



King
Ecgbert
School

King Ecgbert School Health and Safety Policy

Date ratified:	25th January 2012
Governors/Committee Meeting:	Finance, Premises and General Purposes Committee
Signature of Chair:	<i>Martin Smith</i>

This policy includes our Statement of Intent, our organisational structure of responsibilities and the methods by which we will achieve a safe working environment for staff, students, visitors and other users of our site.

Policy Statement

The Headteacher, Governors and staff at this school are committed to providing a safe and healthy environment for all users of the school.

As a school, our educational priorities aim to:-

- encourage all students to achieve their full academic and social potential;
- provide students with the skills and experience which will ensure that the widest possible range of choices are open to them in their future lives;
- provide a sense of community in which individuals feel valued and are actively encouraged to value, respect and help others;
- create an atmosphere in which students enjoy and take pride in their achievements.

Quite clearly these educational and social priorities can only be fully realised within a physical environment that is both a safe and healthy place to work. This in turn can only be brought about by the dedicated co-operation of all within the school. Health and safety at this school is an area where governors, the Headteacher, staff, safety representatives and parents share common objectives. It is vital that we all understand each other's duties, functions and responsibilities as well as our own because it is only by the co-operation and teamwork of everyone involved that health and safety objectives in school can be achieved.

It is acknowledged in this policy that the school operates under a PFI contract.

Aims

To ensure that the school is always a safe and healthy place in which to work.

To provide plant, equipment and systems of work that are safe and without risks to health

To raise awareness among all users of the school as to their responsibility for themselves and others.

To provide sufficient information, instruction, training and supervision to enable all employees to avoid hazards and contribute positively to their own health and safety at work

To ensure the dissemination of all relevant *information* from our health and safety advisors, governors and other bodies to the correct user[s].

To regularly monitor and review safety procedures throughout the school.

To create and update a central file containing relevant health and safety information.

This safety policy will be regularly reviewed and updated

Signed	Lesley Bowes
Position	Headteacher
Date	25 January 2012
Date for Review	Spring 2016

Responsibilities

Overall responsibility for the management of health and safety in the school is that of:-

Lesley Bowes Headteacher

Responsibility for the following areas is that of:

Area of Work	Name
General School	Charlotte Chance
PE	Pat Howse
Science	Louise Kilcommons
Technology	Steve Akers
Educational Visits	Hossein Yazdi

General Responsibilities

The Governors Will:

- Ensure that adequate funding is provided from the school budget to enable the school to be organised and run in a safe and healthy manner.
- Deal with any health and safety problems brought to them by the Headteacher, staff or parents, through their termly meetings or any emergency meetings, which may be called due to unforeseen circumstances.
- Ensure that the Health and Safety Policy is brought to the attention of all staff and implemented in school.
- Help prepare and implement a “site-specific” health and safety policy
- Confirm compliance with health and safety policies and procedures
- Ensure that appropriate risk assessments have been carried out
- Ensure that all members of staff receive appropriate training.
- We will ensure adequate consultation takes place between managers and employees to allow everyone to contribute to safe working. This will be done as follows.

The Headteacher Will:

- Ensure that health and safety is incorporated into the planning and organisation of all school functions.
- Ensure that adequate communication and consultation takes place between managers and employees to allow everyone to contribute to safe working.
- Carry out suitable and sufficient assessments of hazards and risks to staff members, students and other visitors and users of the school. Further, to act upon those assessments in order to reduce risk.
- Attend health and safety training courses as appropriate.
- Ensure the provision of adequate training, instruction and supervision for all members of staff.
- Provide necessary information to staff members and their representatives on health and safety matters.
- Ensure that staff members who are delegated to carry out particular tasks are competent and fully aware of their responsibilities.

- Investigate any accidents or near misses and bring these, along with any other health and safety problems, to the attention of the governors.
- Ensure adequate consultation takes place between managers and employees to allow everyone to contribute to safe working. This will be done in the following way:
 - Meetings with Health and Safety staff representative and Governor.
 - Weekly staff briefings
 - Weekly staff notices
 - Staff training sessions

All Staff Members Will:

- Ensure that they are fully aware of their roles and responsibilities, co-operate with the schools policies and procedures and follow any Codes of Practice.
- Ensure that safe working practices are adopted at all times and comply with the findings/other outcomes of risk assessments, whether in school or on educational visits.
- Attend health and safety training courses as appropriate.
- Bring to the attention of the Headteacher any accidents, near misses, dangerous equipment or situations which may occur whilst in school or on educational visits.
- Report to the Headteacher any problems that they feel that they cannot deal with themselves.
- All those who work in our school have the responsibility to do what they can to take care of themselves, their colleagues, students and visitors. In particular employees should co-operate with their managers.

The Facilities Management Contractor will:

- Ensure that health and safety consideration is given to all activities taking place on the school site.
- Be aware of relevant health and safety ;legislation and ensure implementation of all issues applicable to a school
- Bring to the attention of the school any issues which cannot be immediately resolved and require an adjustment to the operation of the school.

Risk Assessment

Risk Assessments are a legal requirement mainly under the **Management of Health and Safety at Work Regulations 1999**, although most health and safety legislation requires a risk assessment approach.

Risk Assessments must be recorded and kept on the school premises. Risks should be assessed periodically, following an accident, on the introduction of any new process/equipment and also any change in circumstances. Educational visits also require a written risk assessment.

Shown below are the name(s) of the staff assisting with the assessment process as well as details on when they will be carried out and our updating systems.

