

Glyne Gap School

Curriculum Guideline 4 (CG4): Meeting Pupils' Medical, Care and Health Needs – March 2026

Contents

Introduction	2
Aims of this policy	2
Legislation	2
Roles and Responsibilities.....	3
Training	3
Section 1 – Meeting pupils’ medical/care/health needs as part of the school day	3
Procedures for managing prescription and non-prescription medicines.....	4
Procedures for managing prescription and non-prescription medicines (cont) - OUTINGS	6
Procedures for managing prescription and non-prescription medicines (cont) - MANAGING SEIZURES	6
Procedures for managing prescription and non-prescription medicines (cont) - MANAGEMENT OF ANAPHYLACTIC SHOCK	7
MANAGEMENT OF NASO-GASTRIC TUBES	7
ATTENDING CLINICS.....	8
Section 2 – Protocol for training and supporting staff to carry out procedures and/or interventions to support pupils’ medical/care/health needs.....	8
1 .THE MANAGEMENT OF GASTROSTOMY TUBES	9
2. THE MANAGEMENT OF TRACHEOSTOMY TUBES	10
3. THE MANAGEMENT OF NG TUBES	10
4. ADMINISTERING RECTAL DIAZEPAM	11
5. ADMINISTERING BUCCAL MIDAZOLAM	11
6. MANAGEMENT OF COLOSTOMY BAGS.....	11
7. ADMINISTERING AN AUTO INJECTOR (Epipen)	12
8. ADMINISTRATION OF RECTAL MEDICATIONS (e.g. Paracetamol, glycerine suppositories, paraldehyde)	12
9. THE MANAGEMENT OF INHALERS & SPACERS	12
10. ORAL SUCTION	12
11. HIGHLY PERSONALISED/LOW INCIDENT/TEMPORARY PROCEDURES (e.g. using a nebuliser; passing a urinary catheter; short term ventilation, nasal suction).....	13
Appendices	
17-31 training sheets	
32-36 recording sheets	
37 parental agreement to administer medication	
38 emergency contacts and information sheet 39 5 R’s	

Introduction

In school we take a holistic approach to the education of all pupils, and are committed to meeting **all** their needs throughout the school day. For some this means special approaches to helping pupils behave so they can access their learning, for others it may be special means to access communication systems and for others it is a matter of managing their health, care and medical needs so they too can fully access learning opportunities. It is the needs of this final group that this policy addresses.

Many of our pupils now have a high complexity of needs, and we are increasingly finding ourselves having to carry out various procedures and/or interventions on a daily basis to ensure pupils' medical, health and care needs are being met. It is the intention of this policy to address how we do this safely, efficiently, confidently and with pupils' best interests at heart.

Aims of this policy

- To enable all pupils to access learning and ensure medical needs do not create an unnecessary barrier to that learning.
- To outline the school's responsibilities with regard to meeting pupils' medical, care and health needs and how it fulfils them.
- To ensure consistency in practice across the setting.
- To enable parents to feel confident in the school's ability to meet their child's needs.
- To enable staff to feel confident in how they are meeting pupils' medical, care and health needs.
- To promote a strong inter-disciplinary approach to meeting pupils' medical, care and health needs which is pupil-centred.

Legislation

This policy is written in line with the requirements of:

- Children and Families Act 2014 – Section 100
- Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (DfE 2017)
- Special educational needs and disability code of practice: 0 to 25 years – Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities. (DfE 2015)
- Mental health and behaviour in schools: Departmental advice for school staff (DfE 2018)
- Equalities Act 2010
- Schools Admissions Code: Statutory guidance for admission authorities, governing bodies, local authorities, schools adjudicators and admission appeals panels (DfE 2014)

It has been written in conjunction with the Children's Community Nursing Team (CCNT), and is allied to local guidance and ratified by the Glyne Gap School governing body. It is reviewed every year or sooner if there is a major change to any procedure.

Roles and Responsibilities

It is the Governing Body's responsibility to ensure the school is fulfilling its statutory duty for supporting pupils with medical conditions. A member of staff, Debbie Clark, is responsible for ensuring this policy, and the protocols and systems within it, are in line with current guidance and are properly and effectively implemented. This is agreed with and overseen by the Head Teacher.

