

St John the Baptist Church of England (VA) Primary School



Loving learning, Building
Community, Growing in faith

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Supporting Pupil with Medical Needs Policy

Review

This policy was reviewed by the Full Governing Body in September 2022 and will be reviewed every 3 years.

.....
Signed: David Park, Chair of Governors

Introduction

This policy is a statement of the aims, principles and strategies for caring for children with specific medical needs.

This policy will be reviewed every 3 years or as required.

Aims

- To assist parents in providing medical care for their children.
- To educate staff and pupils in respect of special medical needs.
- To run alongside the LA policy of Medication in Schools.
- To liaise as necessary with medical services in support of individual children.
- To ensure access to full education where possible.
- To monitor and keep appropriate records.

Inclusion

St John's Primary School has a responsibility to provide a broad and balanced curriculum for all pupils by:

- Setting suitable learning challenges
- Responding to pupils' diverse learning needs
- Overcoming potential barriers to learning and assessment for individuals and groups of pupils
- Ensuring that physical needs are met wherever possible for children with specific or complex needs.

The National Curriculum secures for all pupils irrespective of social background, culture, race, gender, differences in ability and disabilities, an entitlement to a number of areas of learning.

Equal Opportunities

We believe in promoting equal opportunities for all pupils in every aspect of school life. We oppose any form of discrimination or racism and prepare our pupils to live in a multicultural society. Any reports of discrimination or racism are recorded and investigated in line with LA policies.

Data Protection

Data will be processed to be in line with the requirements and protections set out in the UK General Data Protection Regulation.

Resources

A range of resources are available in school to support this policy. Financial allocation is provided when necessary. Staff will receive the necessary training required to support the individual needs of children with medical conditions. Staff will also be made aware of the emotional issues that may accompany the medical condition for some children and may impact on the children's learning. Staff will also receive training on how to support pupils in caring for themselves. Staff will understand the importance of working in partnership with parents and carers as well as health professionals so that all have confidence in the provision the school is able to give to these pupils. There will be sufficient staff trained to cover for absence. Every effort will be made to ensure that all pupils, whatever their individual needs can access all educational opportunities. Where appropriate, whole staff awareness of a pupil's needs will be brought to staff attention. Emergency procedures will be made known and risk assessments put in place where necessary.

- There are specially equipped areas in the school which incorporate a toilet and changing facility for disabled or incontinent children.
- Guidance is written in the care plan for each individual child. However, plastic gloves and aprons should always be worn and antibacterial cleanser used before and after changing children, dealing with spillages of blood or other bodily fluids, and disposing of dressings or equipment

Individual Health Care Plans

The role of an Individual Health Care Plan (IHCP) is to help to ensure that the school can effectively support pupils with medical conditions (both physical and mental). They provide clarity on what needs to be done, when and by who and are essential for long term and complex medical conditions particularly where emergency intervention may be needed.

These plans may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Not every child will require one and the School, a healthcare professional and parents will agree. If a consensus cannot be reached, the Head teacher will take the final view. Pupils should also be involved where appropriate. Responsibility for ensuring the plan is finalised and implemented rests with the school. The Governing body should ensure that plans are reviewed at least annually or earlier if the child's needs have changed.

Educational Health Care Plans

An Educational Health Care Plan (EHCP) are for children who have Special Education Needs (SEN) which will bring together health and social care needs as well as their SEN provision. If a child has SEN but does not have an EHCP then their special educational needs will be detailed in their IHCP.

Administration of Medicines

In the light of The Children Act 1989 and the DfES Publication 'Managing Medicines in Schools and Early Years Settings', our school policy is as follows:

'Short-term' Medication

A member of staff, will administer the medicine as long as there are fully written instructions and the medicine is in the original packaging and the necessary forms (request for administration of medicines) have been completed and signed by the parents/carers.

