



LOCATION : SCHOOL HANDBOOK, SECTION 3, DOCUMENT 2

HEALTH CARE POLICY

“This policy should be read as part of a collection of policies that together form the overall Safeguarding Policy and procedure for Abbey Court School.”

Introduction

- 1.1 This policy should be read in conjunction with the DfE document Supporting Pupils at School with Medical Conditions (statutory guidance for governing bodies of maintained schools and proprietors of academies in England), December 2015. See Appendix I.
- 1.2 Definition: Pupils that have medical conditions that, if not properly managed, could limit their access to education, are regarded as having medical needs. This definition can also be applied to children requiring planned support for feeding and toileting.
- 1.3 This policy is intended to identify the necessary measures required to support pupils with medical needs. It will also, as far as possible, enable regular attendance and will be supported by formal and agreed systems and procedures within Abbey Court.
- 1.4 Procedures within the school fall into two categories:
 - * medical: defined as "medicines required to stabilise or re-mediate a condition, e.g., rescue medications such as midazolam and salbutamol."
 - * care: defined as "support to a condition which prevents deterioration of a child's medical condition, e.g., feeding or catheterisation."

Responsibilities

- 2.1 Parents or guardians have prime responsibility for their child's health and must provide the school with up-to-date information about their child's medical condition.
- 2.2 It is the duty of the LA to be responsible for the Health and Safety of all staff and persons on the school premises (Health and Safety Act 1974). This includes the procedures for supporting pupils with medical needs. This policy is integral to a part of the Health and Safety Policy of Abbey Court School. **(See Health & Safety policy – School Handbook, Section 3, Document 1)**
- 2.3 It is the duty of the LA to ensure that appropriate training and support is given to staff who are willing to support pupils with medical needs. (It should be noted that there is

no legal duty which requires school staff to administer medication; this is a voluntary role).

- 2.4 It is the duty of the Health Authority (Section 166 Education Act 1993) to provide help to the LA for a child with Special Educational Needs (including medical needs). This should be in the form of training/advice to Education staff on procedures for dealing with a pupil with medical needs. A health care professional will confirm staff proficiency in all medical procedures.
- 2.5 It is the Headteacher's responsibility to implement the Governing Body's Health Care Policy in practice and to make all staff and parents aware of the content of the school policy and procedures for dealing with medical needs.
- 2.6 Teachers and other school staff have a duty to act as any reasonably prudent parent to make sure that pupils are safe at school either when on or off-site (see Abbey Court School Health and Safety Policy – section 3, document 1). This duty might extend to the administration of medicines or taking emergency medical action (e.g., midazolam, salbutamol administration). (However, see note 2.3).
- 2.7 It is the responsibility of the Headteacher and Governors to ensure the maintenance of accurate records of action taken. Staff are required to use their best endeavours at all times and especially in emergencies. (See Abbey Court School: Emergency and Accident Procedures / Health and Safety Policy, section 3, document 1).

Support

- 3.1 Staff who follow the school's documented procedure will be covered by employer's public liability insurance.
- 3.2 Upon admission to the school the Headteacher will agree with parents the support the school is able to provide after consultation with relevant bodies, e.g., G.P., School Health Service/School Nursing Service.
- 3.3 School Nursing Team
The Snapdragons Centre
Medway Community Healthcare Co-ordination Centre: 0300 123 5005

Pupils who are unwell at school

- 4.1 Parents are responsible for ensuring that their child is well enough to attend school.
- 4.2 If a child becomes unwell at school reference should be made to the school nursing team for opinion of the medical condition of the child. Permission must be sought from the Head/Deputy should the child need further medical treatment or to be sent home. In the event of a sick child requiring to be sent home, a member of the school nursing team, Head or Deputy Headteacher will contact the parent and advise them that their child has become unwell and request their collection from school. If the parents are unavailable the emergency contact will be informed.

