



**SUPPORTING STUDENTS WITH MEDICAL NEEDS
AND MANAGING THE ADMINISTRATION OF
MEDICINES POLICY**

WRITTEN BY: **Based on County Model**

WRITTEN WHEN: **February 2010**

LAST REVIEW: **November 2010**

REVIEWED BY: **D Deeming**

REVIEW DATE: **November 2012**

STATUS: **Approved**

DATE APPROVED BY

GOVERNING BODY: **25.11.10**

<u>Contents</u>	<u>Page</u>
Rationale	3
Aim	3
<u>Section 1 – Supporting Students with Medical Needs</u>	
Definition of medical needs	5
Rights and responsibilities:	
Parents/carers	5
Student	6
Local Authority	7
Health Services	7
Governing Body	8
Headteacher	8
Named person for students with medical needs	10
Other staff	10
Education welfare	10
Education other than at school	11
Educational Pyschologist	11
Social Services	11
Connexions	11
Confidentiality	12
Short-term medical needs	12
Long-term medical needs	12
Health care plans	12
Cultural and religious requirements	14
Educational visits	14
Off-site education and work experience	14
Sporting activities	15
Home to school transport	15
Ofsted	16
Hygiene and infection control	16
Emergency procedures	16
<u>Section 2 – Medicine Policy</u>	
Minimising need to bring medicines into school	17
Safety management	17
Receipt of medicines by school	17
Types of medicine:	
Prescribed	18
Controlled drugs	18
Non-prescription medicine	18
Administering medicines	19
Self-management by students	20
Refusing medicines	20
Storing medicines	20
Disposal of medicines	21
Managements of errors/incidents in administration of medicines	21
Medicine for staff members' own use	22
Specific risk situations:	

Alcohol or other substances	22
Pregnancy	22
<u>Appendices</u>	
Appendix 1	Health care plan 23
Appendix 2	Record of medicines administered to all students 25
Appendix 3	Parent consent to school administering medication form 27
Appendix 4	Return to school after injury form 29
Appendix 5	Medication incident report form 30
Appendix 6	Accident investigation report form 31
Appendix 7	Record of medicine administered to an individual student 34

Rationale

At Great Wyrley Performing Arts High School we believe that inclusion and equal opportunities for students with medical needs are an entitlement and we believe that as a school we have the responsibility to create the conditions for each one of our students to access their education.

Aim

We aim to ensure that each student reaches his or her full potential and to secure the highest possible standards of attainment for all, through a broad and balanced school education which prepares students for the responsibilities and opportunities of adult life.

As a school we are committed to providing students with medical needs with as much education as their condition allows in order to minimise disruption. Our emphasis is on continuance of the learning process for those students with physical or mental health problems, including students with life threatening or terminal illness. The situations of the students/young people on roll vary widely but they all have the right to education suited to their age, ability, needs and health at the time. For students recovering from trauma or illness, a teacher can play a vital part in the recovery process because education is seen as normal student activity.

Students with medical needs have the same rights of admission to a school as other students. Most students will at some time have short term medical needs. Some students have longer term medical needs and may require medicines on a long term basis to keep them well.

Most students with medical needs can attend school regularly and take part in normal activities sometimes with support. However, staff may need to take extra care in supervising some activities to make sure these students, and others, are not put at risk.

An individual health care plan can help staff identify the necessary safety measures to support student with medical needs and ensure that they and others are not put at risk.

In the event of a student being acutely unwell, staff will encourage parents/carers to keep students at home, for the benefit of the student and the school community.

Section 1 – Supporting Students with Medical Needs

Definition of Medical Needs

Students at Great Wyrley Performing Arts High School may during their time with us be affected by a wide-range of medical needs. These needs include:

- Long term medical conditions: *cystic fibrosis, epilepsy, diabetes*
- Recurring medical conditions: *CFS/ME, leukaemia*
- Life threatening conditions: *leukaemia, cystic fibrosis*
- Operations, road accidents and sports injuries resulting in a period of recuperation
- Mental Health: *mood disorders (including depression), anxiety disorders, obsessional compulsive disorders, eating disorders, self-harming behaviour, ADHD, psychotic disorders, tic disorders (including Tourette's syndrome)*
- Effects of treatment for diagnosed medical conditions: *steroids, chemotherapy, radiotherapy, medications affecting performance and behaviour e.g. psychotropic medication*
- Infectious diseases: *tuberculosis*
- Degenerative conditions where deterioration in eyesight or physical mobility are expected: *Duchenne Muscular Dystrophy*

Rights and Responsibilities

Parents/Carers

Parents, as defined in Section 576 of the Education Act 1996, include any person who is not a parent of a student but has parental responsibility for or care of a student. In this context, the phrase 'care of the student' includes any person who is involved in the full-time care of a student on a settled basis, such as a foster parent, but excludes baby sitters, student minders, nannies and school staff.