'Long-term' Medication

A few children, whilst fit to attend school, may require to take medicines during school hours. In addition, it may be necessary for children with long term complaints or chronic illnesses such as asthma, diabetes or certain allergies to receive medicine. Some children may require regular visits to hospital and so special arrangements may be necessary. Where appropriate a healthcare plan will be put in place involving parents/carers and healthcare professionals, for children on long-term medication. No member of staff can be required to administer medicines.

Parents'/Carers' Responsibility

Medicines will not be given in school unless the parent/carer has completed the request for administration of medicines form. A clear written statement of their responsibility is given to all parents/carers. **Copies of these forms must be kept with the medication.**

All medicines must be clearly labelled with the child's name, route i.e. mode of administration oral/aural etc., dosage, frequency and name of medication being given. The parents or legal guardians must take responsibility to update the school of **any** changes in the administration for routine or emergency medication and maintain an in-date supply of the medication.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Where a pupil requires medicines to be administered by invasive procedures (rectal valium) or injection (adrenaline) the school seeks the written authorisation from the parents/carers. These procedures will normally only be administered by named and trained staff.

School's Responsibility

The Head teacher is the named person responsible for medicines in school together with named alternatives (the Deputy Head Teacher). Day- to-day administration is delegated to competent, trained colleagues. It is advised that non- prescription drugs should not be brought into school e.g. Calpol, throat lozenges, creams etc. Individual cases may be discussed with the Head teacher, but drugs will only be accepted into school when the request for medicine to be taken/administered in school form has been completed by the parent/carer. Where an over the counter medicine has been advised by the Doctor or pharmacist the form should be signed by them.

Storage of Medicines

Medicines, when not in use, are kept in a safe and secure place in the medical room in line with the pharmacist's instructions. Any unused or time expired medication will be handed back to the parents or legal guardians of the child for disposal. Where children have been prescribed **controlled drugs**, staff need to be aware that these will be kept in safe custody. Medicines required in an emergency are readily accessible at all times.

Wherever possible and after discussion with parents and if necessary health care professionals, children who are competent to manage their own health needs and medicines, should be allowed to access their own medication and devices for self- medication quickly and easily. i.e. inhaler.

General First Aid boxes are inspected and stock replaced regularly.

Administration / Records

The label on the medicine container is checked against the school medicine record (completed by parent/carer). Any discrepancy is queried with the parent before administering. A parent/carer is asked to confirm in writing if they require the school to deviate from the instructions on the container. Medicines will be administered by a trained first Aider (ideally the School Lead First Aider) For this reason regular medications can only be administered at lunchtime as the Lead First Aider is in class at other times. The Head Teacher can agree an exception to this. A witness should be present who should also sign the appropriate box on Appendix C.

Schools should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages. The only exception to this is insulin which will generally be inside a pen or pump for administration in school.

A record is kept of all doses given. This is carried out to the best of the named person's ability.

Incorrect Administration of Dosage – individual protocols/health plans will contain emergency actions in respect of this happening. The incident will be notified to the Health and Safety department using Form SO2. In the event of an excess dose being accidentally administered or the incorrect procedure being carried out, the child concerned will be taken to hospital as a matter of urgency.

Records of pupils requiring medication are updated on an annual basis. Each class teacher, teaching assistant and lunchtime supervisor receives a list of the names of pupils and medication required. The healthcare plan is completed for each pupil and is reviewed annually or more frequently as appropriate. Where appropriate or necessary the child's peers may need some explanation of the condition and administration of medication.

Disposal of Medicines

Medicines that are no longer required are not allowed to accumulate, they are returned in person to the parent/carer for disposal. Where it is not possible to return medicines to the parent, a pharmacist should be contacted for advice regarding disposal.

Training of Staff

Persons who administer medicines volunteer themselves for such duties and are adequately trained and supported by the School Nurse annually. A record is kept of staff who have received training. Ideally, they should also receive first aid training but please note first aid training does not prepare staff adequately to administer specialised medicines. Any difficulties in understanding about medication usage should be referred to the School Nurse.