The following people assist with the assessment process for their individual area of work:

- Members of SLT
- Heads of Department
- ICT Network Manager (Civica)
- Science/DT Technicians
- Educational Visits Co-ordinator

It is the Headteacher's responsibility to ensure that risk assessments are carried out. However the Headteacher may request the assistance of competent staff in carrying out a risk assessment.

Fire

An outbreak of fire in a school can be extremely serious. Under the **Regulatory Reform (Fire Safety) Order 2005**, there is a legal requirement for each building to have an up to date fire risk assessment. This should identify all sources of heat with the potential to cause fire e.g. gas heaters, bunsen burners, cookers etc. and also consider the storage of combustible materials.

Mitie PFI is responsible for ensuring that a Fire Risk Assessment has been carried out and also that there is a process in place for reviewing/updating this on a regular

Fire drills are carried out once per term and are recorded in the Fire Precautions Log Book.

The **Headteacher** is responsible for ensuring that fire drills are carried out.

Various other fire precautions should also be recorded in the logbook e.g. fire alarm and emergency lighting maintenance, fire extinguisher maintenance and Fire Officers visits.

Mitie PFI is responsible for ensuring that the Fire Precautions Logbook is kept up to date.

The Fire Precautions Log Book is kept in the **Mitie PFI FM Office**.

When the school requires painting, only paints providing a flame retardant surface will be used in high risk areas (assembly halls, means of escape, staircases, areas where there is an added fire risk etc)

Ongoing monitoring is required to ensure that combustible materials (liquids, solids or gases) do not come into contact with sources of heat.

Internal fire doors should be kept closed to stop fire spreading. Hydraulic door closers should be maintained to ensure correct operation (damage to these closers is very common in schools).

Permission to Work

As a PFI school the CYPD Permission to Work process is not required and all premises development work at this school is undertaken through Mitie PFI.

Legionella Risk Management

Legionnaires' disease is a type of pneumonia. It is an uncommon but serious disease.

The germ which causes legionnaires' disease is a bacterium called Legionella pneumophila. People catch legionnaires' disease by inhaling small droplets of water suspended in the air which contain the Legionella bacterium. However, most people who are exposed to Legionella do not become ill.

Legionnaires' disease does not spread from person to person.

The bacterium which causes legionnaires' disease is widespread in nature. It mainly lives in water, for example ponds, where it does not usually cause problems.

Outbreaks occur from purpose-built water systems where temperatures are warm enough to encourage growth of the bacteria, eg in cooling towers, evaporative condensers and whirlpool spas (tradenname Jacuzzi) and from water used for domestic purposes in buildings such as hotels and schools.

A Legionella Survey has been carried out at this school.

The PFI contractor, **Mitie PFI**, has a completed risk assessment on site and manages a planned maintenance routine with quarterly monitoring by external contractor. Records are kept in the Mitie PFI FM office.

Accidents and near misses

Even in a safety conscious school, accidents may still occur. This is how we deal with them.

All accidents and near misses to our staff or students will be recorded and investigated, as appropriate to find out what happened and how any similar incident can be avoided.

The **Business Manager** will ensure that accidents and near misses are investigated and that major accidents, which are reportable to the Health and Safety Executive, are reported to the incident call centre (0845 300 9923) and also to Academy Trust governors. The school's health and safety advisers can give assistance in investigating accidents.

All accidents and near misses will be recorded by the **individual member of staff or the member of staff with responsibility for the student/visitor** on the school's accident and near misses reporting forms which are available from the main school office. These will be collated and stored securely in the main school office and audited on a half-termly basis by the SLT member with strategic responsibility for Health and Safety and the Business Manager.

Accident investigations will be carried out by the **Business Manager** or a delegated person (including a health and safety consultant) where necessary to see what lessons can be learnt and how similar incidents can be avoided. Risk assessments will also be reviewed in light of any lessons learnt.

First Aid

Under the **First Aid at Work Regulations 1981**, employers have to ensure that there are adequate and appropriate equipment and facilities for providing first aid in the workplace. This should include arrangements for first aid based on a risk assessment of the school.

A list of staff who hold a relevant first aid qualification is kept by the Business Manager and in the main school office.

The Business Manager keeps records of qualifications on site and there is a procedure in place for revalidating first aid certificates.

Francesca Hutton/Helen Wedge are responsible for ensuring that the First Aid boxes, located around the premises, are restocked.

Consideration should also be given to the level of first aid provision that is required on off-site activities.

In line with DCSF guidance there should be 1 first aider for every 100 people on site. This is usually made up of 2 four day qualified first aiders, with the remainder being 1 day trained.

Electricity

Electricity has the potential to cause serious harm, or even death and is treated as a priority with regard to maintenance and repair. The **Electricity at Work Regulations 1989** requires that all electrical systems and appliances are periodically inspected and maintained.

The maintenance and repair of electrical equipment is the responsibility of the school.

Fixed installations i.e. sockets, light fittings and general wiring throughout the school will be tested at least every five years by a competent electrician. (This is a function undertaken by the PFI contractor).

Portable electrical equipment should be inspected, tested and maintained in accordance with specialist advice. This is set out to comply with the Institute of Electrical Engineers Guidance.

Any personal electrical equipment brought in by staff will be classed as school equipment and should not be used until it has been PAT tested.

The **Business Manager** is responsible for arranging the testing and maintenance of portable electrical appliances owned by the school.

Mitie PFI is responsible for arranging the testing and maintenance of any fixed installations along with portable appliances owned by the PFI contractor.

