The Meadows School

# Management of Children with Medical Needs in Education Policy

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## 1. Statement of Intent

Meadows School is committed to ensuring that all pupils with medical conditions, including allergies are properly supported so that they have full access to education, including school trips, physical education, enrichment activities and residential visits.

The school aims to:

- Support pupils with medical conditions to achieve their full educational potential.
- Ensure pupils remain healthy, safe and included in all aspects of school life.
- Provide clear procedures for the management of medicines and medical interventions.
- Ensure that staff receive appropriate information, instruction and training.
- Promote partnership working between pupils, parents/carers, healthcare professionals and school staff.
- Ensure effective management of pupils with allergies and those at risk of anaphylaxis.
- Meet statutory duties under safeguarding, SEND, equality and health and safety legislation.

## 2. Legal Framework

This policy has due regard to:

- Children and Families Act 2014
- Equality Act 2010
- SEND Code of Practice
- Health and Safety at Work Act 1974
- Data Protection Act 2018 and UK GDPR
- Supporting Pupils at School with Medical Conditions Guidance
- Human Medicines Regulations
- Special Educational Needs and Disability Regulations
- Relevant Local Authority and NHS guidance
- Statutory and local authority guidance relating to allergy management and anaphylaxis

## 3. Scope

This policy applies to all pupils with:

- Long-term medical conditions
- Short-term medical conditions
- Allergies and risk of anaphylaxis
- Asthma
- Diabetes
- Epilepsy
- Physical disabilities
- Mental health conditions where medication or healthcare plans are required
- Enteral feeding requirements

## 4. Roles and Responsibilities

### Governing Body

The Governing Body will:

- Ensure arrangements are in place to support pupils with medical needs and allergies.
- Monitor implementation of this policy.
- Review incidents involving medical treatment and emergency responses.
- Ensure allergy management arrangements are monitored and evaluated.
- Ensure compliance with equality and safeguarding duties.
- Make every effort to ensure that sufficient trained staff and resources are available to support pupils' medical, healthcare and allergy needs, recognising that medication administration and specialist healthcare procedures will be undertaken by appropriately trained staff who have agreed to do so.

### Headteacher

The Headteacher will:

- Implement this policy.

- Appoint a named Designated Medical Needs Lead.
- Appoint a named Allergy Lead.
- Ensure Individual Healthcare Plans (IHPs) are developed and reviewed.
- Ensure an up-to-date Medical Needs Register is maintained.
- Ensure an up-to-date Allergy Register is maintained.
- Arrange appropriate staff training.
- Ensure risk assessments are completed where required.
- Investigate medical incidents and near misses.
- Report significant concerns to governors.

**Designated Medical Needs and Allergy Lead**

The Lead will:

- Liaise with healthcare professionals and coordinate healthcare support.
- Liaise with HCAs and overview medical records and systems.
- Monitor healthcare plans.
- Ensure emergency equipment is available and checked regularly.
- Liaise with named admin assistant and monitor staff training records and staff training.
- Monitor school Allergy and Medical Register.
- Review near medical and allergy incidences and near misses.
- Liaise with catering providers.
- Ensure emergency allergy medication is available and accessible.

**Staff**

All staff will:

- Understand their responsibilities regarding pupils' medical needs.
- Follow healthcare plans and risk assessments.
- Attend training and refreshers.
- Recognise medical emergencies including anaphylaxis.
- Administer medicines only when trained and authorised.
- Maintain records and confidentiality.
- Report incidents and concerns immediately Report concerns immediately.

**Parents and Carers**

Parents and carers are responsible for:

- Informing the school of any medical condition including allergies.
- Providing accurate and up-to-date medical information.
- Provide medication and equipment in date and correctly labelled.
- Supplying medication in accordance with school procedures.
- Ensure equipment such as feeding pumps, suction machines and pulse oximeters remain serviced and functional
- Attending reviews and planning meetings.
- **Parents/carers must attend a directed medical appointment before their child starts or returns to school each September to complete medical documentation and provide all required daily and emergency medication; failure to do so may result in a delayed start date until appropriate medical arrangements are in place.**
- Informing school of any changes to treatment or diagnosis.