There are certain conditions e.g. diabetes mellitus, bleeding disorders or hormonal disorders which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, and where this is not possible, they should be given by their parents/carers or a qualified nurse (i.e. someone **currently employed in a nursing capacity**). Staff are given the necessary training to supervise these injections or give them in an emergency after agreement with parents/carers and health professionals.

Liability of School Staff

Staff who administer medicines to pupils will be covered by the Council in the event of a liability/negligence claim being made against them as long as they have taken reasonable steps to follow the procedures contained in these guidelines.

Procedures for Out of School Activities

Arrangements are made to ensure that children who may require medication when away from the school have access to that medicine, and, where necessary, are accompanied by staff who have received training in the administration of that medicine.

Emergency medication and reliever inhalers must follow the child at all times. Inhalers and emergency treatment medication must follow the child to the sports venues, swimming pool etc. The medication should be kept by the teacher in charge in a box on the touchline or at the side of the pool. It is the parents/carers responsibility to ensure that medicines are in date and replaced as appropriate.

A first aid kit is always taken on a school trip. A first aider always accompanies a school trip.

Risk Assessments

A full risk assessment is always carried out before any school trip (See Educational Visits Policy), which will include pupils who need regular medication and those who may need it; those pupils with allergies, asthma inhalers etc.

If hospitalisation is necessary, a member of staff should always accompany a child to hospital by

ambulance and should stay until the parent arrives. In the event of an emergency/accident which requires a child to be treated by health professionals (doctors/paramedics) or admitted to hospital, the latter are responsible for any decision on medical grounds when and if the parents/carers are not available.

As a general rule staff should never take children to hospital in their own car. When emergency treatment is required, medical professionals or an ambulance should always be called immediately. However, if the Headteacher or person in charge decides that the only solution is to take the child to hospital or home in a member of staff's car, the following must be taken into consideration:-

- The car must be insured for business use
- The car is taxed and has a current MOT and is in a roadworthy condition
- The driver has a full licence with no penalty points (unless they are for minor speeding offences)
- The driver is experienced (someone who has passed their test for more than 2 years)
- The driver has a current DBS certificate
- If the child is small, then an approved booster seat must be used and correctly fitted
- Seatbelts must be worn at all times. Child safety locks on the doors should be used.
- No child is to sit in the front seats (this is for safety, not distracting the driver, driver cannot be accused of inappropriate contact with the child)
- Any sick child must be accompanied by two adults (including driver)

The National Standards require Early Years settings to ensure that contingency arrangements are in place to cover such emergencies. On those occasions where an injury is not life threatening but staff consider that medical treatment is required parents/carers should always be informed.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and aprons and take care when dealing with spillages of blood or other bodily fluids, and disposing of dressings or equipment.

Complaints

If parents feel there is need for a complaint then the school's complaint procedure should be followed.

- Making a formal complaint to the Department of Education, should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after all other attempts at resolution have been exhausted.

Additional Forms Attached:

- Appendix 1 – Healthcare Plan
- Appendix 2 – Request for Administration of Medicines
- Appendix 3 – Record of Medicine Administered to an Individual Child
- Appendix 4 – Advice on Medical Conditions
- Appendix 5 – Guidelines for Non-Medical staff to administer pre-prepared adrenaline autoinjectors in response to Anaphylaxis
- Appendix 6 – Guidelines for Non-Medical staff to administer Buccal Midazolam
- Appendix 7 – Emergency Action Plans

Appendix 1

Healthcare Plan for a Pupil with Medical Needs

Name: _____

Date of Birth: _____

Condition: _____

Class: _____

Date: _____

Review Date: _____

Contact Information

Family Contact 1

Name: _____

Phone No. (work): _____

(home): _____

Relationship: _____

Family Contact 2

Name: _____

Phone No. (work): _____

(home): _____

Relationship: _____

Clinic/Hospital Contact

Name _____

Phone No: _____

G.P.