- 4.3 Pupils wearing plaster casts after sustaining a fractured limb will not be excluded from the school, although assurance must be sought from parents that their doctor has recommended return to school, and that the appropriate number of school staff are available should additional management arrangements be necessary. This will be determined through a risk assessment prior to return to school.
- 4.4 If a child becomes acutely ill at school arrangements will be made for the child to be taken to hospital by ambulance. A member of school staff will accompany the pupil and remain with him/her until parents arrive. If the child is a “Red Card Holder” direct admission to Penguin Ward, Medway Hospital can be arranged. (See Red Card Procedure, Appendix 2). All other pupils will be taken to the casualty department at Medway Hospital. Data sheet or care plan (if appropriate) must accompany the child to hospital. (Refer to Health & Safety Policy: Accident and Emergency Procedures – section 3, document 1).
Pupils who require emergency transfer to hospital due to epilepsy will be taken directly to casualty to facilitate immediate access to emergency equipment.
- 4.5 If a pupil sustains an injury as a result of an accident at school he/she will be assessed by the school first aider. If further medical treatment is required the Head/Deputy must be informed. If necessary emergency arrangements will be made to take the child to the casualty department at Medway Hospital. If medical review is not urgent/immediately required, parents will be contacted to collect child from school and arrange for the child to be assessed by G.P. or casualty department. (Refer to Health & Safety Policy Accident and Emergency Procedures).
- 4.6 If it is suspected that a pupil has headlice the steps to be followed are as detailed in the Abbey Court Headlice document. A standard letter and information leaflet will be sent home to the pupil concerned. (Appendix 3).
- 4.7 Parents are asked to inform the school of reasons for pupil absence from school. Any relevant outcomes of medical appointments/reviews, which may affect the child`s care should be communicated to the school by the parents.
- 4.8 Pupils returning to school after surgery or a prolonged absence due to ill health will require a “return to school” meeting and risk assessment to ensure that individual needs can be met. This meeting will be led by the education team, and include relevant members of the Medical Support Team.

Medication in School

- 5.1 **Essential medication** will be administered at school. No medication should be administered by anyone other than a member of the school nursing team, Headteacher, her Deputy or other authorised trained person. (NB. Rescue medication for epilepsy, emergency medication for allergic reaction and Asthma inhalers may be administered by staff who have received the appropriate training). Should pupils require medication off-site, individual authorisation of a staff member will be given by the Headteacher. Teaching Assistants who administer enteral feeds will be trained to administer medication via this route (as required) as part of the training competency.

- 5.2 Only prescribed medication will be given at school. All drugs will be stored in the medical room, in the locked drug cabinet or, if required to be refrigerated, in the locked drugs fridge. The keys to the cabinet and fridge are located in the school office and may only be accessed by authorised school staff. Asthma inhalers and spacer devices are stored in open, individual trays in the medical room.
- 5.3 Where possible medication should be in dose frequencies which enable it to be taken outside of school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.
- 5.4 Parents are required to complete and sign a School Medicine Record form, (Appendix 4), details to include name of drug, dose, time and frequency of administration. They should advise the school in respect of any known side-effects. Medication will only be given if it is sent into school in its original container, bearing the pupil's name, name and dose of the drug and administration details. Where a pupil requires two or more prescribed medicines each must be in a separate container. (NB. No medication will be given unless written authorisation is given from the parent).
- 5.5 Children receiving antibiotic therapy will not be excluded from school provided that they are well enough to attend. Antibiotics will be given at school, although if doses can be fitted into out of school hours parents should give the medication at home.
- 5.6 Supplies of emergency analgesia will not be routinely kept at school. If a pupil suffers regularly from acute pain due to an ongoing, diagnosed medical condition parents should authorise and supply appropriate analgesia for their child's use. Written instructions regarding when the pupil should receive this treatment must be obtained. It is the responsibility of the parent to inform the school in writing if the child has already had a dose of the analgesia before school, to prevent a repeat dose being given too soon.
- 5.7 All information regarding both regular and emergency prescribed medication for pupils is documented on individual prescription sheets. (Appendix 5). These are located in the medical room. The person dispensing the medication must sign the prescription sheet and complete the medication schedule when the medication has been given. Additionally, information about pupils who have epilepsy or who need inhalers and the management of these can be found in each classroom.
- 5.8 Parents are responsible for informing the school if there are any changes made to their child's prescription.
- 5.9 Under no circumstances must pupils carry their own medication.
- 5.10 Expired medication is disposed of via the Pharmibin, unless parents have requested that this is sent home for them to dispose of.
- 5.11 All medication held at school will be sent home at the end of each academic year. School medicine record sheets and Health/medical information forms will be sent home annually for parents to update. (Health/Medical Information, Appendix 6).