**Pupil**

Where appropriate, pupils will be encouraged to:

- Participate in healthcare planning.
- Inform staff when unwell.
- Develop independence in managing their condition.
- Follow agreed Healthcare Plans

5. **Admission and Inclusion**

Reasonable adjustments will be made to ensure pupils can:

- Attend school regularly.
- Access the curriculum.
- Participate in visits and residentials.
- Access extracurricular activities.
- Work-related learning.
- Participate in physical education where appropriate.

**6. Notification of Medical Needs and Health Care Assessments**

The school should be informed:
- At admission.
- Following diagnosis of a medical condition.
- Following changes in treatment.
- Following hospitalisation.
- Following identification of allergies.
- Following accidents, operations or any other medical procedure, parents must inform school nurses to determine next steps before returning to school. Medical information will be shared on a need-to-know basis.

**7. Individual Healthcare Plans (IHPs)**

An Individual Healthcare Plan will normally be required for pupils with:

- Has a long-term medical condition.
- Requires regular medication.
- Requires emergency medication.
- Has severe allergies.
- Has anaphylaxis.
- Epilepsy with rescue medication.
- Difficult asthma.
- Enteral feeding.

The IHP will include:

- Medical diagnosis and symptoms.
- Daily management arrangements.
- Emergency procedures.
- Medication requirements.
- Staff responsibilities.
- Educational visit arrangements.
- Contact details.
- Review arrangements.

Plans will be reviewed:

- Annually as a minimum.
- Following diagnosis and/or treatment changes.
- Following significant incidents.
- Following hospital admission.
- Following medical or allergic reactions.
- At the request of parents or professionals.

## 8. Allergy Management

The school recognises that allergies can be life-threatening and will take all reasonable steps to create a safe environment.

Allergy Register
The school will maintain an Allergy Register identifying pupils with:

- Food allergies
- Drug allergies
- Environmental allergies
- Insect sting allergies
- Latex allergies

### Individual Allergy Action Plans

Where necessary, pupils will have:

- An Individual Healthcare Plan.
- An Allergy Action Plan.
- Emergency medication requirements identified.
- Risk assessments where appropriate.

### Food and Catering Controls

The school will:

- Work closely with catering providers.
- Maintain clear information regarding allergens.
- Implement procedures to minimise cross-contamination.
- Ensure meal information is communicated effectively.
- Put enhanced checking procedures in place for pupils at high risk.
  Where identified through risk assessment, a two-person meal verification process may be used.

### SEND and Allergy Considerations

Risk assessments will consider:

- Pica behaviours.
- Mouthing behaviours.
- Sensory seeking behaviours.
- Communication difficulties.
- Non-verbal presentation of allergic reactions.
- Dysphagia and modified diets.
- PEG or enteral feeding requirements.

### Allergy Awareness

The school will:

- Promote allergy awareness amongst staff and pupils.
- Deliver annual allergy training.
- Conduct emergency response practice where required.
- Review arrangements following incidents.

## 9. Managing Medicines

The school will only accept prescribed medicines where:

- They are in the original container.
- The label clearly identifies the pupil.
- Within expiry date.
- The dosage instructions are clear.
- Required during the school day.
- Parents have completed appropriate consent documentation.

### Storage of Medicines

Medicines will be:

- Stored securely.
- Stored in accordance with manufacturer's instructions.
- Accessible in emergencies.
- Monitored for expiry dates.
  Where possible, emergency medication will not be locked away in a manner that prevents immediate access.

**Administration of Medicines**

Medication will only be administered:

- By trained and authorised staff.
- In accordance with written instructions.
- Using appropriate record keeping systems.

**Emergency Medication**

The school may maintain:

- Spare Adrenaline Auto Injectors (AAIs).
- Emergency salbutamol inhalers.
- Emergency seizure medication in accordance with Healthcare Plans.

Appropriate records will be maintained for all emergency medication use.