Name: _____

Phone No: _____

Describe condition and give details of pupil's individual symptoms:-

Medication: dose, side effects, storage, dietary requirements and other important conditions to be taken into account.

Daily care requirements (e.g. playtime/lunchtime, before P.E.)

Describe what constitutes an emergency for the pupil, triggers, signs, symptoms, treatments and the action to take if this occurs:

At what point/in which circumstances do Parents/Carers wish to be contacted?

Follow up care

Who is responsible in an Emergency (State if different on off-site activities)

Specific support needed for educational, social and emotional needs, including absence from school, extra time for exams, etc.

Support needed for child in taking medication and or in emergency

Training requirements for staff and those who will cover for absence

Form copied to

Appendix 2

Request for Administration of Medicines (General Care Plan)

To: Head of St John the Baptist Church of England Primary School

From: Parent / Carer of _____ (Full Name of Child)

My child has been diagnosed as having: _____ (name of illness)

He/She is considered fit for school but requires the following prescribed medicine to be administered during school hours

_____ (name of medicine)

Could you please therefore administer the medication as indicated above (dosage) at lunchtime (12-1.10) with effect from _____ (date) to * _____ (date) (*delete if long term medication)

The medicine should be administered by mouth/in the ear/nasally/ other (Delete as appropriate)

I undertake to update the school with any changes in routine, use or dosage or emergency medication and to maintain an 'in date' supply for the prescribed medication.

I understand the medication will be stored by the school and administered by staff.

I understand that staff may be acting voluntarily in administering medicines to children.

Signed: _____ Date: _____

Name of Parent / Carer _____ (please print)

Contact Details:

Telephone No:

Home: _____

Work: _____

Mobile: _____

Appendix 3

Record of Medicine administered to an individual child)

Name of School/Setting: _____

Name of Child: _____

Date of Medicine Provided by Parent: _____

Class: _____

Quantity Received: _____

Name and Strength of Medicine: _____

Expiry Date: _____

Quantity Returned: _____

Dose and Frequency of Medicine: _____

Staff Signature:

Signature of Parent:

Date					
Time Given					
Dose Given					
Name of Staff Member					
Staff Initials					
Witness					

Date					
Time Given					
Dose Given					
Name of Staff Member					
Staff Initials					
Witness					

Date					
Time Given					
Dose Given					
Name of Staff Member					
Staff Initials					
Witness					

Date					
Time Given					
Dose Given					
Name of Staff Member					
Staff Initials					
Witness					

Appendix 4

Advice on Medical Conditions

Parents/carers of children suffering from the following conditions should be advised from their GP, the school health professionals (parents should ask the school for the name and contact number) or from the bodies detailed below. The following bodies can also supply leaflets regarding the conditions listed. If schools obtain advice/information from the following sources, the local health professionals who normally provide specialist advice in respect of these conditions will not be responsible if this advice/guidance is followed.

Asthma at school – a guide for teachers National Asthma Campaign Summit House 70 Wilson House London EC2A 2DB	Asthma Helpline: 0845 701 0203 Website: www.asthma.org.uk Email: info@asthma.org.uk
Guidance for Teachers concerning children who suffer from fits The British Epilepsy Association New Anstey House Gate Way Drive Yeadon Leeds LS19 7XY	Tel: 0113 210 8800 Website: www.epilepsy.org.uk Email: epilepsy@epilepsy.org.uk
Guidelines for HIV and AIDS Department for Children, Schools and Families Sanctuary Buildings Great Smith Street Westminster London SW1P 3BT	Tel: 0870 000 2288 Website: www.dcsf.gov.uk Email: info@dcsgsi.gov.uk
Haemophilia The Haemophilia Society st Floor, Petersham House 57a Hatton Garden London EC1N 8JG	Tel: 020 7831 1020 Website: www.haemophilia.org.uk Email: info@haemophilia.org.uk
Allergy to Peanuts and Other Nuts Asthma & Allergy Research Unit Glenfield Hospital Groby Road Leicester LE3 9QP	Tel: 0116 258 3557
Thalassaemia UK Thalassaemia Society 19 The	Tel: 020 8882 0011 Freephone Helpline: 0800 731 1109 Website:

Broadway Southgate Circus London N14 6PH	www.ukts.org Email: office@ukts.org
Sickle Cell Disease The Sickle Cell Society 54 Station Road Harlesden London NW10 4UA	Tel: 0208 961 7795 Website: www.sicklecellsociety.org Email: info@sicklecellsociety.org
Cystic Fibrosis and School (A guide for teachers and parents) Cystic Fibrosis Trust 11 London Road Bromley Kent BR1 1BY	Tel: 0208 464 7211 Website: www.cftrust.org.uk Email: enquiries@cftrust.org.uk
Children with Diabetes (Guidance for teachers and schools staff) Diabetes UK Central Office Macleod House 10 Parkway London NW1 7AA	Tel: 0207 424 1000 Diabetes Careline: 0845 120 2960 Website: www.diabetes.org.uk Email: info@diabetes.org.uk

Appendix 5

Guideline for non-medical staff to administer pre-prepared Adrenaline Auto injectors in response to anaphylaxis

- a. When a child needs a pre-prepared adrenaline auto injector as emergency treatment for anaphylaxis in a non-health setting (e.g. school, nursery, respite facility), then the prescribing doctor will discuss this with the parents or Carers and with their agreement pre-prepared adrenaline will be prescribed.
- b. It is the parent's responsibility to raise the issue with the head of the setting e.g. head teacher, nursery manager.
- c. When a child is able to self-administer the head of the setting with the parents will decide whether training of volunteers is required. *It is recommended that in all settings where there is a child who may require a pre-prepared adrenaline autoinjector, that*
 - a. *volunteer(s) are trained to administer a pre-prepared injection should a situation arise where a child is too ill/unable to self-administer.* If training is not required a general administration of medicines form must be completed. A child who has self-administered must report to a member of staff as they will need to be reviewed in hospital.
- d. When the child is unable to self-administer the head then identifies (a) volunteer(s) to undertake training and subsequent administration of the prepared adrenaline auto injector
- e. If no volunteers are identified the parent should be informed and it is the parent who should inform the prescribing doctor. The prescribing doctor and parent may wish to reconsider and identify an alternative management plan.
- f. If (a) volunteer(s) is/are identified they should read their setting's policy/guidelines on the administration of medicines. The head of the setting should then liaise with the health professional e.g. School Health Nurse/Health Visitor, to arrange a mutually convenient date for training. The standard anaphylaxis training pack available across Leicester, Leicestershire and Rutland should be used.
- g. The parents need to request that page 2 of the emergency action plan of the relevant form is completed by the doctor who prescribed the pre-prepared adrenalin device.
- h. The health professional training the volunteer(s) will discuss with the volunteer(s) the Emergency Action Plan for the administration of pre-prepared adrenaline autoinjectors by non-medical and non-nursing staff for a specific child. Following the training the volunteer(s) sign(s) the Training Record and the Emergency Action Plan. The head of the setting then signs the Emergency Action Plan. The original remains within the setting.
- i. If any details in the Emergency Action Plan change, it is the parent's responsibility to inform the head of the setting. If a new Emergency Action Plan is required then the process above must be discussed by those parties and the Emergency Action Plan completed as appropriate.
- j. It is recommended that update training of volunteers should take place on an annual basis. The head of the setting will request and negotiate this with the appropriate health professional.

Flow chart of process to enable non-medical staff to administer pre-prepared Adrenalin

Autoinjectors in response to anaphylaxis

Updates and Changes

Emergency adrenaline autoinjector is prescribed by GP or Paediatrician.