Training

We require staff to be competent, and feel confident carrying out these necessary procedures, so the protocol in section 2 has been written to ensure that staff receive the appropriate training. It does not include details of the training itself. The training will be carried out by agreed 'in-school' tutors and, when related to higher level tracheostomy management i.e. changing or replacing a tube, by members of the children's community nursing team (CCNT). (In some instances it may be a parent who shows staff a procedure specific to their child). All in-school tutors have received training and guidance from the CCNT, and have participated in a 'training the trainers' day led by members of the CCNT. The training is renewed on an annual basis.

This training protocol is agreed and overseen by the Head Teacher (on behalf of the Governing Body and Children's Community Nursing Team CCNT).

An online and hard copy register is kept of staff trained in each procedure, and an annual update to the training is given by the in school tutors covering routine procedures i.e. management of gastrostomies & tracheostomies at basic skill level, and administration of medications and general good practice around medical, care and health needs of pupils in school. All of the higher level and specific procedures will be delivered via an annual update from CCNT i.e. rectal medication, tracheostomy management.

It is our aim that all members of a class team will be competent in all necessary procedures relating to pupils in their class, where possible. If a new member of staff joins a class team and requires training in certain procedures, this will be organised as soon as possible with the relevant person. If higher level tracheostomy training is required it will be agreed by the lead in-school tutor and the member of staff will be put in touch with the CCNT in order to begin the training with a member of the CCNT.

Section 1 – Meeting pupils' medical/care/health needs as part of the school day

- Pupils with additional health, care and medical needs will have a health care IPA (Individual Pupil Arrangement) which will be accessible to staff to identify the level of and nature of support they require.
- Staff should be aware of all the pupils in their care with health care IPA's relating to health, care and medical needs, where they are kept and the content of them.

- Health care plans (IPAs) will sign-post staff to plans/protocols giving details & instructions as to how to manage a pupil's needs in an emergency, and identify who to contact in an emergency. IPAS are written by the class teacher and the Healthcare lead. Parents agree, date and sign the agreed IPA each academic year.
- Health care IPA's, plans/protocols will be routinely monitored by the lead in-school tutor as part of regular health care file monitoring. Healthcare files will be monitored at least annually.
- Some pupils with additional health, care and medical needs may also require a risk assessment to be carried out around their needs. The school will always carry out risk assessments for pupils with tracheostomies and pupils with high intensity/impact, low incidence needs. Risk assessments are signed off by the lead in-school tutor and overseen by the head teacher and stored in the pupil's class health care file and on the pupil's individual Q drive.

Procedures for managing prescription and non-prescription medicines

(e.g. anti-convulsants, antibiotics, Calpol, homeopathic medicines, etc)

- For pupils requiring any medicines to be administered in school a medical form must be completed by a parent. These are sent to every family at the beginning of each school year, together with a form which gathers key information and the healthcare IPA if needed e.g. emergency telephone numbers, etc.
- All medicines should be sent into school in the original container with the dispenser's label stating pupil's name, the name of the medicine and dosage instructions. The medication must be in date.
All medication received in school should be signed in by 2 staff and the record sheet completed and the medication stored safely in locked medication cabinets.

If pupils have medication that comes in and goes home daily it must be signed in and out by 2 staff, stored safely and the record sheet completed.

- All medicines must be kept in a child proof cupboard. The exception to this may be emergency medicines which need to always be with the pupil. These will be carried by a member of staff trained to administer it in an orange Medipac with an anti-tamper seal. A record chart must be completed when the medicines are administered. Medicines which need refrigeration will be kept in a fridge lockbox in the classroom fridge.
- It is the responsibility of the parent to inform the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. A new medical form must be completed by parents when changes arise.
- The class teacher will alert the parent in good time, when fresh supplies are needed.