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom school has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. School will continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

It is important that professionals understand who has parental responsibility for a student. The Students Act 1989 introduced the concept of parental responsibility. The Act uses the phrase "parental responsibility" to sum up the collection of rights, duties, powers, responsibilities and authority that a parent has by law in respect of a student. In the event of family breakdown, such as separation or divorce, both parents will normally retain parental responsibility for the student and the duty on both parents to continue to play a full part in the

student's upbringing will not diminish. In relation to unmarried parents, only the mother will have parental responsibility unless the father has acquired it in accordance with the Students Act 1989. Where a court makes a residence order in favour of a person who is not a parent of the student, for example a grandparent, that person will have parental responsibility for the student for the duration of the Order.

If a student is 'looked after' by a Local Authority, the student may either be on a care order or be voluntarily accommodated. A Care Order places a student in the care of a Local Authority and gives the Local Authority parental responsibility for the student. The Local Authority will have the power to determine the extent to which this responsibility will continue to be shared with the parents. A Local Authority may also accommodate a student under voluntary arrangements with the student's parents. In these circumstances the parents will retain parental responsibility acting so far as possible as partners of the Local Authority. Where a student is looked after by a Local Authority day-to-day responsibility may be with foster parents, residential care workers or guardians.

Parents should be given the opportunity to provide the school with sufficient information about their student's medical needs if treatment or special care needed. They should, jointly with the school, reach agreement on the school's role in supporting their child's medical needs, in accordance with school policy. Ideally, the school should always seek parental agreement before passing on information about the student's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a student.

Some parents may have difficulty understanding or supporting their student's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

Each student's parents or carers at Great Wyrley Performing Arts High School have signed a home-school agreement and this is extended as needed. Parents may need frequent feedback on how their student's medical condition or medical treatment is impacting on the student's day at school: academically, physically or socially. Parents may be asked to agree to adjust their parenting approaches or patterns in delicate situations involving mental health conditions. At all times parents are involved as much as is practical and their knowledge and instinct is given regard. Permission to liaise with outside agencies is always sought and recorded in writing. It is expected that parents will share relevant information in a timely way.

Student

At Great Wyrley Performing Arts High School students have the right to an education that helps them reach their potential and secure the attainments they need to pursue their career path and prepare them for full participation in adult life. They have the right to an education in the community alongside those who

they see as their peers and role models. They have a right to be consulted and must accept that they (or their parents on their behalf for younger students) will have to agree to co-operate with their negotiated personal education plan. They know that they will remain on roll at Great Wyrley Performing Arts High School. They can expect flexible approaches, e.g. timetabling, full use of information and communication technology, and small steps or negotiated tasks toward their maximum involvement in school life.

The Local Authority

The Local Authority is responsible for all health and safety matters.

Health Services

We use our School Nurse, Mrs Emma Allan-Smith as the first point of advice and referral unless there is ongoing liaison with other health practitioners due to previous involvement. This could be for student with a statement of special educational need, a student who has Action Plus co-working within the Special Educational Needs Code of Practice or a student with a Pastoral Support Plan where the parent has already given written permission for the exchange of information.

The school nurse helps school draw up individual health care plans for students with medical needs, and may be able to supplement information already provided by parents and the student's GP. The nurse may also be able to advise on training for school staff on administering medicines, or take responsibility for other aspects of support.

A variety of 'outside agency' support is accessed in the Student Support Centre. Referral is made to the Inclusion Manager via the Pastoral Support Team. Via the School Nurse we may refer into the Student and Adolescent Mental Health Services (CAMHS) but parental consent must be gained prior to referral.