## 10. Medical Procedures

Where school staff undertake healthcare procedures, this will be:

- Voluntary where appropriate.
- Supported by training.
- Authorised by healthcare professionals where required.
- Recorded within healthcare plans.

Competency assessments will be undertaken where necessary.

## 11. Training

The school will maintain training records, and ensure that staff receive appropriate training relating to:

- Medical conditions awareness
- Asthma.
- Diabetes.
- Epilepsy.
- Emergency medication.
- Adrenaline Auto Injector administration.
- Allergy awareness.
- Anaphylaxis management.
- Medication administration.
- Healthcare procedures.
- Record keeping.
- Safeguarding.

## 12. Emergency Procedures

In an emergency staff will:

1. Stay with the pupil.
2. Follow the Individual Healthcare Plan or Allergy Action Plan.
3. Administer emergency medication where trained and authorised.
4. Call emergency services if required (999).
5. Contact parents/carers.
6. Record and review the incident.

An ambulance will always be called following the administration of adrenaline for suspected anaphylaxis.

**13. Educational Visits and Residential Activities**

The school is committed to ensuring pupils with medical needs are able to participate in visits wherever possible. Visit planning will include:

- Medical risk assessments.
- Allergy risk assessments and necessary controls.
- Daily and Emergency medication arrangements.
- Staff training requirements.
- Accessibility to emergency equipment.
- Emergency contact procedures.
- Access to local medical facilities.

Medication must accompany the pupil and be readily accessible throughout the visit.

**14. Physical Activity**

Pupils with medical conditions will be encouraged to participate in physical activity where appropriate. Reasonable adjustments may include:

- Access to inhalers.
- Modified activities.
- Additional supervision.
- Rest breaks.
- Monitoring by trained staff.

**15. Record Keeping**

The school will maintain:

- Medical Needs Register.
- Allergy Register.
- Individual Healthcare Plans.
- Consent forms.
- Medication administration records.
- Training records.
- Risk assessments.
- Incident reports.

Records will be maintained securely and in accordance with data protection requirements.

**16. Confidentiality**

Medical information will be handled sensitively and shared only with those who require the information to fulfil their professional responsibilities. Information sharing will always have regard to safeguarding requirements and data protection legislation.

Information with handled in accordance with:

- UK GDPR
- Data Protection Act 2018
- Safeguarding requirements.

**17. Unacceptable Practice**

The following are not acceptable:

- Preventing pupils from accessing treatment.
- Sending a pupil home unnecessarily.
- Penalising attendance related to a medical condition.
- Excluding participation in school activities without evidence-based justification.
- Requiring parents to attend school routinely to administer medication that school staff have agreed to administer.
- Leaving a pupil unattended during a medical emergency.

**18. Incident Reporting and Monitoring**

The school will record and review:

- Medical incidents.
- Allergic reactions.
- Anaphylaxis episodes.
- Near misses.
- Medication errors.
- Incorrect meal provision.
- Delayed treatment incidents.
- Educational visit incidents.

Following investigation, lessons learned will be incorporated into future practice.
An annual review of incidents will be undertaken by senior leaders and governors.

**19. Complaints**

Concerns regarding support for a pupil with medical needs should initially be directed to the Headteacher.
Where concerns remain unresolved, complaints may be pursued through the school's Complaints Policy.

**20. Monitoring and Review**

This policy will be reviewed annually or sooner if:

- Legislation changes.
- Statutory guidance changes.
- Significant incidents occur.
- Local authority or NHS guidance changes.