- If a medicine is no longer required, out of date or is finished it must be signed out by 2 staff sent home to parents for safe disposal.
- The expiry date on all medicines stored in school must be checked by class teams every month. The expiry date checklist should be displayed on the front of all medicine cabinets. (Expiry dates should also be routinely checked each time medication is given to a pupil)
- Medicines to be administered in school will be dispensed by the most appropriate adult e.g. the member of staff supporting a pupil to eat, or giving food/fluid via a gastrostomy tube. Any member of staff administering medication should have completed training in administering pupil medications and should have been signed off to do so. They will administer the medication at the appropriate time and, in the company of a second member of staff, will go through the 5 R's (see appendices) before giving the medication to the pupil. Both members of staff will then sign the record sheet.
- If a pupil refuses or spits out medication it should be noted on the record sheet and reported to the parents on the same day. Staff should check the pupil's records for any implications of the refusal. If it is likely to result in an emergency the emergency procedures for that pupil should be followed.
- A sharps box must always be used for the disposal of needles and other sharps. These can be obtained by parents on prescription. Collection and disposal of the boxes can be arranged with the Local Authority's environmental services, but would be sent home for parents to arrange this.
- Paracetamol may only be administered to secondary aged pupils, and liquid paracetamol to younger pupils with parental consent. If a pupil requires this parents must be contacted to ascertain the time of any previous dose, and an up to date medical form should be in place providing details of name of pain relief and dose.
- All staff working with pupils with medical needs should be informed about the nature of the condition and when and where the pupil may need extra attention. Any member of staff who accepts responsibility for administering prescribed medicines to a pupil should have the appropriate training and guidance. They should be aware of the possible side effects of the medicines and what to do if they occur.
- All staff should be aware of the likelihood of an emergency arising and what action to take if it occurs. If a pupil needs to go to hospital a member of staff will accompany them and remain with them until a parent arrives.
- The following must be reported to a Head of School and reported on CPOMS and parents notified: Missed or forgotten medication, any errors with the administration of medication, spillages of medication e.g. a bottle has leaked or been knocked over and medication lost, Medication not sent into school by parent.

- It is good practice to support and encourage pupils, who are able, to have autonomy to manage their own medicines. If pupils can take the medicine themselves, staff will need to supervise. The medicines should still be kept in a child proof cupboard for the safety of all the pupils at the school and the record sheet completed.

Procedures for managing prescription and non-prescription medicines (cont) - OUTINGS

- Medicines that may be needed on school outings should be carried by either the class/group leader or the adult supporting an individual pupil. Staff should know what medicines they are carrying, who it is for and how and when to administer them.
- A copy of any individual protocols and/or medical record cards should be taken on outings in the event of the information being needed in an emergency.
- Emergency medications such as buccal midazolam which may be required by a pupil during a school outing must be carried by the class/group leader or another trained member of staff who may be supporting that pupil in an Orange Medipac with an anti-tamper seal and they will be responsible for administering it should the need arise.
- Auto injectors which may be required by a pupil during a school outing must be carried by the adult (who must be trained in its use) accompanying the pupil for whom it may be required in an Orange Medipac with an anti-tamper seal.

Procedures for managing prescription and non-prescription medicines (cont) - MANAGING SEIZURES

- If a pupil has epilepsy, brief details of their seizure protocol may be displayed on the class wall and will be accessible to staff in the class healthcare file, and will include information about the use of emergency medication if appropriate.
- Administration of emergency medication:
 - Parents must provide a copy of their child's seizure protocol (compiled by the NHS epilepsy nurse), containing descriptions of seizures, when to use emergency medication and any action to follow.
 - Any trained member of staff should administer the medication (often Buccal Midazolam/Rectal Diazepam) as directed by the seizure protocol.
 - The event will be recorded and the parent informed by the class team as to the time, nature, duration and effect of the seizure, and the time the medication was given.

Procedures for managing prescription and non-prescription medicines (cont) - MANAGEMENT OF ANAPHYLACTIC SHOCK

- If a pupil suffers from severe allergies details of the triggers, and how to deal with an adverse reaction should be displayed on the class wall and be accessible to staff in the class healthcare file, including information about the use of emergency medication if appropriate
- Administration of an Auto injector
 - Auto injectors are prescribed by a GP, and instructions are on the side of the tube
 - Any adult trained should administer the medication as directed in training and in accordance with the pupil's written directions.
 - When an Auto injector is administered the pupil will require hospital follow-up, so an ambulance will be required on 999. Staff must keep the empty tube to pass to the paramedic so they know how much adrenaline has been given.

N.B. ANAPHYLAXIS IS LIFE-THREATENING SO IN AN ABSOLUTE EMERGENCY ANY RESPONSIBLE ADULT MUST ADMINISTER THE AUTO INJECTOR.

