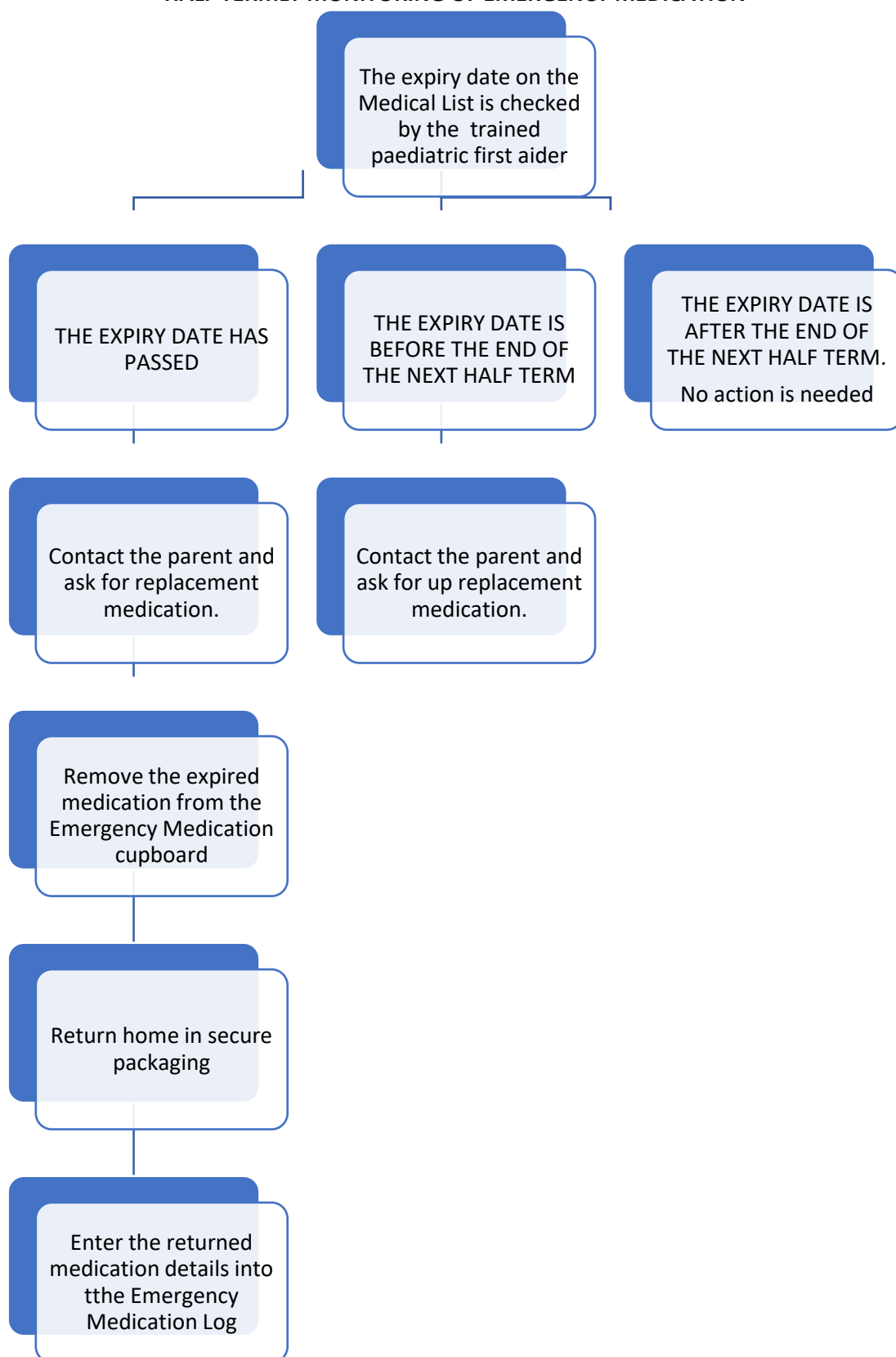
The following procedures identify the steps to be followed for:

- As and when receipt of emergency medication
- Half termly monitoring of emergency medication
- End of school year
- Logging of medication received/sent from school

AS AND WHEN RECEIPT OF EMERGENCY MEDICATION



HALF TERMLY MONITORING OF EMERGENCY MEDICATION



END OF SCHOOL YEAR -EMERGENCY MEDICATION



Emergency Medication - Log of medication received/sent from school

Pupil Name	Class	Medication Name	Batch No	Expiry Date	Date	To Home/Reason	From Home /Reason	Initials

Appendix E Emergency procedures – Medical Conditions

On site - Watergate

If an emergency occurs in the classroom the emergency buzzer is activated by the class staff. A warning buzzer goes off and a light on the emergency panel in the admin corridor indicates the room in which the emergency is occurring. This is responded to immediately by a member of the senior leadership team. If a senior leader is not available on site a trained middle leader responds to the alarm.