**APPENDICES**

1 Pupil Medical Information
2 Individual Health Care Plan (IHP) for a child with medical needs
3 Pupil Medicine Administration Record (MAR)
4 Medication and Feed Administration Consent Form
5 Request for school to administer medication or treatment during an offsite or out of hours activity.
6 Indemnity form for the administration of medication in schools
7 Emergency Buccolam Care Plan
8 BSACI Anaphylaxis Action Plans
9 Individual Health Care Plan Process
10 Individual Health Care Review Process
11 Medication Administration Pathway
12 Competency Assessment
13 Useful internet resources
14 Emergency Medication Inventory
15 Transfer of Pupil's Personal Belongings

**Appendix 1**

## PUPIL MEDICAL INFORMATION

| | | |
|---|---|---|
| NHS Medical Card No: | | |
| Name - Address of Practice | | |
| Surgery Telephone Number: | | |
| Doctors Name: | | |
| Emergency Consent | YES | NO |

## MEDICAL CONDITIONS or ILLNESSES

Please list any relevant medical conditions that your child has been diagnosed with, as well as any other information you feel is important for us to know.
**(Must be accompanied by medical evidence)**

| |
|---|
| |

Please give details of any prescribed medication/treatment taken for the above condition(s), including EpiPens, inhalers, tablets. Etc.

| |
|---|
| |

## ALLERGIES

Please indicate below if your child has a medically diagnosed allergy to any of the following food (must be accompanied by medical evidence):

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Celery | | | Fish | | | Milk | | | Nuts | | |
| Crustaceans | | | Gluten | | | Molluscs | | | Sesame Seeds | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Eggs | | | Lupin | | | Mustard | | | Other | |

| **If Other, please indicate type of allergy your child has been diagnosed with:** | | |
|---|---|---|
| Is your child allergic to Plasters? | YES | NO |
| Is your child allergic to Latex? | YES | NO |

**If you have indicated above that your child has a medically diagnosed food allergy, the Kitchen Staff will display a Food Allergy Record and photo of them on the Kitchen Wall near the servery, for which we would prefer your consent. Please tick the relevant option below:**

| | | |
|---|---|---|
| I consent to a Food Allergy record and photo of my child being displayed in the Kitchen Servery | YES | NO |

| | | |
|---|---|---|
| Does your child have an Individual Health Care Plan from their previous school? | YES | NO |

# Appendix 2

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

| | | |
|---|---|---|
| Photo<br>Photo | 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/Paediatrician:**

| | |
|---|---|
| Name: | |
| Telephone: | |

**School Health Nurse Cluster (where applicable)**

| | |
|---|---|
| Name: | |
| Telephone: | |

**Community Children's Nurse or Specialist Nurse (where applicable)**

| | |
|---|---|
| Name: | |
| Telephone: | |

**Details of pupil's medical conditions**

**Triggers or things that make this pupil's condition worse**

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

| |
|---|
| |

## Does the pupil 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? | |
| Can the pupil self-administer? | Yes / No / Supervised (delete) |

If there is more than one medication taken regularly during school hours, please complete a *"Request for School to Administer Medication"* form.

**Does the pupil have emergency medication: Yes ☐ No ☐**

**FOR EMERGENCY PROCEDURES SEE ATTACHED EMERGENCY PLAN**

## Parental and Pupil Agreement

| | | | |
|---|---|---|---|
| I agree that the information contained in this plan may be shared with individuals involved with my child/young person's care and education. I understand that I must notify the school of any changes in writing. | | | |
| Signed (Pupil) (where appropriate) | | | |
| Print name | | | |
| Date | | | |
| Signed (parent/carer) (If pupil is below the age of 16) | | | |
| 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 care plan to be completed by (date) ……

**Data Protection Act, 1998**
The information that you supply on this form will be used by Children and Families for the purpose of maintaining and improving the level of service given for young people within Sandwell MBC. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of the data protection notification. Data may be shared within Children and Families.
Sandwell MBC Children and Families will supply basic identifying information for inclusion on ContactPoint, which is a contacts list for professionals who work with children and young people. It will provide professionals with a quick way to find out who else is working with the same child, making it easier to deliver more coordinated support. ContactPoint lists contact details for all children in England up to their 18th birthday, their parents and carers and services working with a child.
For further information visit: Department for Children, Schools and Families (Every Child Matters)

**For School Health Nursing Team use only:**

| | Name / Sign | Date |
|---|---|---|
| Nurse completing clinical information | | |
| Nurse carrying out check with parent | | |
| Team Leader checking MC / Record Keeping compliance | | |