- 5.12 It is the responsibility of the parent to provide a valid supply of medication and a completed school medicine record at the commencement of each academic year. In addition a new supply of medication will be requested six months after date of opening, regardless of whether the expiry date remains valid. Medication decanted from a large bottle into a small bottle by a pharmacist will be disposed of after two months.
- 5.13 As a result of the developmental level of some of the pupils it may be necessary to strongly encourage them to take their medication. If persistent problems are encountered due to the reluctance of the pupil to take the prescribed medication advice will be sought re: possibility of altering the regime or strategies to encourage acceptance of treatment.
- 5.14 In the event of a pupil having a severe asthma attack which is not treated effectively by the pupil's normal prescription – the emergency asthma protocol will be implemented (Appendix 7). A copy of the protocol and the accompanying letter (Appendix 8) will be sent to all parents of all children who have asthma, by the school nursing team.

Staff Training Re: Medical/Invasive Procedures

- 6.1 Staff training will be given to members of staff in the method of carrying out medical procedures in school. Training related to medical needs will be delivered by the nursing team, who may find it necessary to liaise with other health professionals with regard to appropriate training. After successful completion of the individual training competency, a staff Training/Administration of Medical Treatment form will be completed by a member of the nursing team. (Appendix 9). Staff will sign that they feel competent to carry out the procedure. Parents will sign the completed form authorising the named member of staff to carry out the activity. School staff will not be expected to be involved in such treatment until they feel competent to do so. No treatment must be carried out unsupervised until the parent has given permission. The Headteacher must be advised when a member of staff has completed training in delivering a medical/nursing related procedure. Regular ongoing review of training will be arranged by the school nursing team (Appendix 10) who will alert Senior Staff of any issues re: further training needs, numbers of staff currently trained etc.

Intimate and Invasive Procedures

- 7.1 Pupils who require intimate or invasive procedures will only be admitted to the school if the school can meet the pupil's individual needs.
- 7.2 Members of staff will not be pressurised into assisting with treatment of an intimate or invasive nature. Only staff who are willing will contribute towards such care will be involved.
- 7.3 The school nursing team and two further members of staff must be willing to assist in the treatment before a pupil is accepted into school. (This is to enable cover during staff absence). Otherwise parents will need to attend school to carry out required treatment.

- 7.4 Respect for the child's dignity will remain a strict priority, even when delivering care in an emergency situation.
- 7.5 Two members of staff should be present for the administration of intimate or invasive treatment. It is recognised that one of these should be of the same gender as the pupil receiving treatment. (Due to current recruitment difficulties this is not always possible although wherever practicable this guideline will be followed.)
- 7.6 See individual guidelines for current procedures of an intimate or invasive nature. See for example Appendix 11 Guidelines for Administration of Rectal Diazepam in School, Appendix 12 General Points re: Administration of Oxygen, Appendix 13 Oxygen for Children in School.

Role of School Nurse and Children's community learning Disability Team

- 8.1 The role of the school nursing team is to provide a school nursing service to all children attending the school.

The main functions and responsibilities of the nursing team within Abbey Court include:

- Evidence based initial assessments and development of health care plans.
 - Safeguarding/child protection.
 - Providing nursing advice and support to parents.
 - Undertaking nursing procedures.
 - Training members of staff to undertake specific nursing procedures, providing support to education staff to enable them to meet the health care needs of the pupils in school.
 - Administration and monitoring of medication.
 - Undertaking assessments of health.
 - Vaccination and immunisation programme.
 - Surveillance of growth.
 - Attendance and participation at medical, joint feeding, diabetic and orthoptic clinics.
 - Supporting health education and health promotion with groups of children.
 - Providing specialist advice to education staff in health related issues.
 - Attendance at multi-disciplinary reviews.
 - Referral of children to other health professionals and other agencies, as appropriate.
 - To devise plans of care in co-operation with parents and other professionals.
- 8.2 The school nurse is not responsible for first aid in the school. (Names of qualified first aiders are displayed in the reception area on each site and in the Health and Safety Policy.) Additionally, all teaching assistants receive emergency aid training. The school nursing team is unable to carry out routine head inspection to detect possible cases of headlice infestation – although school nurse's advise parents and staff on current information and method of treatment. However, all other health/nursing matters should, in the first instance, be reported to the nursing team for advice.
- 8.3 Activities outside of school include:
- Liaison with colleagues, within school nursing team.
 - Team and Directorate meetings.
 - Continuous Professional Development / essential training.
 - Home visits / initial assessments.

- Collating medical information.
- Multi Agency Reviews / Professional meetings
- Clinical and child protection supervision
- Supporting medical appointments.

8.4 When a member of the school nursing team is not on site, senior members of the school nursing team may be available for advice via the following numbers:-

The Snapdragons Centre
Medway Community Healthcare Co-ordination Centre: 0300 123 5005

Abbey Court School: 01634 338220

School Medicals

- 9.1 The named Community Paediatricians for Abbey Court School undertake regular clinics in school.
- 9.2 Requests for school medicals can be made via the school nursing team, by Headteacher, Parents, or by school staff via Headteacher.
- 9.3 The school nurse/team liaises with the doctor's secretary in selecting and confirming the list of pupils due to be seen each month.
- 9.4 Frequency of medical review is dependent on pupil's individual medical needs. Pupils who do not have medical needs are not routinely seen by a paediatrician in school.
- 9.5 Pupils who are under the care of hospital paediatricians locally may be seen regularly at the hospital out-patient department.
- 9.6 Parents are informed in writing by the school of the date and time of their child's medical. They are required to complete and return the tear-off reply slip to school, confirming whether they are able to attend.

Health Care Plans

- 10.1 Individual Health Care Plans will be drawn up for pupils who have medical needs in addition to their educational needs.
- 10.2 The main purpose of the Health Care Plan is to identify the level of support that is needed by the pupil in school.
- 10.3 The Health Care Plan will be compiled by the school nursing team in conjunction with parents, Headteacher and class teacher, who will each sign and be given final signed copies for their records.
- 10.4 The Health Care Plan will be reviewed and updated annually or when a condition or treatment plan changes.

- 10.5 The Health Care Plans will be kept in the medical room, the pupil's main file and the classroom file.

Monitoring and Review

- 11.1 This policy will be monitored by Senior Staff at Leadership Group meetings, the school nursing team on an on-going basis and by the Governing Body. It will also be the focus of discussion, annually at Staff and Department meetings.
- 11.2 The policy will be reviewed in the light of any new information being made available. It was written during the Summer Term 1997 and approved by the Governing Body in January 1998.
- 11.3 The policy will be reviewed during the Spring Term as documented in the School Development Plan and thereafter on a bi-annual basis.

K. JOY/K. YOUNG

June 1997

January 1998

Review - January 1999

Last Review December 2001

Updated July 2002

Review - September 2002

Review - Spring Term 2004

Updated – Summer Term 2005

Updated – Spring Term 2007

Updated – Spring Term 2009

Updated – Summer Term 2012

Updated – Autumn Term 2014

Updated – Autumn Term 2017

Updated – Summer 2019

APPENDICES

1. DfE document: Supporting pupils at school with medical conditions
2. Red Card Procedure
3. Standard letter re: Headlice
4. School Medicine Record
5. Prescription Sheet
6. Health/Medical Information
7. A - Asthma Emergency Protocol
B – Guidance on the use of emergency salbutamol inhalers in school
8. Medication Request form
9. Staff Training record
10. Staff Training/Updating: Medical Type Procedures in School
11. Guidelines for Administration of Rectal Diazepam/Midazolam
12. General Points re. Storage and administration of Oxygen at School
13. Oxygen for Children in School
14. A - Health Care Plan Proforma
B – Care Plan Flow Pathway

APPENDIX 2

RED CARD PROCEDURE

In the event of a medical emergency pupils who are red card holders are allowed direct admission to Penguin Ward, Medway Hospital.