Gas

Under the **Gas (Installation and Use) Regulations 1994**, there is a requirement for all gas appliances (central heating boilers, gas water heaters etc) to be checked, serviced and maintained by a competent (CORGI registered) Contractor on an annual basis.

Mitie PFI is responsible for arranging the testing and maintenance the gas appliances.

Gas servicing certificates and recommendation documentation is kept in the **Mitie PFI FM office**.

In case of heating breakdown, there may be a need to bring in supplementary heating (usually Calor gas). Help and advice can be obtained from The CYPD Assets Team. Code of Practice No 25 in the Health and Safety Manual gives clear advice on this issue.

Substances

The **Control of Substances Hazardous to Health Regulations 2002 (COSHH)** require an assessment to be made of the work processes that involve the use of substances that are hazardous to health.

The COSHH regulations do not solely apply to cleaning products. Consider cleaning, decoration, maintenance works, janitorial, science, design and technology, art etc.

There is an inventory on site of all hazardous substances

The **Senior Science Technician** is responsible for keeping the inventories up to date, specifically in science, technology, art for ensuring the appropriate staff are informed or trained regarding hazardous substances or when handling hazardous substances.

Data sheets are available on site for all hazardous substances that are being used. Additionally separate risk assessments are carried out for the work processes.

The **Senior Science Technician** is responsible for ensuring that data sheets are available on site and that appropriate assessments have been carried out.

The **Business Manager** is the authorised person to approve purchases of hazardous substances.

Mitie PFI is responsible for keeping the inventory up to date of all hazardous substances used for the maintenance of the premises.

Site Safety and Security

Mitie PFI are responsible for ensuring that regular inspections of the external areas of the site are carried out. The following checks are carried out at this site by the PFI contractor.

Item	Frequency
Fencing, walls and access gates	Daily / Weekly
External Surfaces (Condition / Dangerous Objects)	Annual
Trees (Consult Tree Survey if available)	Annual
Services (Manhole Covers, Drainpipes, Guttering, Gas Governors, Electrical Sub Stations)	Annual
CCTV equipment	Annual
Fire Alarm	6 monthly
Access Control	Annual

ADDITIONAL ARRANGEMENTS FOR KEEPING OUR SCHOOL SAFE

- a. Administration of Medicines** – Appendix 1
- b. Work Experience** placements are arranged with full completion of risk assessments. CRB clearance is obtained when students are involved with work with children.
- c. Transport/Minibus** – Transport is booked using recognised and operators. A vehicle logbook includes a reminder for pre-inspection of the minibus; maintenance routines are arranged by the Finance Officer.
- d. PE activities** – annual maintenance/safety check of equipment is organised by Mitie PFI.
- e. Technology** – workshop machinery is subject to annual safety inspections by Mitie PFI
- f. Science** – Fume cupboards are tested annually by Mitie PFI.

Useful Contacts

Health and Safety Advisers

Dean Fenton
Principal Officer - School Organisation and Risk Management
School Admissions, Organisation & SEN Assessment Service
Children & Young People's Services
Rotherham Metropolitan Borough Council

Tel: 01709 254821 / Mob: 07940 536066

Internal from old: 7454821

Internal from new: 54821

Email: dean.fenton@rotherham.gov.uk

Occupational Health Provider

Select Occupational Health Limited

PO BOX 524, Wakefield
West Yorkshire, WF1 9DD
Tel / Fax: 01924 267100

www.selectoccupationalhealth.co.uk

email: enquiries@selectoccupationalhealth.co.uk

Registered Office: 29 Oakland Drive, Netherton, Wakefield, West Yorkshire, WF4 4LZ.

Registered in England & Wales No. 5696931. Managing Director: Joanne Flooks (RGN). Director: Christopher M Flooks.

Useful Websites

www.leafonline.co.uk/

www.hse.gov.uk

www.dfes.gov.uk

Codes of Practice

1. Management of Health and Safety at Work Regulations 1999
2. Workplace (Health, Safety and Welfare) Regulations 1992
3. Fire Precautions (Workplace) Regulations 1999
4. Display Screen Equipment Regulations 1992
5. Manual Handling Operations Regulations 1992
6. Personal Protective Equipment Regulations 1992
7. Provision and Use of Work Equipment Regulations 1998
8. Lifting Operations and Lifting Equipment Regulations 1998
9. Control of Substances Hazardous to Health Regulations 1999
10. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
11. First Aid at Work Regulations 1981
12. Guidance on the Cleaning of First Aid Spillages
13. Guidelines for the Use of Disposable Gloves in Schools
14. Guidelines for Staff Organising Educational Visits
15. Guidelines for Staff Organising Foreign Visits
16. Guidelines for Staff Organising Visits to Farms
17. Special Events
18. Safety and Ponds in School Grounds
19. Safe Carriage of Children and Young People on Private Hire Journeys
20. Managing Violence at Work
21. Asbestos and its Treatment in Educational Establishments
22. Contractors on School Premises
23. Use of Volunteers (Construction and Renovation Work)
24. Working at Height
25. Calor Gas Heaters
26. Trade Union Access
27. Mobile Goal Posts
28. Finger Safe Devices
29. Motor Vehicles Entering or Being Driven on Council Premises
30. Needlestick Injuries
31. Disposal of Clinical and Sanitary Waste
32. Guidance on Organised Firework Displays/Bonfires
33. New and Expectant Mothers
34. Working Alone
35. Working in the Sun
36. Control of Noise at Work Regulations
37. Carriage of Dangerous Substances