## Appendix 3

# Pupil Medicine Administration Record (MAR)

## …… School

| | | |
|---|---|---|
| Photo<br><br>Photo | Name: | |
| | Date of Birth/NHS No | |
| | Medicine name and strength | |
| | Dosage and Method of administration: | |
| | Timing | |
| | Transcribing Signatures | 1.<br><br>2. |

| Date: | Time: | Dose | Administered by: | Witnessed by: | Comments |
|---|---|---|---|---|---|
| | | | | | |
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# Appendix 4

Re-written and confirmed by CCNs

## MEDICATION AND FEED ADMINISTRATION CONSENT FORM

Sandwell and West Birmingham Hospitals NHS Trust

This form must be completed and returned as soon as possible.

Please note your consent allows for any trained member of school staff, the healthcare assistants, or nursing staff to administer your child's feeds and or medications.

| Child's name: | Date of birth: |
|---|---|
| Address: | Telephone: |

**Medication that should be given everyday in school**

| Medication | Dose | Route (e.g. tube or oral) | Time |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| **EMERGENCY Medication** (include any emergency medications i.e inhalers, buccolam, injections or epi-pens.) | | | |
|---|---|---|---|
| Medication | Dose | Route (e.g. tube or oral) | Time |
| | | | |
| Medication | Dose | Route | Time |
| | | | |

| **Naso gastric or Gastrostomy Feed Regime** | | | |
|---|---|---|---|
| Dose (include pre and post flushes) | Rate | Time | Additional supplements/thickener |
| | | | |

| **Medication as and when required** (eg, Piriton, Loratadine) This will be reviewed termly. Medication will be sent home if not used for a specific reason. | | | |
|---|---|---|---|
| Medication | Dose | Reason | |
| | | | |
| Medication | Dose | Reason | |
| | | | |

- All bottles must be labelled by the Pharmacist and this should include the dose.
- A brand-new bottle must be received; half bottles or open bottles will not be accepted.
- We cannot give medication that has 'as directed' on the label.
- Please check expiry dates as we cannot give out of date medication.
- Medication sent on school transport MUST be given to the transport staff.

- If your child has started on a new medication, and requires a dose to be given in school, please ask the doctor to prescribe a double supply, so there is one in school and one at home.

**STUDENTS WILL NOT BE ALLOWED IN SCHOOL WITH OUT-OF-DATE or NO MEDICATION**

## Monitoring of Medical Equipment/Chargers used in school

There are various pieces of medical equipment and chargers which are currently being used in school, including suction machines, nebulisers and feed pumps. This equipment is just as important as the medication and needs to be monitored and maintained.

The responsibility for these machines lies with parents/carers. The nursing team are here to offer support, but ultimately parents/carers are responsible for:

- Maintaining the machines/chargers in good working condition
- Monitoring when they are approaching the service date. You can find the date for servicing on the side of the equipment – it is usually a small green and white label
- Ensuring ONLY FIT FOR USE and IN DATE equipment is sent to school

Parents/carers can contact Community Childrens Nurses at least two weeks PRIOR to expiry, and they will replace the equipment. **Direct Line for Nurses 0121 544 6754**

The exception to this is student's feed pump which is from Nutricia Homeward. Parents/Carers need to contact Nutricia directly regarding orders and/or concerns regarding the equipment, including when the pump is due to be serviced. **Nutricia Homeward 0800 093 3672**

**STUDENTS WILL NOT BE ALLOWED IN SCHOOL WITH OUT-OF-DATE EQUIPMENT**

Please complete if your child uses **ANY** Medical Equipment

| Equipment | Issued by | Expiry date | I am responsible for ensuring my child's equipment is always in date. **Please sign per piece of equipment.** |
|---|---|---|---|
| Nutricia Feed Pump | Nutricia | | |
| Suction Machine | CCNS | | |
| SATS machine | CCNS | | |
| Nebuliser | CCNS | | |

To the best of my knowledge, the information provided above is accurate at the time of writing. I hereby give my consent for the staff at The Meadows School to administer medication in accordance with the school's policy. I understand that it is my responsibility to **promptly** inform the school, in writing, of any changes to the dosage, frequency, or discontinuation of the prescribed medication. When giving 'as and when required' medication to school, I understand that I am responsible for informing the school via DOJO if I have given medication to my child in the morning. Additionally, I acknowledge that I am responsible for the maintenance and monitoring of any medical equipment my child uses.