Parent informs Head of Setting that adrenaline autoinjector has been prescribed for the treatment of severe anaphylaxis and discusses management in the setting.

Volunteer(s) read(s) service policy/guidelines on administration of medicines.

Parents request the Prescribing doctor to complete Emergency Action Plan (copies held by the prescribing doctor)

Head of Setting, Volunteers and Parents sign Emergency Action Plan.

Setting keeps original copy of Emergency Action Plan with all signatures completed and copies appropriately.

Head of Setting identifies volunteers to administer adrenaline.

No Volunteer identified - Parent informed. Parent informs prescribing doctor. OR Head of setting confirms that procedure will be implemented.

Parents to inform Head of Setting of **any changes** to Emergency Action Plan

Annual update training for volunteer(s) recommended Head of Setting to liaise with school nurse team.

Head of Setting and parents agree that child is able to self-administer. Head of setting to arrange training with school nurse team

Appendix 6 - Administration of Buccal Midazolam

When a child would benefit from receiving buccal midazolam in a non-health setting e.g. school, the Consultant Paediatrician will discuss this with the parent.

If the parent agrees, the Consultant Paediatrician will complete an agreement form for the administration of buccal midazolam by non-medical and non-nursing staff in conjunction with the parent, indicating that administration in a non-health setting e.g. school, is dependent on volunteers being available from school staff

Both the Consultant Paediatrician and parent should sign the agreement form – along with the child if appropriate.

It is the parent's responsibility to then raise the issue with, and take the agreement form to the Headteacher. The Head teacher can then identify volunteer(s) to undertake training in the administration of buccal midazolam.

If no volunteers are identified the parent should be informed and it is the parent who should inform the Consultant Paediatrician. The Consultant Paediatrician and parent may wish to reconsider the need for buccal midazolam to be administered in non-home settings at a later date and restart the process.

If volunteer(s) are identified they should read the policy/guidelines on the administration of medicines. The Head Teacher should then liaise with the health professional e.g. School Health Nurse, to arrange a mutually convenient date for training.

The health professional will carry out a training programme incorporating epilepsy awareness, first aid for seizures, the administration of buccal midazolam and documentation to the volunteers. The health professional will discuss with the volunteers the agreement forms for the administration of buccal midazolam for non-medical and non-nursing staff for a specific child.