King Egbert School

Managing Medicines

Please also refer to the Supporting Students with Medical Conditions Policy

King Egbert School is committed to reducing the barriers to sharing in school life and learning for all its students. This policy sets out the steps which the school/setting will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

N.B. Paragraph numbers refer to the DfES publication '*Managing Medicines in Schools and Early Years Settings*':

1. Managing prescription medicines which need to be taken during the school day.

- 1.1 Parents/carers should provide full *written* information about their child's medical needs.
- 1.2 *Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day.* If the period of administering medicine is 8 days or more, there must be an individual Health Care Plan. *Paragraph 37*
- 1.3 King Egbert School will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages. *Paragraph 26*
- 1.4 King Egbert School will **not administer** medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Health Care Plan. The school will inform parents of this policy. *Paragraph 25*
- 1.5 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug in their possession. The school/setting will keep controlled drugs in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, and will be dealt with under the school's behaviour policy.
- 1.6 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:
 - Name of child
 - Name of medicine
 - Dose
 - Method of administration
 - Time/frequency of administration

- Any side effects
- Expiry date

Paragraph 51

1.7 The school will refer to the DfES guidance document when dealing with any other particular issues relating to managing medicines.

2. Procedures for managing prescription medicines on trips and outings and during sporting activities

2.1 The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children. *Paragraph 56*

2.2 If staff are concerned about how they can best provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the DfES guidance on planning educational visits.
Paragraph 58

2.3 The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their Health Care Plan.
Paragraph 60

2.4 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.
Paragraph 61

2.5 The school must cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. (see above). This may include giving advice regarding a child's medical needs. *Paragraph 64*

3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines

3.1 Close co-operation between school, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.

- 3.3 The school will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.
- 3.4 The school will always designate a minimum of two people to be responsible for the administering of medicine to a child.
- 3.5 Staff should **never** give a non-prescribed medicine to a child unless this is part of an individual Health Care Plan, involving specific written permission from the parents/carers. Where the head agrees to administer a non-prescribed medicine it **must** be in accordance with this policy. The school will inform parents of this policy. Criteria in the national standards for under 8s day care make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as Form 5 or 6 and the parents/carers informed. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.
- 3.6 National Guidance states: 'A child under 16 should **never** be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.' The school/setting will inform parents of this policy. (*Paragraph 35*)
- 3.7 Any controlled drugs which have been prescribed for a child must be kept in safe custody.
- 3.8 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (which should be set out in the policy or the child's Health Care Plan). Parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school's normal emergency procedures will be followed. (*Paragraph 49*)
- 3.9 If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action.**

N.B. *The DfES guidance document gives a full description of roles and responsibilities* *Paragraphs 66 to 102.*

4. Parental responsibilities in respect of their child's medical needs

- 4.1 It is the parents'/carers' responsibility to provide the Headteacher with sufficient *written* information about their child's medical needs if treatment or special care is needed.
- 4.2 Parents are expected to work with the Headteacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.
- 4.3 The Headteacher should have *written* parental agreement before passing on information about their child's health to other staff including transport staff. Sharing information is important if staff and parents/carers are to ensure the best care for a child.

- 4.4 If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.
- 4.5 It is the parents/carers' responsibility to keep their children at home when they are acutely unwell. *Paragraph 83*
- 4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school or setting has day-to-day contact.
- 4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child. (See specimen forms in Appendix A.)

5. Assisting children with long-term or complex medical needs

Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, a Health Care Plan should be completed, using Form 2, involving both parents/carers and relevant health professionals.

- 5.1 A Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.
- 5.2 The school will agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently. *Paragraph 119*
- 5.3 The school will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a student's age and need to take personal responsibility. *Paragraph 120*
- 5.4 Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child. *Paragraph 121*
- 5.5 In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:
- Headteacher
 - Parent or carer
 - Child (if appropriate)
 - Form Tutor/Head of Year
 - Care assistant or support staff
 - Staff who are trained to administer medicines
 - Staff who are trained in emergency procedures
- Paragraph 122*

5.6 The school will consult the DfES publication '*Managing Medicines in Schools and Early Years Settings*' when dealing with the needs of children with the following common conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

Paragraphs 131 – 193

5.7 Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use. Form 9 may be used for this purpose. Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible.

6. Off-site Education or Work Experience for Secondary School Students

6.1 The school has responsibility for an overall risk assessment of any off-site activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when students below the minimum school leaving age are on site. *Paragraph 127*

6.2 The school will refer to the DfES guidance Work Related Learning and the Law DfES/0475/2004, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding e.g. Increased Flexibility Programme.

6.3 The school is also responsible for students with medical needs who, as part of Key Stage 4 provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college. The school will comply with LEA policy on the conduct of risk assessments before a young person is educated off-site or has work experience. *Paragraph 126*

6.4 The school is responsible for ensuring that a work place provider has a health and safety policy which covers each individual student's needs.

6.5 Parents/carers and students must give their permission before relevant medical information is shared on a confidential basis with employers. *Paragraph 128*

7 Policy on children carrying and taking their prescribed medicines themselves

An example of this would be a child with asthma using an inhaler.