I will also notify the school **immediately** should there be any changes to my contact details, including telephone number or email address.

Signed (Parent/Carer) _____ Date _____

.

## Appendix 5

# Request for the administration of medication or treatment during an offsite or out of hours activity

You have indicated on the parental consent form that your child is currently receiving medication and/or treatment. Your child can only be given this if you complete and sign this form, and the head teacher has agreed that the accompanying staff can administer medication or treatment whilst off the school site.

### Details of Pupil

| | | | | | |
|---|---|---|---|---|---|
| Surname: | | | | | |
| Forename(s): | | | | | |
| Date of Birth: | | NHS No: | | M ☐ | F ☐ |
| Address: | | | | | |
| Post Code: | | Year/Class | | | |
| Condition/Illness: | | | | | |

**Medication** – If medication is required please complete the section below:

| | |
|---|---|
| Name/Type of medication include the expiry date of the medication (as described on the container): | Expiry date: |
| For how long will your child take this medication? | |
| Date dispensed: | |
| Full directions for use: | |
| Dosage and method: | |
| Timing: | |
| Special precautions (if any): | |
| Known side effects: | |
| Self-administration: | Yes ☐ No ☐ |
| Procedures to take in an emergency: | |

**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:

I may be contacted by telephoning one of the following numbers:

Day: Evening: Mobile:

Home address:

### Alternative Emergency Contact:

Name:

Relationship:

Telephone: Day: Evening: Mobile:

Address:

### Parental Agreement:

I understand that I must deliver the medicine personally to _____ and accept that this is a service which the accompanying staff are not obliged to undertake.

| | | | |
|---|---|---|---|
| Signature: | | Date: | |
| Name (print): | | | |
| Relationship to Pupil: | | | |

**Data Protection Act, 1998**
The information that you supply on this form will be used by Children and Families for the purpose of maintaining and improving the level of service given for young people within Sandwell MBC. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of the data protection notification. Data may be shared within Children and Families.
Sandwell MBC Children and Families will supply basic identifying information for inclusion on ContactPoint, which is a contacts list for professionals who work with children and young people. It will provide professionals with a quick way to find out who else is working with the same child, making it easier to deliver more coordinated support. ContactPoint lists contact details for all children in England up to their 18th birthday, their parents and carers and services working with a child.
For further information visit: Department for Children, Schools and Families (Every Child Matters)

# Appendix 6

## 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 of 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: | |
| Post held: | |
| Date: | |
| Head Teacher: | |
| School: | |

Appendix 7

# EMERGENCY BUCCOLAM CARE PLAN

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 THE ONSET OF SEIZURE.**

**Take one plastic tube, break the seal and pull the cap off. Take the syringe out of the** → **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**

**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 (should this be school rather than community (Amy)**
**THE SEIZURE LASTS A FURTHER 5 MINUTES AFTER BUCCOLAM**
**YOU ARE CONCERNED ABOUT THE PATIENTS BREATHING**

Signature: Date: Expiry Date:

# Appendix 8

## British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans

BSACI – Action Plan for anaphylaxis – using **Jext**



BSACI+AllergyActio
nPlan+2019+Jext.pd

BSACI – Action Plan for anaphylaxis – using **Emerade**



BSACI+AllergyActio
nPlan+2019Emerade

BSACI – Action Plan for anaphylaxis – using **EpiPen**



BSACI+AllergyActio
nPlan+2019+EpiPen.

BSACI – Action Plan for anaphylaxis – no auto injector available.