Procedures for managing prescription and non-prescription medicines (cont) - ASTHMA

- All pupils with ASTHMA must have a Healthcare IPA. This should be accessible to staff in the Healthcare File, including what to do in an emergency.
- All staff working with pupils with Asthma must be aware of triggers and signs relevant to the pupil. They need to know where the pupil's Inhaler is stored and be able to access it in an emergency, this must be administered by a trained member of staff.
- All first aiders are trained to support individuals with Asthma.

N.B. ASTHMA CAN BE LIFE THREATENING SO IN AN EMERGENCY CALL 999.

MANAGEMENT OF NASO-GASTRIC TUBES

- Always check that the NG tube is correctly positioned before administering anything via the tube i.e. is in the stomach, using pH test paper. (See below)
- Do not ever use an NG tube if there is any doubt that it is correctly placed in the stomach.
- Stop an NG feed immediately if the pupil experiences difficulty in breathing, or develops cyanosis (goes blue).

To check the position of the tube follow the procedure below:-

- Connect a 50ml syringe to the end of the NG tube, and draw back the plunger gently until fluid appears in the syringe. Discard the first 1ml as this may be water or feed. Then draw back at least 1ml of stomach contents. Disconnect the syringe and close off the end of the tube.
- Put a few drops from the syringe onto the test paper and observe for colour change **N.B.** Gaviscon and other such drugs can affect the PH.
- Match the colour change to identify the pH.
- pH 5 or less indicates acid and therefore it is safe to feed.
- If no fluid is obtained, try changing the pupil's position (i.e. turn them onto their left side) and try aspirating again.
- If still no fluid can be withdrawn, gently inject 1 – 5ml air down the NG tube, and then try drawing back again.
- If it is still not possible to withdraw any fluid, **go no further with the procedure and do not give anything down the tube.** Telephone the CCNT, and request that they resolve the problem.

Further Information

- An NG tube must always be flushed using a syringe no smaller than 10ml, with 5ml water before and after a feed.
- Whenever an NG tube is flushed, it should be done with cooled boiled, or sterile water – not tap water.
- 1-5ml syringes produce the highest pressure for a given force when injecting. Using a larger sized syringe reduces the pressure on the tube, thus minimising the risk of damage.

ATTENDING CLINICS

For pupils attending any clinics/medicals held at school during the school day, parents will be informed of the date and time by the appropriate health/education department and will be expected to attend. In occasional circumstances if parents are unable to attend it may be possible for a member of the class team to accompany the pupil to the in-school appointment, with parental permission.

The class teacher should inform parents of any information about the pupil which may be relevant to the appointment, or give direct input to the meeting if necessary or appropriate

Section 2 – Protocol for training and supporting staff to carry out procedures and/or interventions to support pupils' medical/care/health needs

i.e. managing gastrostomies, tracheostomies, NG tubes, buccal midazolam, rectal diazepam, colostomy bags, Auto injectors, rectal medications (e.g. paracetamol, glycerine suppositories), managing inhalers & spacers, oral suction and highly personalised or low incident procedures.

Where appropriate the procedures to support pupils are split into different levels (basic skill level; higher skill level) and members of staff are trained in each level where appropriate and necessary. When an aspect of training is successfully completed the in-school tutor will

sign it off (or in the case of higher level tracheostomy management – a member of the community care team), and the staff's name is added to the register. If a class team needs support for a specific pupil at any time they are able to call on any trained member of staff from the register. All training sheets can be found at the end of this policy.

The register of trained staff is kept by the lead in-school tutor and is on the intranet in Read Only/ Medical Register

The lead tutor is responsible for co-ordinating training, annual refreshers and updating the register.

1 .THE MANAGEMENT OF GASTROSTOMY TUBES

Basic Skill Levels: Administering a feed – bolus/syringe, gravity, setting up a pump; venting, hygiene

(To be carried out with in-school tutor)

- 1) Administering a feed (bolus/syringe or gravity), setting up a pump & hygiene
 - a) one theory session with in-school tutor, including dummy practicals
 - b) one observation of a bolus/syringe or gravity feed & a pump being set up
 - c) 3 practicals supervised by a trained member of staff

N.B. The final practical must be observed by an in-school tutor

- 2) Venting (only required by pupils specifically identified by parents)
 - a) one observation of venting with parent or in-school tutor
 - b) 1 practical with parent or in-school tutor (this may take place at the same time as the observation)

N.B. The training related to venting only applies to a named pupil and must not be used generally

Higher Skill Level: Placing a plug in a gastrostomy stoma
(Training to be carried out by lead in-school tutor)

- 1) Placing a plug in a gastrostomy stoma:
 - a) one theory/practical session with model
 - b) observation of a plug being placed
 - c) 1 practical supervised by lead in-school tutor

N.B. Being trained in how to place a plug does not mean a member of staff can change/replace a tube. This will need to be done by a member of staff who has the further training.