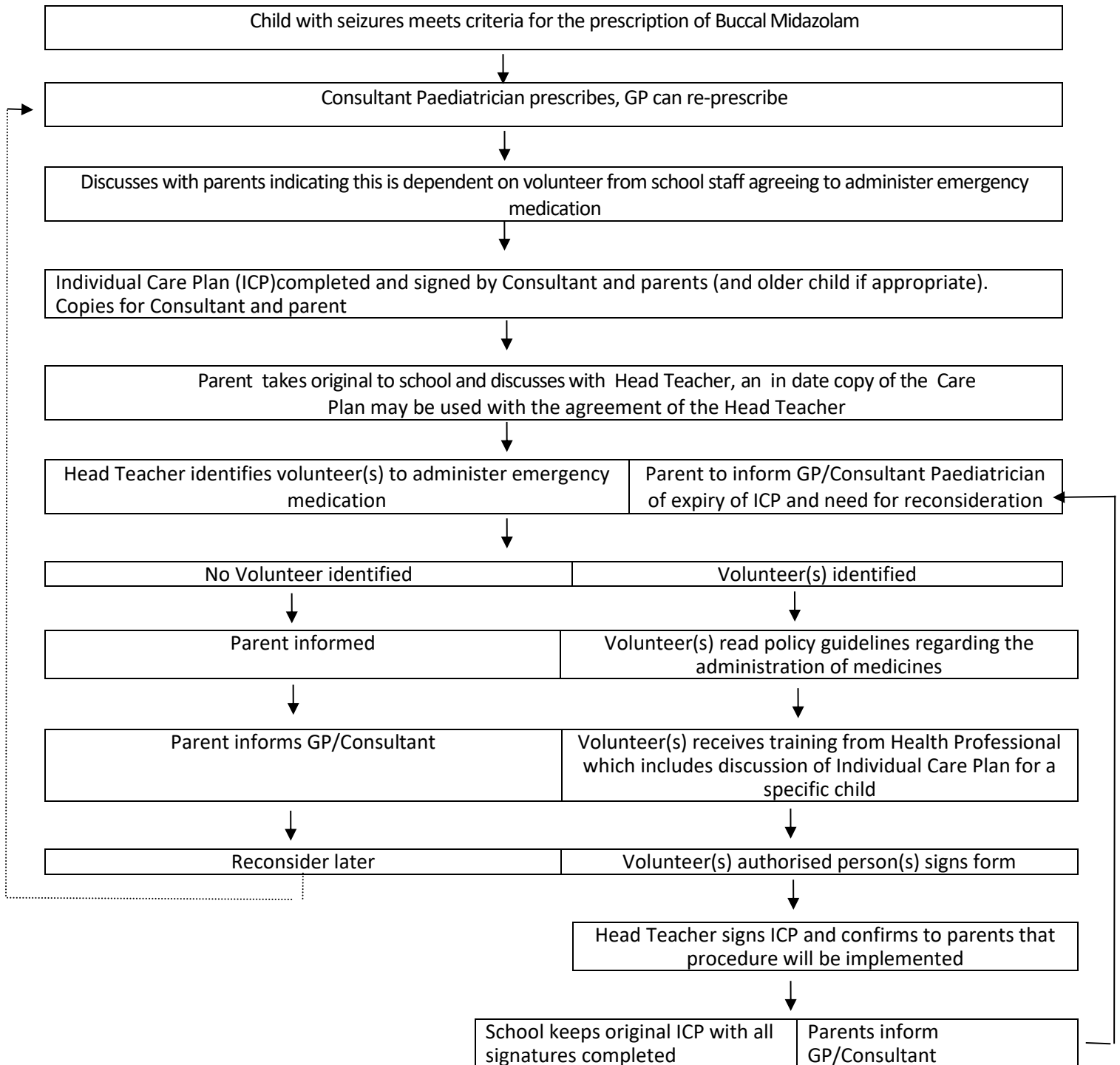
Following the training the volunteers sign the training agreement form and the administration agreement form. The administration agreement form then becomes a contract between the Consultant, the parent and the School. The health professional is responsible only for providing the training of the volunteers – not for the administration of buccal midazolam and not for identifying volunteers.

The school therefore holds the original copy of the administration agreement form complete with the signatures of parent, Consultant Paediatrician, volunteers and Head Teacher.

The parents are responsible for informing the Consultant Paediatrician and GP that volunteers have been trained to administer buccal midazolam.

Parents are responsible for highlighting the expiry date on the agreement form to the Consultant Paediatrician to review and renew the agreement form when necessary.

Protocol for Health Staff to Support School staff



Must be completed by Health Care Professionals (with the exception of other signatories)

Individual Care Plan (ICP) for the administration of Buccal Midazolam (10mg/ml) as treatment for epileptic seizures/fits/convulsions by non-health staff

1- To be completed by a Prescriber (Clinician), Parent, the Head Teacher and the authorised person(s).

2- The Head Teacher and parent must facilitate a review of this ICP with the prescriber after 12 months from the prescriber's last signature. This must occur within 30 days of the intended review date.

Name of Child:DOB..... Hosp no.....

Address:

Description of type of fit/convulsions/seizure which requires Buccal Midazolam: - *Insert description*

*delete as appropriate

*lastingminutes

☐

Or *repetitive over..... minutes without regaining consciousness

☐

If the child's general condition is a cause for concern at any stage phone 999 for an ambulance.