BSACI+AllergyActio
nPlan+2018+No+AA

# Individual Health Plan Process

## Appendix 9

Pupils with medical conditions requiring Individual Healthcare Plans are: those who have diabetes, epilepsy with rescue medication, anaphylaxis, gastrostomy feeds, central line or other long term venous access, tracheostomy, difficult asthma. There may be other pupils with unusual chronic conditions who need an Individual Healthcare Plan, please liaise with the Nursing Teams as required.

| | |
|---|---|
| Pupil Medical Information form sent out asking parents / carers to identify any medical conditions:<br>• Transition discussions<br>• At start of school year<br>• New enrolment (during the school year)<br>• Parents / carers inform school of any new diagnosis<br><br>→School inform School Health Nursing (SHN) / Community Children's Nursing (CCN)Team | School |
| ↓ | |
| School Health Nursing / Community Children's Nursing review information available and contact family<br>• Identify if Individual Healthcare Plan (IHP) is indicated (NB not all children with a health condition will need an IHP, it depends on the severity of the condition)<br><br>→SHN / CCN inform school of IHP to be completed | School Health Nursing / Community Children's Nursing |
| ↓ | |
| IHP completed in liaison with child / young person (where appropriate), parents / carers and review of available medical records:<br>• Review emergency contact details<br>• Record medical information; diagnosis, signs and symptoms, symptom management, including medication<br>• Identify if Emergency Care Pan is indicated → complete<br>• Sign agreement; pupil (where appropriate), parents / carers and nurse.<br><br>→SHN / CCN to share IHP with designated person in school | School Health Nursing / Community Children's Nursing |
| ↓ | |
| Pupil to added to IHP register | School |
| ↓ | |
| All parties to ensure IHP is in place. If there are any difficulties in getting this finalised, School to discuss with SHC / CCN Team. | School<br>&<br>School Health Nursing / Community Children's Nursing |

# Appendix 10

## Individual Healthcare Plan Reviews Process – for mainstream schools (including some focus provision)

| | |
|---|---|
| **June**<br>**School Health Nursing** | All existing Individual Health Care Plans (IHPs) are sent by school health nursing into school for review by parents.<br><br>Each school to have an A4 envelope clearly marked with the school name which will include:<br>• A letter addressed to the school outlining the process and date that the reviewed and signed IHPs will be collected.<br>• An envelope for each child which contains a copy of their existing IHP, a letter outlining the process, a signature slip and a return envelope.<br>→Each school envelope is to be hand delivered by nursing staff ensuring that a delivery slip is signed by the receiving school member of staff.<br>→Nursing staff to ensure that the school is aware of the contents and the importance of having the IHPs reviewed, signed and returned prior to the collection date.<br>→Delivery slips to be returned to School Health Nursing Admin. |

| | |
|---|---|
| **June**<br>**School** | Schools to send out envelop for each child. |

| | |
|---|---|
| **July**<br>**School** | School to pass on to School Health Nursing all returned IHPs, prior to the end of the term. |

| | |
|---|---|
| **August**<br>**School Health Nursing** | All collected IHP are reviewed and updated by a member of the school nursing team / community children's nurse team. |

| | |
|---|---|
| **September**<br>**School Health Nursing** | All IHPs will be hand delivered into schools ensuring that the receiving member of staff signs a receipt slip and are aware of the contents.<br><br>A letter to be sent from school health nursing to each school outlining the details of the IHPs that have not been returned. |

| | |
|---|---|
| **September**<br>**School** | Update the IHP register to include new review dates.<br><br>The absence of a returned signed plan from parents / carers is to be considered in line with safeguarding escalation. |

| | |
|---|---|
| **Throughout year** | Any reported changes of health status or management for a pupil with an existing IHP is to be reported to School Health Nursing / Community Children's Nursing. |

| School | |
|---|---|

## Individual Healthcare Plan Reviews Process – for special schools (including some focus provision)

Pupils attending a special school can present with complex health care needs. It is recognised that there is an enhanced partnership between school, home and Community Children's Nursing.

It can be that a pupil's health status is not stable and will require regular and frequent review resulting in amendments to their Individual Health Care Plan (IHP).