If hospital admission is required ring 999, inform the ambulance controller that the child is a red card holder for direction admission to Penguin Ward, Medway Hospital.

Ring Penguin Ward to advise staff that an ambulance has been called and that the child will be arriving shortly. Give details re: name, address and reason for admission.

In certain circumstances advice may be given by the ward staff to take the child directly to the casualty department at Medway Hospital.

A member of staff to accompany pupil in ambulance and stay with him/her at the hospital until parent/family representative arrives.

If admission is required due to an epileptic seizure, the pupil must be taken directly to Medway Hospital Casualty Department by ambulance, regardless of whether he/she is a red card holder. This will facilitate rapid access to emergency resuscitative care.

If admission is required due to an injury sustained as the result of an accident the pupil should be taken directly to Medway Casualty Department by ambulance, despite being a red card holder.

A list of children who are red card holders is held by the Headteacher, Senior Management Team and school nurse.

Where circumstances allow, ie. there are concerns regarding the health of a red card holder but these are not acutely urgent, liaison with Penguin Ward medical staff should be undertaken prior to summoning an ambulance.

Medway Hospital: 01634 830000 Penguin Ward extension 5065/5066
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APPENDIX 3

Head Lice letter

Dear Parent,

We are sending you a reminder of the importance of regularly checking your child for a head louse infection.

We would like to stress that finding a head louse infection is nothing to be concerned about, head lice infections are common in children of school age and are not harmful. We would, however, like to take this opportunity to remind you of the importance of regularly carrying out detection combing (see information provided below) to check for the presence of head lice.

Don't forget, if you do find head lice in your child's head, to let all close contacts (including the school) know about it – so everyone can check for head lice.

Do not treat with head lice solution unless you see live head lice.

If you would like any further information on head lice please speak to the nursing team.

Yours faithfully,

Karen Joy

Karen Joy
Headteacher

The only way to confirm a head louse infection is to find a live moving louse on the head, and the best way to do that is to use a good detection method.

Detection Combing

- You will need: A plastic detector comb, an ordinary comb, tissue paper, good lighting and time (approximately 20 minutes for average length hair).
- Wash the hair with a normal shampoo.
- Apply enough conditioner to cover the hair thoroughly and comb the hair with an ordinary comb to remove any tangles.
- If the hair is long, separate it into sections to make combing easier.
- Start with the teeth of the detection comb touching the scalp and draw the comb carefully towards the edge of the hair.
- After each stroke, check the teeth of the comb (in good light) for lice and, if necessary, use a piece of tissue to wipe the conditioner from the comb to look for lice.
- Continue to comb each section thoroughly until the whole head is done.
- If there are any head lice present, you should find one on the teeth of the comb.

APPENDIX 10

ONGOING STAFF TRAINING/UPDATING REQUIREMENTS **RE: MEDICAL TYPE PROCEDURES IN SCHOOL**

(all undertaken by the medical team)

Administration of Oxygen – Termly update.

Training/update on Epilepsy, Asthma, Anaphylaxis and oxygen therapy – Annually (Sept) (all teaching assistants).

All new members of staff to be given training in the methods of administering rectal diazepam, asthma medication.

Other training to be carried out during induction as appropriate to individual staff member's needs.

Administration of feeds, fluids and medication via gastrostomy, using gravity and pump method of delivery - on going.

Additional reviews to be undertaken at request of individual staff members, or if the needs of the pupil involved change.

Bespoke training will be provided to individual/groups of staff to meet the needs of pupils within class groups.

APPENDIX I I

A. Guidelines for Administration of Rectal Diazepam in School

Pupils who have Epilepsy may be prescribed Diazepam rectal tubes for emergency use in school. Administration is required in the event of the pupil suffering a major prolonged seizure, or in some circumstances if a pupil has frequent seizures within a short period of time.