The dose of Buccal Midazolam should be _____ milligrams
= _____ ml of Buccal Midazolam

This should be prepared and administered by an authorised person (see over) in accordance with the procedure endorsed by the indemnifying agency, which would normally be the Local Education Authority

The normal reaction to this dose is that the seizure should stop. This should occur in 5 to 10 minutes.

If the seizure does not stop, then phone 999 for ambulance.

Particular things to note are: **Respiratory depression in which case phone 999 for ambulance.**

After **buccal midazolam** has been given the child must be assessed by a healthcare professional (e.g. paramedic or school nurse). The health care professional (or parent or someone with parental responsibility if present) will decide if there is a need to transfer to a hospital. If a healthcare professional is not available, the establishment must call 999 for an ambulance. Remember to tell the ambulance staff the exact time and dose of medication given (see the report form)

After **buccal midazolam** is given, please complete the report form giving a clear account of the incident. Copies should go with the child to the emergency department and to the parent. The original should be kept by the school.

Must be completed by Health Care Professionals (with the exception of other signatories)

The parents will be responsible for:

1. informing anyone who needs to know, if buccal midazolam has been given
2. maintaining adequate and in-date supply of medication at the school
3. Notifying the school if there are any changes to medication dose / type.
4. Sorting out the review of the Individual Care Plan.

This care plan has been agreed by the following:

Prescriber (Clinician) (Block Capitals)

Signature..... Date

Parent/Guardian (Block Capitals)

Telephone No.....

Signature Date

Older Child/Young Person (Block Capitals)

Signature Date

Head Teacher of the School (Block Capitals)

Signature Date

Authorised person(s) to administer Buccal Midazolam

Name (Block Capitals)

Signature Date

Name (Block Capitals)

Signature Date

Name (Block Capitals)

Signature Date

Name (Block Capitals)

Signature Date

Copies of this form should be held by the parents, the consultant and the School

Must be completed by Health Care Professionals (with the exception of other signatories)

Buccal Midazolam Administration Report Form

Name of Child:		DOB:
Date of seizure/convulsion:		
Time seizure/convulsion started:		
Activity when seizure/convulsion began:		
Description of seizure/convulsion:		
Time Buccal Midazolam given:	Dose given:	Given by:
1.
2.
Any difficulties in administration?		
Time seizure/convulsion stopped:		
Time child taken to hospital:		
Any other notes about incident (e.g. injuries to child or other parties, child sleepy)		
Signed (authorised person):		Name (print):
Date:		

Must be completed by Health Care Professionals (with the exception of other signatories)

Training Agreement for volunteers identified by Head Teacher to administer Buccal Midazolam

Name: _____

<u>Verbal and Written Instructions</u>	<u>Received</u>
--	-----------------

- | | |
|---|-----|
| - Epilepsy awareness | Y/N |
| - First aid for epileptic seizures | Y/N |
| - Awareness of child/young person's specific Agreement Form Which includes: - | |
| The preparation of Buccal Midazolam | Y/N |
| When to administer Buccal Midazolam | Y/N |
| The dose to be given | Y/N |
| Whether 2 nd dose is indicated | Y/N |
| What to include in the "Kit" | Y/N |
| - Procedure for Administration of Buccal Midazolam | Y/N |
| - Care following administration | Y/N |
| Support to child | Y/N |
| Transfer to hospital | Y/N |
| Record of procedures – Report Form | Y/N |
| Safe disposal of used equipment | Y/N |

Practical

- | | |
|--|-----|
| - Demonstration from health professional on the administration of Buccal Midazolam (using a placebo) | Y/N |
| - Practice of the procedure until confident | Y/N |

Other (specify):

Must be completed by Health Care Professionals (with the exception of other signatories)

Declaration

I.....confirm that I have been trained to use Buccal Midazolam as detailed overleaf.

Signed _____

Date _____

Training given by:

Name _____

Designation _____

Agency _____

Date _____

Review date _____

Copies to: Authorised Person
 Health Professional
 Head Teacher