Higher Skill Level: Changing/replacing a gastrostomy tube
(Training to be carried out by lead in-school tutor)

- 2) Changing/replacing a gastrostomy tube:
 - a) one theory/practical session with model

- b) observation of a tube change
- c) 1 practical supervised by lead in-school tutor

N.B. Changing a tube would not be a routine procedure in school, but would need to be carried out in an emergency.

2. THE MANAGEMENT OF TRACHEOSTOMY TUBES

Basic Skill Levels: Suction, General Hygiene

(To be carried out with in-school tutor)

- 1) Suction:
 - a) one taught session
 - b) 3 practicals, observed by a trained member of staff

N.B. The final practical must be observed by an in-school tutor

- 2) General Hygiene/clearing of secretions
 - a) one observation/explanation as part of taught session on suction

Higher Skill Level: Changing a tracheostomy tube

(To be carried out by a member of the CCNT). It may be necessary for some or all of this training to take place in the pupil's home.

- 1) Changing a tracheotomy tube:
 - a) One observation of a change
 - b) Possible "dummy practicals"
 - c) 1 practical – removal of tube
 - d) 2 practicals – insertion of tube

N.B. - Changing a tube would not be a routine procedure in school, but would need to be carried out in an emergency.

- The theory and practical can be renewed annually in liaison with the community care team if necessary.

3. THE MANAGEMENT OF NG TUBES

Basic Skill Levels: Aspirating the tube, administering a feed

(To be carried out by a parent or member of the CCNT)

- 1) Aspirating the tube
 - a) Observation & explanation with parent or community nurse
 - b) 1 observation of an aspiration
 - c) 1 practical with parent or community nurse (this may take place at the same time as the observation)

- 2) Administering a feed
 - a) basic theory
 - b) 1 observation of a feed
 - c) 1 practical with parent or community nurse

Higher Skill Level: Passing an NG tube

If a pupil's tube becomes displaced/removed for any reason it would not be creating an emergency situation. We would therefore contact the parent and/or the CCNT in order for it to be replaced at the earliest possible time.

4. ADMINISTERING RECTAL DIAZEPAM

Basic Skill Level: Administering rectal diazepam
(To be carried out with in-school tutor)

Administering rectal diazepam

- a) Theory session & knowledge of written directions for individual pupils
- b) Observation of medication being administered to dummy

5. ADMINISTERING BUCCAL MIDAZOLAM

Basic Skills Level: Administering Buccal midazolam
(To be carried out by in-school tutor)

Administering Buccal midazolam

- a) Theory session & knowledge of written directions for individual pupils
- b) Dummy practicals of medication being administered

6. MANAGEMENT OF COLOSTOMY BAGS

Basic Skill Level: Changing the bag
Stoma Hygiene

(To be carried out by parent or designated member of staff, as agreed by the in-school tutor)

- 1) Changing the bag
 - a) 1 observation of a bag change
 - b) 1 practical observed by trainer
- 2) Stoma hygiene
 - a) Basic theory & observation of cleansing routine
 - b) 1 practical observed by trainer

7. ADMINISTERING AN AUTO INJECTOR (AUTO INJECTOR)

Basic Skill Level: administering an auto injector (Auto injector)
(To be carried out with an in-school tutor)

Administering an auto injector (Auto injector)

- a) Theory session & practical session (with training pens)
- b) Knowledge of written directions for individual pupils (healthcare IPA)

8. ADMINISTRATION OF RECTAL MEDICATIONS (e.g. Paracetamol, glycerine suppositories, paraldehyde)

Basic Skill Level: administering rectal medication
(To be carried out by in-school tutor or parent)

Administering rectal medication

- a) Theory session & knowledge of written directions for individual pupils
- b) Observation of medication being administered
- c) Administration of medication, observed by in-school tutor or parent

9. THE MANAGEMENT OF INHALERS & SPACERS

Basic Skill Levels: Administering inhaler with & without spacer
(To be carried out with in-school tutor)