Every student should be registered with a GP. GPs work as part of a primary health care team. Parents usually register their student with a local GP practice. A GP owes a duty of confidentiality to patients, and so any exchange of information between a GP and school should normally be with the consent of the student if appropriate or the parent. Usually consent will be given, as it is in the best interests of students for their medical needs to be understood by school staff. The GP may share this information directly or via the school health service.

Many other health professionals may take part in the care of students with medical needs. A community paediatrician may be involved. These doctors are specialists in students' health, with special expertise in childhood disability, chronic illness and its impact in the school setting. They may be directly involved in the care of the student, or provide advice to schools and settings in liaison with the other health professionals looking after the student.

Some students with medical needs receive dedicated support from specialist nurses or community student nurses, for instance a students' oncology nurse. These nurses often work as part of a NHS Trust or PCT and work closely with the primary health care team. They can provide advice on the medical needs of an individual student, particularly when a medical condition has just been diagnosed and the student is adjusting to new routines.

Governing Body

The Governing Body has general responsibility for this policy. The Governing Body will take account of the views of the Headteacher, staff and parents in developing a policy on assisting students with medical needs.

If the administration of prescription medicines requires technical or medical knowledge, the Governing Body must ensure that individual training is given annually to staff from a qualified health professional. Training is specific to the individual student concerned.

Headteacher

The Headteacher is responsible for putting the policy into practice and for developing detailed procedures. Day to day decisions will normally fall to the Headteacher or to whosoever they delegate this to, as set out in the policy.

The employer **must** ensure that staff receive proper support and training where necessary. Equally, there is a contractual duty on Head teachers to ensure that their staff receive the training. As the manager of staff it is likely to be the Head teacher who will agree when and how such training takes place.

The Headteacher should make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. The Headteacher should also make sure that the appropriate systems for information sharing are followed. The policy should make it clear that parents should keep students at home when they are acutely unwell. The policy should also cover the approach to taking medicines at school or in a setting.

For a student with medical needs, the Headteacher will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the Headteacher should seek advice from the school nurse or doctor, the student's GP or other medical advisers and, if appropriate, the employer.

If staff follow documented procedures, they should be fully covered by their employer's public liability insurance should a parent make a complaint. The Headteacher should ask the employer to provide written confirmation of the insurance cover for staff who provide specific medical support. Registered persons are required to carry public liability insurance for day care provision.

Named Person for students with medical needs

It is the responsibility of Great Wyrley Performing Arts High School to keep the student on roll and work closely with the student and their parent/carer to ensure access to education. Our school has a named person (Mrs R Allen, SENCO) for students with medical needs who will liaise with parents and various agencies as part of ensuring that the student has full and continuous access to education. For a student whose medical need is not thought to be recurring and whose absence is likely to be less than 15 days, it is our responsibility to provide work to be done at home.

The named person for students with medical needs will, as appropriate:-

- Produce and co-ordinate the Personal Education Plan. This includes arranging, chairing, and recording of planning meetings and re-integration meetings with associated services. For those students on the Special Educational Needs Code of Practice, the Special Educational Needs Co-ordinator (SENCO) will conduct review meetings.
- Seek written parental permission to liaise with health and related services including Student and Adolescent Mental Health Services (CAMHS).
- Ensure that arrangements for exam entry fees and requests for concession are well planned in discussion with the educational psychologist as to the student's need for special arrangements e.g. an alternate setting, extra time to allow for rest breaks.
- Ensure that a Return to School sheet (Appendix 4) is completed for students who have sustained injuries and a copy is forwarded to the Health and Safety Co-ordinator.
- Health Care Plans (Appendix 1) are completed in discussion with the School Nurse. (see below for further information).
- In consultation with the health services, parents and the coach company should ensure that appropriate arrangements are in place for students who use the home-to-school transport and that a health care plan (Appendix 1) incorporates the arrangements.

For students out of school

- ensure that students who have an illness/diagnosis which indicates prolonged or recurring periods of absence from school, whether at home or in hospital, have access to education, so far as possible from day one.
- ensure that half-termly work plans are made available to hospital or home teaching staff in the agreed National Curriculum subjects which the student would normally be studying and realistically can continue to study in light of their medical condition
- Supply the hospital or home teaching staff with up to date information about the student including AH scores, reading levels,

and code of practice details. This includes any current Individual Education Plans or Pastoral Support Programme.