- 7.1 *It is good practice to support and encourage students, who are able, to take responsibility to manage their own medicines. If such medicines are taken under supervision, this should be recorded.* Paragraph 45
- 7.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the student. Please refer to Form 7. Paragraph 46
- 7.3 Where students have been prescribed controlled drugs, these must be kept in safe custody. Students could access them for self-medication if it was agreed that this was appropriate. Paragraph 48

8 **Staff support and training in dealing with medical needs**

- 8.1 The school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.
- 8.2 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child **does so voluntarily** and will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.
- 8.3 **Teachers' conditions of employment do not include giving or supervising a student taking medicines. Agreement to do so must be voluntary.**
- 8.4 The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty on Headteachers to ensure that their staff receive the training. The Headteacher or teacher in charge of a setting will agree when and how such training takes place, in their capacity as a line manager. The head of the school or setting will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs. (Paragraph 83)
- 8.5 Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.
- 8.6 The child's parents/carers and health professionals should provide the information specified above.
- 8.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 8.8 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.

8.9 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

9 Record keeping

9.1 Parents/carers should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional. *Paragraph 50*

9.2 The school will use Form 3A to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

9.3 The school will use Form 3B to record long-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

9.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/setting. It is not the school's /setting's responsibility.

9.5 Form 4 should be used to confirm, with the parents/carers, that a member of staff will administer medicine to their child. *Paragraph 52*

9.6 (For Early Years Settings) This setting will keep written records of all medicines administered to children, and make sure that parents/carers sign the record book to acknowledge the entry. (All Early Years settings must do this.) *Paragraph 54*

9.7 Although there is no similar legal requirement for schools to keep records of medicines given to students, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. Some schools keep a logbook for this. Forms 5 and 6 provide example record sheets. This school **will** keep a logbook of medicines given. *Paragraph 55*

10. Safe storage of medicines

10.1 The school will only store supervise and administer medicine that has been prescribed for an individual child.

- 10.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- 10.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.
- 10.4 Where a child needs two or more prescribed medicines, each will be in a separate container.
- 10.5 Non-healthcare staff will never transfer medicines from their original containers. *Paragraph 107*
- 10.6 Children will be informed where their own medicines are stored and who holds the key.
- 10.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- 10.8 Schools may allow children to carry their own inhalers. This school will do so.
- 10.9 Other non-emergency medicines will be kept in a secure place not accessible to children. *Paragraph 108*
- 10.10 A few medicines need to be refrigerated. They *can* be kept in a refrigerator containing food but *must* be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled. *Paragraph 109*
- 10.11 Access to Medicines - Children need to have immediate access to their medicines when required. The school will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This will be considered as part of the policy about children carrying their own medicines. *Paragraph 111*

11. Disposal of Medicines

- 11.1 Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. *Return of such medicines to parents should be documented.*
- 11.2 Parents/carers should also collect medicines held at the end of each term. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. *This process should be documented. Paragraph 112*

- 11.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority. *Paragraph 113*

12. Hygiene and Infection Control

- 12.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures
- 12.2 Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.
- 12.3 OfSTED guidance provides an extensive list of issues that early years providers should consider in making sure settings are hygienic. *Paragraph 114*

- 12.4 The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured students. It **must** contain a washbasin and be reasonably near a water closet. It **must not** be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible **must** consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority.

13. Access to the school's emergency procedures

- 13.1 As part of general risk management processes the school *has* arrangements in place for dealing with emergency situations. [This could be part of the school's first aid policy and provision. See DfES Guidance on First Aid for Schools: a good practice guide, 1998]
- 13.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.
- 13.3 All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1.
- 13.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- 13.5 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- 13.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available. *Paragraph 115*
- 13.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance. *Paragraph 116*
- 13.8 In remote areas a school might wish to make arrangements with a local health professional for emergency cover. *Paragraph 116*
- 13.9 The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies. *Paragraph 116*
- 13.10 Individual Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role. *Paragraph 117*

14. Risk assessment and management procedures

This policy will operate within the context of the school/setting's Health and Safety Policy.

- 14.1 The school will ensure that risks to the health of others are properly controlled.
- 14.2 The school will provide, where necessary, individual risk assessments for students or groups with medical needs.
- 14.3 The school will be aware of the health and safety issues relating to dangerous substances and infection.

15. Home to School Transport

The school will ensure that there is effective liaison with drivers and escorts providing home to school transport. (see Section E of Sheffield Local Authority Guidance, above).

- 15.1 Prior to transport commencing, transport staff need to be fully briefed about the medical needs of students being transported. Briefing will be given by a nurse in school, or by another *appropriately informed* member of staff. In this school, briefing will be carried out by C Dodd.
- 15.2 There should be regular reviews of the situation, so that drivers and escorts have up-to-date information
- 15.3 Where students have life-threatening conditions, specific health care plans (or specific essential information from the plan) should be carried on vehicles. The care plans should specify the steps to be taken to support the normal care of the student, as well as the appropriate responses to emergency situations.

ANNEX:

A. Insurer's schedule of activities covered (p27)

B. Forms (p28 onwards)

- Form 1:** Contacting Emergency Services
- Form 2:** Health Care Plan
- Form 3A:** Parental agreement for school to administer medicine (short-term)
- Form 3B:** Parental agreement for school to administer medicine (long-term)
- Form 4:** Headteacher agreement to administer medicine
- Form 5:** Record of medicine administered to an individual child
- Form 6:** Record of medicines administered to all children
- Form 7:** Request for child to carry his/her own medicine
- Form 8:** Staff training record – administration of medicines
- Form 9:** Authorisation for the administration of rectal diazepam
- Form 10:** Authorisation for the administration of buccal midazolam

All forms set out below are examples that schools may wish to use or adapt according to their particular policies on administering medicines.