Administering inhaler with & without spacer:

- a) Theory session & knowledge of written directions for individual pupils
- b) Dummy practicals (this will probably take place at the same time as theory)

N.B. The final practical must be observed by an in-school tutor

10. ORAL SUCTION

Basic Skill Levels: Suction
(To be carried out with in-school tutor or parent)

1) Suction:

- a) 1 taught session
- b) 3 practicals, observed by trained member of staff

N.B. The final practical must be observed by an in-school tutor

Higher Skill Level: Deep Suction
(To be carried out by a member of the CCNT)

2) Deep Suction:

- a) 1 taught session with mannequin and/or pupil
- b) 1 observed practical with mannequin and/or pupil

11. HIGHLY PERSONALISED/LOW INCIDENT/TEMPORARY PROCEDURES (e.g. using a nebuliser; passing a urinary catheter; short term ventilation, nasal suction)

Bespoke training to be carried out by a member of the CCNT, an in-school tutor or a parent (depending on the procedure).

A training sheet must be completed in line with other procedures.

12. ADMINISTERING PUPIL MEDICATIONS

Administering medications:

(To be carried out by in-school tutor)

- a) One theory session including the 5 R's
- b) One observation of medication being administered (this may occur at the same time as the theory)
- c) 3 practicals supervised by a trained member of staff

N.B. The final practical must be observed by an in-school tutor

Section 3 – Appendices

- 1. Staff Training Records**
- 2. Record of Medicines Administered to an Individual Pupil (routine and emergency)**
- 3. Parental Agreement for School to Administer Prescribed and Non-Prescribed Medicines**
- 4. Parental Emergency Contact Form**
- 5. The 5 'R's of administering medication**

GLYNE GAP SCHOOL
Staff Training Record

Name:

The Management of Gastrostomy Tubes – Basic Skills (Administering Feed/Fluid)

Training Received (Insert date as each section is completed)

Administering a feed (Bolus/syringe or Gravity & setting up a pump) and Hygiene:

a) 1 theory session including dummy practicals

--

b) 1 observation of a bolus/syringe or gravity feed and a pump being set up: before/after theory session

--

c) 3 practicals - supervised by a trained member of staff

--	--	--

N.B. The final practical must be observed by an in-school tutor

I confirm that I have received the training detailed above.

Signed.....

Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed.....

Date.....

Position: In-school tutor

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

The Management of Gastrostomy Tubes – Basic Skills (Venting)

Name of Pupil

Class

Training Received (Insert date as each section is completed)

Venting:

a) 1 observation of venting with parent or in-school tutor

b) 1 practical – with parent or in-school tutor

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....
Position: Parent / In-school tutor

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

The Management of Gastrostomy Tubes – Higher Level Skill (Placing a Plug in Stoma)

Training Received (Insert date as each section is completed)

Higher level skill: Placing a Plug in a gastrostomy stoma

a) 1 theory/practical session with model

b) Observation of a plug being placed

c) 1 practical, supervised by lead in-school
tutor

N.B. Being trained in how to place a plug does not mean a member of staff can change/replace a tube. This will need to be done by a member of staff who has the further training.

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....

Position: Lead in-school tutor

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

The Management of Gastrostomy Tubes – Higher Level Skill (Changing/replacing a tube)

Training Received (Insert date as each section is completed)

Higher level skill: Changing / replacing a gastrostomy tube

d) 1 theory/practical session with model

e) Observation of a tube change

f) 1 practical, supervised by lead in-school
tutor

N.B. Changing a tube would not be a routine procedure in school, but would need to be carried out in an emergency.

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....
Position: Lead in-school tutor

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

The Management of Tracheostomy Tubes – Basic Skills (Suction and Hygiene)

Training Received (Insert date as each section is completed)

Basic Skills:

1) Suction

a) 1 taught session

--

b) 3 practicals, observed by a trained member of staff

--	--	--

2) General Hygiene / Clearing of Secretions

a) 1 observation/explanation as part of taught suction session

--

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....
Position: In-school tutor

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

The Management of Tracheostomy Tubes – Higher Level Skills (Changing a tube)

Training Received (Insert date as each section is completed)

Changing a tracheostomy tube:

a) 1 observation of a change

b) Practicals using a dummy

c) 1 practical, removal of a tube

d) 2 practicals, insertion of a tube

N.B. Changing a tube would not be routine in school, but would need to be carried out in an emergency.