- offer a loan of appropriate resource materials, where possible to hospital or home teaching staff
- ensure prompt assessment of coursework
- ensure that concessions for SATs and GCSEs are well planned with Educational Psychologist and hospital teaching and home tutoring staff.

Students with medical needs can expect our help in priority referral to Connexions to

- have career interviews
- investigate work experience placements
- visit colleges on open days

As a school we have the right to expect the health network to fulfil their responsibility as part of facilitating continuous access to education for our students with medical needs. This may include advice or practical tasks to enable training of ancillary staff to carry out medical procedures.

As a school we have the right to expect the student and parent to abide by the home-school agreement and any agreements in individual plans.

Other Staff

Some staff may be naturally concerned for the health and safety of a student with a medical condition, particularly if it is potentially life threatening. Staff with students with medical needs in their class or group should be informed about the nature of the condition, and when and where the students may need extra attention.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for students, such as lunchtime supervisors. It is important that they are also provided with training and advice.

Education Welfare

- If our school daily check of registers and prompt contact with parents or carers on the first day of absence raises any concern or worrying pattern, we will liaise immediately with our Education Welfare Officer (EWO).
- If we are made aware that a student is away or is likely to be away from school due to medical needs for more than 15 working days, we will notify our EWO.

Education Other Than At School (formerly Behaviour and Student Support)

- *Advice* EOTAS teachers have specialist knowledge of medical conditions and the effects of illness on the development and progress of students and young people and can assist the school in making decisions regarding appropriate provision for the student.
- *Referral* EOTAS can provide support through the normal referral procedure (see attached form) for students with medical needs who will have a medical absence of a minimum of 15 days.
- *Teaching* Teaching can be at home, at hospital, within school as a staged return, any other agreed venue, e.g. PRUs or a combination of these. Teaching can be individual or in groups. Students generally do better educationally and socially when taught in groups; this may also help re-integration into school.
- Students absent from school for 15 days or more, receive a minimum of 5 hours teaching per week.
- Students known to be chronically sick, receive teaching from day five of absence, for a minimum of 5 hours per week.
- Students admitted to hospital receive teaching from day five for a minimum of 5 hours per week.
- Students with a recurrent hospital admission have teaching from day one, providing the student's medical condition can tolerate the teaching on offer. The teaching support in hospital is for a minimum of 5 hours per week.

Educational Psychology

The advice of our educational psychologist is sought as to the psychological effects or impact an illness may have on the learning task or expected progress through the work schemes.

Social Services

- The support teams work with the school in promoting the welfare of students and young people known jointly to us. This includes looked after students.
- The role of foster carers and residential social workers *in loco parentis* during the formulation of the personal education plan is key.

Connexions

- Connexions will provide an adviser to help prepare students for their next step in education and work while overcoming any medical barriers to full participation. The expert advice and guidance will be especially important to have at the earliest opportunity for our students with medical needs.

Confidentiality

- The Headteacher and staff should always treat medical information confidentially. Managers should agree with the child where appropriate, or otherwise the parent/carer, who else should have access to records and other information about a child or young person.
- When the medical status of a staff member or service user is known, either through recorded information or verbally, the indisputable “need to know” is the criteria for disclosure not “want to know.”
- If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Short -Term Medical Needs

Many students will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow students to do this will minimise the time that they need to be absent. However such medicines should only be brought to school where it would be detrimental to a student’s health if it were not administered during the school day.

Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any student with long-term medical needs. If a student’s medical needs are inadequately supported this may have a significant impact on a student’s experiences and the way they function in or out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a student and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the student’s educational needs rather than a medical diagnosis that **must** be considered.

School needs to know about any particular needs before a student is admitted, or when a student first develops a medical need as a health care plan may be needed (Appendix 1). For students who attend hospital appointments on a regular basis, special arrangements may also be necessary. (*SEN Code of Practice* (DfES/0581/2001) paragraphs 7:64-7:67)

Health Care Plans

An individual health care plan will need to be drawn up for each student who has a significant medical condition which might impact on their education or care. The main purpose of an individual health care plan (Appendix 1) for a student with medical needs is to identify the level of support that is needed. Not all students who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary (Appendix 4 may be completed instead).