C. Flow-chart for decision-making (p45)

A. Insurer's schedule of activities covered (next page)

PLEASE NOTE THAT WHILST THE ACTIVITIES BELOW FALL WITHIN THE SCOPE OF CURRENT INSURANCE COVER THIS ONLY APPLIES WHEN THE PROCEDURE IS ALSO SUPPORTED BY SHEFFIELD CITY COUNCIL'S POLICIES & PROCEDURES.

Examples of Healthcare activities

Procedure	Description	Acceptable to underwriters
Anal plugs	Plug to prevent bowel movements in incontinent adults or children	No
Apnea monitoring	Visual monitoring	No
	Monitoring by machine	Yes – following written Health care plan
Bathing		Yes – following training and 2 adults present. Safe Manual Handling Practice to be followed
Bladder wash out		No
Blood samples	Glucometer only	Yes – following written Health care plan
Buccal medazolam	Administered by mouth	Yes – following written Health care plan
Catheters	Change bags and cleaning of tube	Yes – following written Health care plan
	Insertion of tube	No
Chairs, frames etc	Positioning of specialist equipment	Yes – following written Health care plan
Chest drainage exercise	E.g. drainage exercises for individuals with for example fibrocystic disease	Yes – following written Health care plan provided under the direction of a physiotherapist
Colostomy/Stoma care	Change bags	Yes – following written Health care plan
	Cleaning	Yes – following written Health care plan
Defibrillators /Firs aid only	In emergency	Yes – following written Health care plan
Denture cleansing		Yes – following appropriate training
Dressing care (external)	application	Yes – following written Health care plan
	replacement	Yes – following written Health care plan
Ear syringe		No
Ear / nose drops		Yes
Enema suppositories		No
Eye care	For individuals unable to close eyes	Yes – following written Health care plan
Eye drops		Yes
First Aid	In emergency (including use of defibrillators)	Yes – by employees with valid first aid certificate.
Gastrostomy tube- Peg feeding (Through the abdominal wall)	A tube to be inserted	No by qualified medical staff only
	Feeding and cleaning	Yes – following written Health care plan
	Reinsertion of gastronomy tube	No by qualified medical staff only
	Testing	

Gastrostomy tube -Peg feeding with medication		Yes- following written Health care plan and in consultation with pharmacist, and prescribed by a medical professional	5
Gastrostomy tube - Bolus feed via a gastrostomy tube	Using a large syringe or feed bag to provide 'bulk' feed	Yes- following written Health care plan	5
Gastrostomy tube - Pump feeds via a gastrostomy	Pumps are usually used to provide a constant feed – say through the night	Yes- following written Health care plan	5
Hearing aids	Checking	Yes- following written Health care plan	5
	Fitting (but not measuring for a hearing aid)	Yes- following written Health care plan	5
	Replacement (but not measuring for a hearing aid)	Yes- following written Health care plan	5
Inhalers, and nebulisers	Provide assistance to user – both hand held and mechanical	Yes- following written Health care plan	5
Injections	Assembling syringes and administering intravenously or controlled drugs	No	2
	Pre packaged doses administered on a regular basis*	Yes- see medipens below	5
	Carer using judgement to determine frequency and dosage	No	2b
	Pre packaged doses administered (intramuscular or subcutaneous only) on a regular basis or in pre planned emergency may only be provided by - First aider to have been deemed competent to administer prescribed medication (Accredited by the appropriate professional body) -refresher training/competency assessment as recommended by the professional body		
Manual evacuation	Of the bowel	No	2
Medipens (Epipens & Anapens)	For anaphylactic shock (intramuscular) with a preassembled pre-dose loaded epipen epinephrine or adrenaline/epinephrine.	Yes- following written Health care plan	5
Mouth toilet	For individuals unable to swallow	Yes	5
Naso-gastric tube-feeding	Tube to be inserted. Carers and staff will be trained on an individual basis for individual child/young person/adult.	No by qualified acute sector medical staff only so that the tube can be scanned to check for correct insertion.	1/2
	Feeding and cleaning of tube	Yes- following written Health care plan	5
	Reinsertion Testing	No by qualified acute sector medical staff only so that the tube can be scanned to check for correct insertion	1/2
Naso-gastric tube- Bolus nasogastric feeds	This is where a syringe is used to provide a bulk feed	Yes- following written Health care plan	5

Occupational therapy		No
Oral medication - prescribed	Antibiotic syrup, tablets etc	Yes as prescribed and directed by a medical professional following written Health Care plan (refer to additional notes below)
Oral suction	To remove excess secretions from the upper respiratory tract for individuals who are unable to do so independently	No
oxygen -administration of	Provide assistance to user	Yes- following written Health care plan
	Fitting oxygen tubes	No – if invasive Yes – if applying a mask
Pessaries		No
Physiotherapy		No – other than chest drainage, limb massaging, exercise therapy under the direction of a physiotherapist and documented in a Health Care Plan
Pressure bandages	Application to assist with positioning of digits	Yes- following written Health care plan
Rectal midazolam prepackaged dose	Tends to be used for individuals suffering from repeated epileptic fits	Yes- following written Health care plan and 2 Members of Staff must be present
	emergency situation	Yes- following written Health care plan and 2 Members of Staff must be present
Rectal diazepam in prepackaged dose	Tends to be used for individuals suffering from repeated epileptic fits Routine administration	Yes- following written Health care plan and 2 Members of Staff must be present
	emergency situation	Yes- following written Health care plan and 2 Members of Staff must be present
Rectal Paraldehyde	Used for individuals suffering from repeated epileptic fits- and can't use other forms of medication Routine and emergency – needs to be applied by catheter – highly skilled application/ and drug storage	No
Suction machine	To remove excess secretions from the upper respiratory tract for individuals who are unable to do so independently	No
Splints, braces, corsets etc	Application of appliances	Yes – as directed by a medical professional
Syringe drivers- Programming of		No
Suppositories or pessaries -Inserting with a prepackaged doses		No other than Rectal diazepam and midazolam. See above
Swabs	external	yes
	Internal(other than oral) invasive	No
Toe nail cutting		Yes No - if the patient has diabetes or