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....

Position: CCNT

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

The Management of NG Tubes – Basic Skills (Aspirating & Feeding)

Training Received (Insert date as each section is completed)

Basic Skills

1) Aspirating the tube

a) Observation and explanation with parent or Community Nurse

b) 1 observation of an aspiration

c) 1 practical – with parent or Community Nurse (may take place at same time as observation above)

2) Administering a feed

a) Basic theory

b) 1 observation of a feed

c) 1 practical – with parent or Community Nurse

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....
Position: Parent / Community Nurse

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

Administering Rectal Diazepam – Basic Skill (Administering)

Training Received (Insert date as each section is completed)

Basic Skill Level: Administering Rectal Diazepam

a) Theory session & knowledge of written directions for individual pupils

b) Observation of Rectal Diazepam being administered to dummy

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....

Position: In-school tutor

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

Administering Buccal Midazolam – Basic Skill (Administering)

Training Received (Insert date as each section is completed)

Basic Skill: Administering Buccal Midazolam

a) theory session & knowledge of written directions for individual pupils

b) dummy practical of medication being administered

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....
Position: In-school tutor

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

The Management of Colostomy Bags (Changing a bag)

Training Received (Insert date as each section is completed)

Basic Skill Level:

1) Changing a bag

a) 1 observation of a bag change

b) 1 practical, observed by a parent or designated member of staff

2) Stoma Hygiene

a) Basic theory & observation of cleansing routine

b) 1 practical, observed by a parent or designated member of staff

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....

Position: Parent/designated member of staff

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

Administering an Auto injector (Auto injector) – Basic Skill

Training Received (Insert date as each section is completed)

Basic Skill Level: Administering an Auto injector (Auto injector)

a) 1 theory session & knowledge of written directions for individual pupils

b) 1 Practical (with various training pens)

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....
Position: In-school Tutor

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

Administering Rectal Medication – Basic Skill (Administering)

Training Received (Insert date as each section is completed)

Basic Skill Level:

Name of medication:

a) Theory session & knowledge of written directions for individual pupils

b) observation of a rectal medication being administered

c) administration of medication, observed by in-school tutor or parent

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....
Position: Parent / In-school tutor

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

Oral Suction – Basic Skill

Training Received (Insert date as each section is completed)

Basic Skill Level: Suction
(to be carried out with CCNT or an in-school tutor)

a) 1 taught session

--

b) 3 observed practicals with parent or
trained member of staff

--	--	--

N.B. Final practical must be observed by in-school tutor

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....
Position: In-school tutor

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

Oral Suction – Higher Skill Level (Deep Suction)

Training Received (Insert date as each section is completed)

**Higher Skill Level: Deep Suction
(to be carried out with a member of the CCNT)**

a) 1 taught session with mannequin and/or pupil

b) 1 observed practical with mannequin and/or pupil

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....

Position: CCNT

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

Highly Personalised, Low Incidence or Temporary Procedures (e.g. using a nebuliser;
passing a urinary catheter; short term ventilation, nasal suction)

Name of pupil:

Class:

Bespoke training to be carried out by a member of the CCNT, an in-school tutor or a parent
(depending on the procedure).

Training Received (Insert procedure and date below)

a)

b)

c)

d)

I confirm that I have received the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to carry out the procedure.

Signed..... Date.....

Position: CCNT/in-school tutor/Parent

N.B. FOR DETAILS RE TRAINING REFER TO CG4 – MEETING PUPILS’ MEDICAL, CARE AND HEALTH NEEDS.

GLYNE GAP SCHOOL
Staff Training Record

Name:

Administering Pupil Medications

Training Received (Insert date as each section is completed)

Administering medications:

(to be carried out with an in-school tutor)

- a) 1 theory session including the 5 R's

--

- b) 1 observation of medications being administered (this may occur at the same time as the theory)

--

- c) 3 practicals
N.B. The final practical must be observed by an in-school tutor

--	--	--

The Management of Inhalers & Spacers – Basic Skill (Administering Inhaler with & without spacer)

(to be carried out with an in school tutor)

- a) Theory session & knowledge of written directions for individual pupils

--

- b) Dummy practicals (this will probably take place at the same time as theory)

--

- d) 3 practicals
N.B. The final practical must be observed by an in-school tutor

--	--	--

I confirm that I have received all the training detailed above.