A pupil attending special school will have an Education, Health and Care Plan (EHCP). This provides opportunity to review all needs which could include the IHP.

Some pupils will have an Annual Medical Review as part of the health care management which also provides an opportunity to review the IHP.

In addition, other opportunities throughout the year, such as parents evening, are utilised to co-ordinate care reviews which can include the IHP.

Sandwell and West Birmingham Hospitals NHS Trust

**Appendix 11**

# Medication Pathway

Need:
2 Members of staff with appropriate competence
Pupil
MAR Chart
Correct Medication
Quiet Space

→ Wash hands

**Same 2 staff members beginning to end**

**Prepare and give one medication at a time.**

Check against MAR
Right Medicine
Right Dose
Right Route
Right Child
Right Time
Right Expiry Date

→ Draw up medication after all checks completed

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

**If child absent write in comments column**

Administer medication to child → Check child is well → Dispose of equipment safely, and wash re-useable equipment

Wash hands → Store medication in locked cupboard → Both members of staff to sign and date MAR Chart. Note any issues 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**

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**Appendix 12**

## Competency Assessment for Medical Procedures. The Meadows School

This competency is for (procedure):
Expiry Date:
Named Carer:

| | |
|---|---|
| | |
| | Max duration 12 months |
| | |

**Required Skills and Knowledge:**

| **Areas Covered Signature:** | **Trainee** | **Trainer** |
|---|---|---|
| Basic anatomy and physiology | | |
| Psychological Implications | | |
| Demonstration of skill | | |
| Complications and troubleshooting | | |
| Safety | | |
| Record Keeping | | |
| Privacy and dignity | | |
| **Levels of Competency** | | |
| Initial teaching | | |
| Supervised practice | | |
| Safe to practice | | |
| Competent/confident practice | | |

**Competency assessment completed by:**

Name: Title:
Signature: Date:
I certify that ocument
detailed abo gistration.

……
……

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 of 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 monthly where appropriate.

Name:

Signature

# Appendix 13

## Useful information links

https://contact.org.uk/ - advice and information on specific conditions
https://www.gosh.nhs.uk/ - advice and information on specific conditions
https://www.nhs.uk/conditions/ - advice and information on specific conditions
https://www.nice.org.uk/guidance - advice on guidelines and best practice
https://www.medicinesforchildren.org.uk/ – advice on medicines given for children
https://www.nutriciaflocare.com/ - information about enteral feeding and training
https://pinnt.com/ - advice about enteral feeding
www.youngepilepsy.org.uk – advice and support about epilepsy
www.epilepsysociety.org.uk – advice and support about epilepsy
https://www.eric.org.uk - Eric: The Children's Bowel & Bladder Charity
https://www.asthma.org.uk – advice and support about asthma
https://www.bsaci.org - The British Society for Allergy & Clinical Immunology
https://www.allergyuk.org - Allergy UK
http://www.eczema.org - National Eczema Society
https://www.britishskinfoundation.org.uk - British Skin Foundation
https://www.resus.org.uk - Resuscitation Council UK
https://www.anaphylaxis.org.uk/ - Anaphylaxis UK:

## Appendix 14 – Emergency Medication Inventory

Name_____ Medication _____

| Date in | Time in | Quantity | 1st Signature | 2nd Signature | Date out | Time out | Quantity | 1st Signature | 2nd Signature |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
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## Appendix 15 – Transfer of Pupil's Personal Belongings

Sandwell Metropolitan Borough Council

# INTEGRATED PASSENGER TRANSPORT UNIT
# TRANSFER RECORD SHEET FOR PASSENGERS PERSONAL ITEMS

**COMPANY: THE MEADOWS SCHOOL** **ADS/SEN/LAC NO: _____**

| PASSENGERS NAME | DESCRIPTION ON SEALED ENVELOPE/PACKAGE | RECEIVED FROM | DRIVER/ESCORT SIGNATURE | DATE & TIME | RECPIENTS SIGNATURE | DATE & TIME |
|---|---|---|---|---|---|---|
| | | | | | | |
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