		vascular disease a chiropodist should only do this.	
Topical medication	Pre prescribe medication only -Creams lotions etc	Yes- following written Health care plan and as prescribed and directed by a medical professional	5
Tracheotomy care	Clean round edge of tube only.	Yes- following written Health care plan	5
	Testing, Replacement, suction	No	1
	Emergency:	NO	2
Ventilators	Use of	Yes- following written Health care plan	5
Vene puncture	A method of collecting blood	No	1/2

Local Authority Education – Day Schools only (not residential)

Oral medication - prescribed	Antibiotic syrup, tablets etc	Yes as prescribed and directed by a health care professional (i.e. Doctor) <ul style="list-style-type: none"> Adherence to Authorities Medication Policy Parental consent form completed 	5 Health Care plans required for the administration of oral medication over a period of 8 days or more
Oral medication as directed and authorized by a parent/Guardian	Paracetamol, antihistamine (i.e. for hay fever etc)	Yes : <ul style="list-style-type: none"> Adherence to Authorities Medication Policy Parental consent form completed 	5Health Care plans required for the administration of oral medication is over a period of 8 days or more

Residential establishments

Oral medication - prescribed	Antibiotic syrup, tablets etc	Yes as prescribed and directed by a health care professional (i.e. Doctor) Adherence to Authorities Medication Policy	5 Health Care Plans must be amended to include reference to the oral medication if administration is required for a period of 8 days or more *
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* We appreciate that a resident will have a Health care plan in place, but at times may need short courses of antibiotics etc. We wouldn't expect a revised Health Care Plan in these circumstances.

The list of Healthcare activities is not all-inclusive and over time and in consultation with our insured's this list will be added to.

B. Forms

FORM 1

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number: 0114 2439391
2. Give your location as follows:
King Ecgbert School
Totley Brook Road
Sheffield
3. State that the postcode is:
S17 3QU
4. Give exact location in the school/setting
5. Give your name
6. Give name of child and a brief description of child's symptoms
- 7 *Give details of any medicines given or prescribed*
8. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

FORM 2

Health Care Plan (this should be regularly reviewed)

Name of school	King Egbert School
Child's name	
Tutor Group	
Date of birth	/ /
Child's address	
Medical diagnosis or condition	
Date	/ /
Review date	/ /

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency (state if different for off-site activities)

Form copied to

FORM 3A

Parental agreement for King Egbert School to administer medicine (short-term)

King Egbert School will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by King Egbert School.

Name of school/	King Egbert School
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	Mrs F Hutton
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes/No
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Mrs F Hutton

I accept that this is a service that the King Egbert School is not obliged to undertake.
I understand that I must notify King Egbert School of any changes in writing.
I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

Date: Parent/Carer Signature(s):

FORM 3B

Parental agreement for school/setting to administer medicine (long-term)

King Egbert School will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by King Egbert School.

Name of school	King Egbert School
Date	/ /
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	/ /
How much to give (<i>i.e. dose to be given</i>)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent/carer or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by	Mrs F Hutton

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to King Egbert School and other authorised staff administering medicine in accordance with the school policy. I will inform King Egbert School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

Parent/carer's signature _____

Print name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 4

Headteacher agreement to administer medicine

Name of school/setting

King Egbert School

It is agreed that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. lunchtime or afternoon break].

[Name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parent/carers].

Date _____

Signed _____

(The Headteacher/named member of staff)

FORM 5

Record of medicine administered to an individual child

Name of school	King Ecgbert School
Name of child	
Date medicine provided by parent/carer	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature _____ Staff code _____

Signature of parent/carer _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff code			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff code			

Record of medicine administered to an individual child (Continued)

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff code			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff code			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff code			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff code			

FORM 6

Record of medicines administered to all children

King Egbert School

Date Any reactions	Child's name Signature	Time Print name	Name of medicine	Dose given
/ /				
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FORM 7

Request for child to carry his/her own medicine

This form must be completed by parent/carer

If staff have any concerns discuss this request with healthcare professionals

Name of school	King Egbert School
Child's name	
Tutor Group	
Address	
Name of medicine	
Procedures to be taken in an Emergency	
Contact Information	
Name	
Daytime phone no.	
Relationship to child	

I would like my child to keep his/her medicine on him/her for use as necessary.

Signed _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 8

Staff training record – administration of medicines

Name of school	King Ecgbert School
Name	
Type of training received	
Date of training completed	/ /
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [please state how often].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

FORM 9 Authorisation for the administration of rectal diazepam

Name of school

King Ecgbert School

Child's name

Date of birth

/ /

Home address

G.P.

Hospital consultant

should be given rectal diazepam mg.

If he has a *prolonged epileptic seizure lasting over minutes

OR

*serial seizures lasting over minutes.

An Ambulance should be called for *

OR

If the seizure has not resolved *after minutes.