Signed..... Date.....

I confirm that has received the training detailed above and is competent to deliver pupil medications

Signed..... Date.....

Position: In-school tutor

RECORD OF FLUID AND/OR FEED ADMINISTERED TO AN INDIVIDUAL PUPIL

Name of Pupil:

Feed or Water: Name of Feed:.....

Dose:

Date	Time	Signature of staff x 2	Date	Time	Signature of staff x 2	Date	Time	Signature of staff x 2
01			14			27		
02			15			28		
03			16			29		
04			17			30		
05			18			31		
06			19					
07			20					
08			21					
09			22					
10			23					
11			24					
12			25					
13			26					

THIS SHEET MUST GO TO THE OFFICE FOR PUPIL FILING WHEN COMPLETED

New Forms: Staff only / proformas / Healthcare Proformas / Record of Medicines Administered

RECORD OF A FEED PUMP BEING SET UP AND SWITCHED ON FOR AN INDIVIDUAL PUPIL

Name of Pupil:

Name of Feed:

Dose: Rate.....

Date	Time	Signature of staff x 2	Date	Time	Signature of staff x 2	Date	Time	Signature of staff x 2
01			14			27		
02			15			28		
03			16			29		
04			17			30		
05			18			31		
06			19					
07			20					
08			21					
09			22					
10			23					
11			24					
12			25					
13			26					

THIS SHEET MUST GO TO THE OFFICE FOR PUPIL FILING WHEN COMPLETED

New Forms: Staff only / proformas / Healthcare Proformas / Record of Medicines Administered

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER PRESCRIBED AND NON PRESCRIBED MEDICINES

Name of Pupil

Date of Birth Class

Name of Medicine required in school	Dosage	Additional instructions and/or information

Does your child take this medicine themselves? YES/NO (delete as appropriate)

Non-prescribed medicines

On rare occasions it may be necessary for a pupil to be given ‘*occasional medication*’ in school - for example paracetamol. This medicine will need to have been sent in to school by you, for such circumstances (we are strictly forbidden to give out our “own” medication in any circumstances). If such an occasion arises a member of staff will contact you for your permission and guidance regarding the dosage.

PLEASE READ THE FOLLOWING STATEMENT AND SIGN

I understand that:-

- I must notify the school of any changes to the above instructions for administration of medicine.
- I will be asked to complete a new agreement form each time my child changes classes or medication changes.
- If my child is prescribed an inhaler I must provide the school with the most up to date consultant/GP letter outlining the current plan of use for the reliever.
- If my child is prescribed an emergency medication – for example Buccal Midazolam, or an Auto injector - I must provide the school with a written protocol from the epilepsy nurse/GP as to how and when it is to be used.

SIGNED..... DATE

Please print your name

GLYNE GAP SCHOOL

Please would you supply the following information for our records and for use should we have to take a child to hospital. Please complete and sign the form even if there are no changes to the information you may have given us previously.



NAME OF CHILD including FULL first names	
ADDRESS	
TELEPHONE NUMBER	
MOBILE NUMBER	
EMERGENCY CONTACT (IF PARENTS CANNOT BE CONTACTED) NAME, RELATIONSHIP AND TELEPHONE NUMBER	
DATE OF BIRTH	
CHILD'S DOCTOR'S NAME AND SURGERY TELEPHONE NUMBER	
PAEDIATRICIAN'S NAME	
HEALTH VISITOR'S NAME	
SOCIAL WORKER'S NAME	

MEDICATION Please state all drugs, giving name, strength and daily doses, even though the child may not require them in school. Please notify <u>changes</u> in medication immediately	
INJECTIONS AND VACCINATIONS Please give dates if possible	
ALLERGIES	
SPECIAL DIETS	
MAJOR ILLNESSES AND OPERATIONS	
X-RAYS	

PUPIL'S NAME: _____

I consent to my child receiving emergency treatment in hospital should it be considered necessary and to a member of Glyne Gap School staff signing the consent form if I am unable to be contacted.

DATE: _____ SIGNED: _____

NAME OF PARENT/CARER (PRINT) _____

THE 5 R'S

Right **pupil**

Right **medicine**

Right **dose**

Right **time**

Right **route**