On being informed for which pupil, the medication and health care plan is collected by a senior leader from the secure cabinet in the main admin office and administered it to the pupil following the procedure noted below.

On site - Watergate Ladywell

Emergency medication is not currently held on the Ladywell site. In an emergency Emergency Services must be called to request an ambulance. (See Appendix F)

Off-site

Prior to an off-site visit a risk assessment is undertaken to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate.

The visit leader takes pupil details, care plans and emergency medication on the visit. If there is not a member of staff with the required training in the medical emergency an ambulance is called immediately and the school informed.

The school's emergency response to an incident is documented in **The Educational Events and Visits Policy** and is based on the following key factors:

- There is always a nominated emergency base contact for any visit (during school hours this is the Office)-Tel: 02086956555
- This nominated contact will either be an experienced member of the senior team, or will be able to contact a member of the senior team at all times.
- For activities that take place during normal school hours, the visit leader/s will be aware of any relevant medical information for all participants, including staff and take this/follow procedures as agreed (e.g. check for any medication in school, care plans, alternative requirements/arrangements like feeding times or medication administered in school).
- The visit leader/s know to request support from the local authority in the event that an incident overwhelms the establishment's emergency response capability, involves serious injury or fatality, or where it is likely to attract media attention.

The School Emergency and Business Continuation Plan, Section 8 contains full details of the steps to be taken by the Educational Visit Leader in a major event.

Emergency Procedures in all cases

- **Follow the instructions on the care plan in administering the medication.**
- **Inform the parents/carers**

- Complete the Medicine Administration Record for Emergency Medication Form, make a copy and place in the digital Pupil File and send a copy home. (Appendix F)
- Return the completed form with the medication into safe storage
- Update the Medical List spreadsheet to show that the medication has been used.
- Request replacement emergency medication from parents/carers

If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.



Medicine Administration Record Card for Emergency Medication

NOTE: Each time this form is complete a copy must be sent home to the parents and a copy stored in the pupil file

Name of pupil:	Date of birth:	
Name of emergency medication:	Dosage:	Route of administration (oral, rectal etc)

Date:			
Name of medication			
Dose and time			
Second dose and time (if relevant)			
Length and/or number of seizures prior to administration (if appropriate) or reason for administration			
Observations			
Outcome			
Parent/carer informed			
Medication administered by:			
Witnessed by:			

- In most cases a member of SLT will request the Admin team to call the ambulance, giving details of who and why paramedics are required. Occasionally an emergency will be so acute that Admin team will need to make the decision to call the ambulance themselves and then inform a member of SLT.

- The telephone number 020 8695 6555.
- Your name.
- Your location as follows:

Watergate School, Lushington Road	OR	Watergate Ladywell 30 Rushy Mead
The satnav postcode:	SE6 3WG.	SE4 1JJ

- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.

- When an ambulance is called the crew should be instructed to come to the main entrance and park on the forecourt
- Either call premises team or wait in reception to direct ambulance to park on forecourt when it arrives
- Admin team to put the ambulance service through to the SLT member on the phone in the specified location. If the location does not have a phone admin team will be given instructions to locate an SLT member's mobile and take it to them. The ambulance service to be given and asked to call the mobile number.
- As soon as the ambulance has been called, print out the pupil data sheet and a copy of the care plan, ready to give to the ambulance crew when they arrive. If the patient is an adult print out their name, date of birth, address and telephone number of next of kin.
- Admin team to call the child's parent, telling them what has happened and that an ambulance has been called. If the patient is an adult – team to call their next of kin.