(*please enter as appropriate)

Doctor's signature _____

Parent/carer's signature _____

Date _____

The following staff have been trained:

Trainers name and post

NB: Authorisation for the administration of rectal diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- when the diazepam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration should be maintained using Form 5 or similar

FORM 10 Authorisation for the administration of buccal midazolam

Name of school	King Egbert School
Child's name	
Date of birth	/ /
Home address	
G.P.	
Hospital consultant	

should be given buccal midazolam mg.

If he has a *prolonged epileptic seizure lasting over minutes

OR

*serial seizures lasting over minutes.

An Ambulance should be called for *

OR

If the seizure has not resolved *after minutes.

(*please enter as appropriate)

Doctor's signature _____

Parent/carer's signature _____

Date _____

The following staff have been trained:
Trainers name and post

NB: Authorisation for the administration of buccal midazolam

As the indications of when to administer the midazolam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

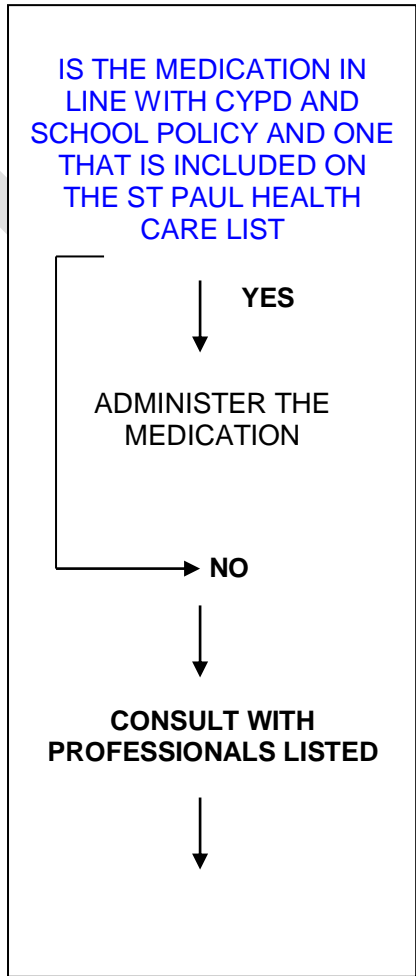
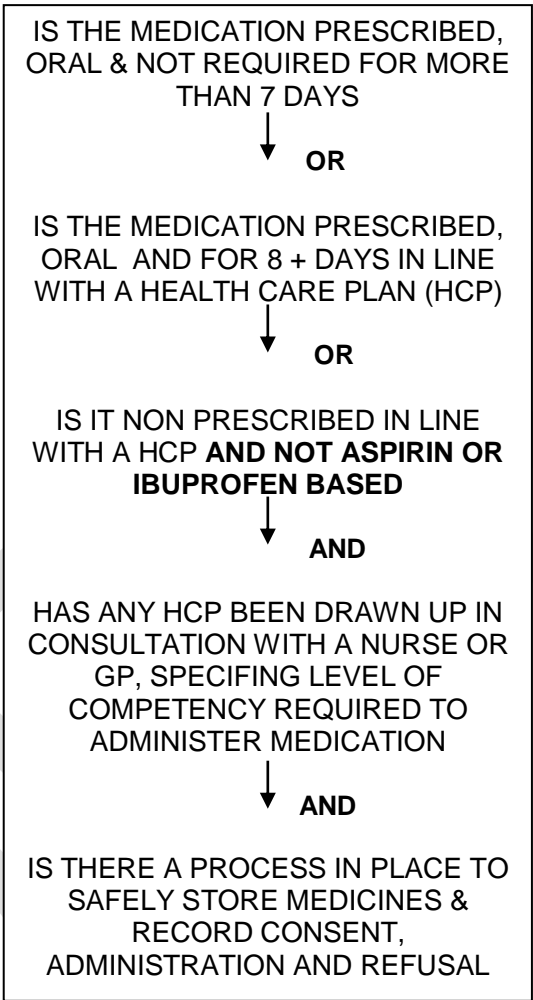
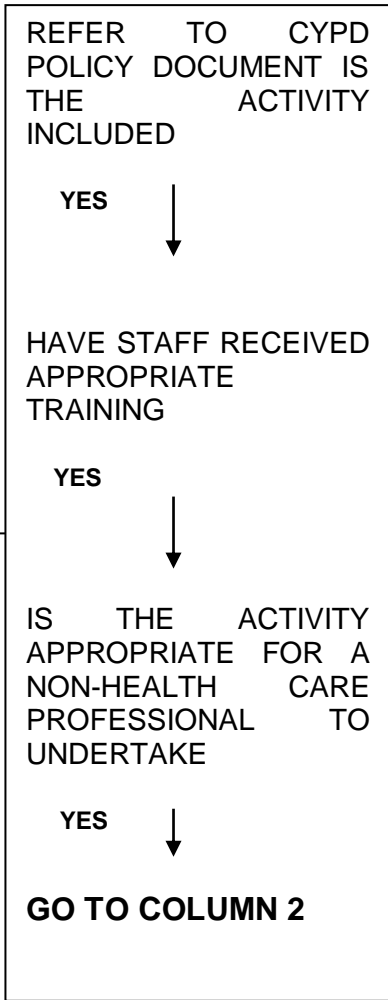
- when the midazolam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration should be maintained using Form 5 or similar

COLUMN 3 – STAGE 3

NO



IF YES

IF NO TO ANY OF ABOVE