Parents are responsible for sending a supply of rectal Diazepam into school for their child. These must be issued in the correct dose and be within the expiry date. Written consent on the standard school medicine form, must be completed and signed by the parents. The consent to include the dose of Diazepam prescribed, how long to wait during a seizure before the medication is administered and if a second dose can be given if necessary.

Blank consent forms will be kept in the medical room.

Completed medicine consent forms will be kept in the child's school file in the main office. The information on the form will be transferred onto a prescription sheet by the school nurse. The prescription sheets are kept in a ringbinder file in the medical room. To enable immediate emergency assistance to be sought, this information should be made available to all staff members having care responsibilities for the pupil. Copies of individual health care plans are kept in the school office.

Diazepam tubes will be stored in the drug cupboard in the medical room. It is not a requirement that Diazepam is refrigerated to maintain its' "shelf life". The tubes are labelled individually with the child's name. When the Diazepam is close to the expiry the school nurse will write to parents requesting a new supply. If the individual foil package containing the rectal tube remains intact the Diazepam can be used up to the expiry date. Once the foil package has been opened or torn the rectal tube will only remain valid to use for six months regardless of expiry date remaining valid.

The school nurse/nursing team is responsible for administering or supervising staff to administer rectal Diazepam in school. In her absence, or if dealing with another pupil, this role will be undertaken by the Head/Deputy Headteacher. Other members of school staff who have received training in the procedure can administer the medication. All staff receive training in the method of administering rectal Diazepam, this is updated annually.

When taking pupils who are prescribed rectal Diazepam out of the school it is the responsibility of the class teacher to ensure that they collect and take with them all medication that may be required. Health care plans must accompany each pupil during off-site activities. All medication must be returned to the storage area in the medical room on return to school.

When rectal Diazepam is required the pupil's individual prescription sheet must be checked and directions followed. The expiry date on packaging must also be checked. Whilst administering the medication it is essential that the child's dignity is maintained as much as possible. If safe, and appropriate to do so, the pupil should be moved to an area of privacy.

The person giving the medication and one other member of staff should be present. The staff member who is assisting should talk to, and reassure the child. Pupils and other members of staff should wherever possible move out of the vicinity of the pupil receiving attention. If this is impossible the child should be covered with a blanket/clothing or screened to maintain their dignity.

Disposable gloves are to be worn when administering rectal Diazepam. The empty tube to be disposed of into an incinerator bin or yellow bag

When the Diazepam has been given the child may wish to sleep or rest, as a result of the effect of the medication. Staff must continue to observe the pupil until a full recovery is seen.

If a seizure does not subside within 5-10 minutes after administration of medication, summon an ambulance via a 999 call, or sooner if seizure activity increases or staff are concerned.

Emergency card containing child's details to be taken to hospital with them. (Refer to off-site emergency procedure).

Parents are to be contacted by telephone to inform them that their child has had a seizure at school and that emergency medication has been administered. If it is not possible to contact a parent by telephone written notification must be sent to them.

It is the responsibility of the person administering Diazepam to record details and sign the prescription sheet.

B. Guidelines for Administration of Midazolam in School

Pupils who have Epilepsy may be prescribed Midazolam for emergency use in school. Administration is required in the event of the pupil suffering a major prolonged seizure or in some circumstances if a pupil has frequent seizures within a short period of time.

Parents are responsible for sending a supply of Midazolam into school for their child. These must be issued in the correct dose and be within the expiry date. Written consent on the standard school medicine form must be completed and signed by the parents. The consent to include the dose of Midazolam prescribed, how long to wait during a seizure before the medication is administered.

Blank consent forms will be kept in the medical room.

Completed medicine consent forms will be kept in the child's school file in the main office. The information on the form will be transferred onto a prescription sheet by a member of the school nursing team. The prescription sheets are kept in a ring binder file in the medical room. To enable immediate emergency assistance to be sought, this information should be made available to all staff members having care responsibilities for the pupil. Copies of individual health care plans are kept in the school office.

Midazolam will be stored in the drug cupboard in the medical room. It is not a requirement that Midazolam is refrigerated to maintain its' "shelf life". The boxes of Midazolam or individual tubes are labelled individually with the child's name. When the Midazolam is close to expiry the school a member of the nursing team will write to parents requesting a new supply.