- Admin team will radio when the ambulance arrives and follow SLT member's instructions on whether to bring the crew to the required location or if someone else will collect them.
- If the ambulance requires access to the playground, usually because the patient needs to be taken out on a trolley, call the premises team to open the gates and make a tannoy announcement to say that the main playground is temporarily unavailable and must be cleared.
- After the ambulance has left site alert staff, by tannoy, that the playground can now be used.

SLT Responsibilities

- To attend the incident and, if appropriate, follow the child's care plan, administering medication as indicated, noting the time at which this was done
- To give instructions to the Admin Team about calling the ambulance – what key information to give.
- If there is no telephone in the location of the incident to request a mobile phone be found, brought to the location and that the number is given to the ambulance service to call.
- In serious incidents, or where rescue medication is to be administered, two members of SLT to be in attendance if possible.
- Instruct Admin team to call the patient's parent or next of kin
- To talk to the ambulance service on the phone whilst waiting for the paramedics to arrive.
- To direct how the paramedics will be taken to the location. N.b. sometimes it is better for someone who has been directly involved in the incident to meet and brief the paramedics
- To liaise with parent/next-of-kin
- To liaise with Admin and premises team if ambulance needs to be redirected to rear entrance.

- To ensure additional paramedics are escorted off-site.
- To complete all relevant paperwork.

Premises Team Responsibilities

- If requested to meet and direct ambulance to park on forecourt in the first instance
- If necessary to ensure safe arrival and departure of ambulance from playground.



APPENDIX H

APPENDIX H - Record Keeping – Seizure Recording Sheet

Seizure Recording Sheet

Name of child:

Class:

Date of Care Plan:

Date	Time	Length of Seizure	Description of seizure	Actions taken	Actions to be taken as a result of this seizure, e.g. review of care plan	Name & Signature of member of staff recording



APPENDIX H

Date	Time	Length of Seizure	Description of seizure	Actions taken	Actions to be taken as a result of this seizure, e.g. review of care plan	Name & Signature of member of staff recording

Appendix I Staff Training – Medical Conditions

Training is provided both individually on an as needed basis or in groups as part of an annual medical training INSET programme.

Requests for individual training must be made using the Staff Training Record – Medical Training request form as attached, authorised by a member of the senior leadership team.

Training as part of the regular medical training INSET programme is planned annually through the Senior Leadership Team

Training is usually provided by the Complex Needs Nurse and covers the following areas:

Competency Training for which a certificate is provided – (Theory + practical)

- Gastrostomies
- Tracheostomies
- Catheterisation

Other Training – not certificated, attendance is recorded through the signing in sheet for group refresher training or through the Staff Training Record – Medical Training Form for individual training

- Allergies – medically confirmed
- Asthma (Wheeze Plan)
- Oxygen therapy administration
- Oral Suction
- Medical devices, e.g. VP shunt
- Catheterisation
- Ventilators
- Epilepsy/Seizures (also through the epilepsy service)
- Water Flushes

Training can be provided by other Agencies when appropriate.

Once completed the details are entered into the staff member's individual record on the sims database. Additionally, for certified training, copies of the certificate are held in the individual's Personnel File



Watergate School Staff Training Record - Medical Training

Requested

Name of staff member:		Date:	
Type of Training Required:			
Reason:			
Authorised By:		Date:	

Provided

Training provided by:		Date	
Profession and Title			

I confirm that _____ has received the training detailed above
and is competent to carry out any necessary treatment pertaining to

_____. I recommend that the training is updated

_____.

Trainer's signature: _____ Date: _____

Print Name: _____

I confirm that I have received the training detailed above and a written copy of the guidelines for carrying out the procedure.

Staff Signature: _____ Date: _____

Print Name: _____

Admin Office:

Entered into sims by Date:

Appendix K - Procedures for Educational Visits

Emergency medicines move to and from school in two circumstances:

- Off site educational visits
- To and from home (See Appendix C)

Educational Visits

Regular Medication – where possible adjust the times the medication is taken so that it can be given before or after the visit as the school nursing team – complex care deem appropriate after consulting parents/carers. A note of this is documented on the nursing team's noting system.

Emergency medication- when a pupil for whom emergency medication is kept at school leaves the school site for an educational visit the emergency medication together with a copy of the Health Care Plan is always taken on the visit under the control of the visit leader. Risk assessments are made prior to the visit to ensure that the pupil can participate safely in the visit.