The school nurse/nursing team is responsible for administering or supervising staff to administer Midazolam in school. In her absence, or if the nurse is dealing with another pupil, this role will be undertaken by the Head/Deputy Head Teacher. Other members of school staff who have received training in the procedure can administer the medication. All staff receives training in the method of administering Midazolam, this is updated annually.

When taking pupils who are prescribed Midazolam out of the school it is the responsibility of the class teacher to ensure that they collect and take with them all medication that may be required. Health care plans must accompany each pupil during off-site activities. All medication must be returned to the storage area in the medical room on return to school.

When Midazolam is required the pupil's individual prescription sheet must be checked and directions followed. The expiry date on packaging must also be checked. Whilst administering the medication it is essential that the child's dignity is maintained as much as possible. If safe, and appropriate to do so, the pupil should be moved to an area of privacy. The person giving the medication and one other member of staff should be present. The staff member who is assisting should talk to, and reassure the child. Pupils and other members of staff should wherever possible move out of the vicinity of the pupil receiving attention. On the first administration of Midazolam an ambulance must be called.

Disposable gloves are to be worn when administering Midazolam. The empty syringe must be disposed of in the pharmibin.

When the Midazolam has been given the child may wish to sleep or rest, as a result of the effect of the medication. Staff must continue to observe the pupil until a full recovery is seen.

If a seizure does not subside within 5-10 minutes after administration of medication, summon an ambulance via a 999 call, or sooner if seizure activity increases or staff are concerned.

Care Plan containing child's details to be taken to hospital with them. (Refer to off-site emergency procedure).

Parents are to be contacted by telephone to inform them that their child has had a seizure at school and that emergency medication has been administered. If it is not possible to contact a parent by telephone written notification must be sent to them.

It is the responsibility of the person administering Midazolam to record details and sign the prescription sheet.

APPENDIX 12

ABBHEY COURT SCHOOL

General Points re. Storage and Administration of Oxygen at School

Oxygen prescribed for school is dispensed in portable cylinders.

During school hours the cylinder and emergency equipment must be kept in the designated storage area. (See Health and Safety Policy, section 8).

Wherever possible the cylinder should be stored near a fire exit.

If the cylinder is dropped or sustains a heavy knock, the dispensing pharmacist should be contacted for advice.

Whilst in school it has been agreed by the community liaison pharmacist, that the valve on the oxygen cylinder can be left in the “open” position.

A member of classroom staff must check the amount of oxygen remaining in the cylinder each day.

If the oxygen cylinder arrives at school with insufficient contents for use in an emergency, the school nurse must contact parents, carer, or provider to arrange a replacement cylinder. In the absence of the school nurse this will be arranged by the Head/Deputy Headteacher.

In the event of a fire the cylinder should be removed to a safe place provided it is safe to do so – ie. if a member of staff is passing the cylinder to leave the room. They must not go back to get it.

In the event of a fire within the school building the Fire Brigade must be alerted to the presence of the oxygen cylinder and its location.

When taking a child, who is prescribed oxygen, on an educational visit outside the school the oxygen cylinder and equipment must be taken. A member of staff who is trained to administer oxygen must be included in the staff accompanying the child.

The community pharmacist has advised that a member of staff responsible for arranging the visit contacts somebody at the proposed venue to inform them that they intend to bring oxygen with them, and seek authorisation to do so. (See Abbey Court off-site visit policy).

When carried in school transport the oxygen cylinder should be securely supported, it must not be allowed to roll around in the vehicle.

If it is necessary to leave the cylinder in the vehicle during a school outing, it is essential that the vehicle is parked within reasonable distance of the venue to allow easy access to the equipment in an emergency.

At no time must the oxygen cylinder be decorated or disguised in any way.

The member of staff who administered the oxygen is responsible for filling in and signing the pupil's individual prescription sheet and record of oxygen administration (included) (in accordance with school procedures). The details should include duration and rate of oxygen therapy given.

Details of suppliers responsible for prescribing oxygen to pupils at Abbey Court:

Dolby Vivisol - 0800 917 9847