An individual health care plan clarifies for staff, parents and the student the help that can be provided. It is important for staff to be guided by the student's GP or paediatrician. Staff should agree with parents 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 student's particular needs; some would need reviewing more frequently.

Staff should judge each student's needs individually as students and young people vary in their ability to cope with poor health or a particular medical condition.

Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual student.

In addition to input from the school health service, the student's GP or other health care professionals (depending on the level of support the student needs), those who may need to contribute to a health care plan include:

- the Head teacher / SENCO
- the parent or carer
- the student (if appropriate)
- form tutor/head of year (secondary schools)
- care assistant or support staff (if applicable)
- staff who are trained to administer medicines
- staff who are trained in emergency procedures

Cultural and Religious requirements

Britain is a multi-cultural and multi-faith society. Care must be taken to respond sensitively to individuals and not to make assumptions because of their ethnicity or religion. It is important that young people and their carers are asked about any cultural or religious needs relating to the taking of medication or any prohibitions that apply. All information on relating to the cultural or religious requirements of a young person must be accurate and up to date as this may have an impact on how they wish to receive care. This information must be recorded as part of a Health Care plan (if one is required) or in the young person's personal records.

Educational Visits

The school will encourage students with medical needs to participate in safely managed visits. The school will consider any reasonable adjustments that might be made to enable students with medical needs to participate fully and safely on visits. Staff must where necessary review the Educational Visits Policy so that planning arrangements will include the necessary steps to include students with medical needs. Risk assessments for such students may be needed.

Staff supervising educational visits should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency. If staff are concerned about whether they can provide for a student's safety, or the safety of other students on a visit, they should seek parental views and medical advice from the school health service or the student's GP. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular student. Where required, staff will take charge of medicines and return the remainder on return to the setting or to parents/carers as appropriate. Where a young person is self medicating this should continue whilst on the educational visit, but consideration must be given to the locations, activities and the storage of the medicines to ensure that they are kept safe and secure for the young person.

Off-site Education or Work Experience

The school is responsible for ensuring that work experience placements are suitable for students with a particular medical condition. 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 consider whether it is necessary to carry out a risk assessment before a young person is educated off-site or has work experience.

The school has a primary duty of care for students and has a responsibility to assess the general suitability of all off-site provision including college and work placements. This includes responsibility for an overall risk assessment of the 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.

The school will refer to guidance from DfES22, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding (e.g. Increased Flexibility Programme). The school will undertake an overall risk assessment of the whole activity and the placement organisers should visit the workplace to assess its general suitability. Responsibility for risk assessments

remain with the employer or the college. Where students have special medical needs the school will need to ensure that risk assessments take into account those needs. Parents and students must give their permission before relevant medical information is shared on a confidential basis with employers.

Sporting Activities

Most students with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all students to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a student's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for students with particular needs.

Some students may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some students, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Home to School Transport

Where the County Council arrange home to school transport, students must be safe during the journey. Most students with medical needs do not require supervision on school transport but appropriately trained escorts should be provided where this is necessary. Guidance should be sought from the student's parent/carers and health professionals as to whether supervision may be required. Drivers and escorts must know what to do in the case of a medical emergency. If the administration of medicines during home to school transport is likely and it is agreed that the driver or escort will administer (i.e. in an emergency) they must receive training and support and fully understand what procedures and protocols to follow. Where training has not taken place, drivers and escorts must phone the emergency services when an emergency occurs. Drivers and escorts must be clear about roles, responsibilities and liabilities with regard to the administration of medication. Where students have life limiting conditions, specific Health Care Plans should be carried on vehicles. Schools and parents must advise the Local Authority and its transport contractors of particular issues for individual students.

Ofsted

During school inspections Ofsted inspectors must evaluate and report on how well schools ensure students' care, welfare, health and safety. Ofsted will look to see whether the administration of medicines follows clear procedures.

Hygiene and Infection Control

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

Emergency Procedures

As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. Other students should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. If the parent is unable to accompany a student in an ambulance an available member of staff should do so and should remain with the student until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. Staff should never take students to hospital in their own car; it is safer to call an ambulance. Individual health care plans should include instructions as to how to manage a student in an emergency and identify who has the responsibility in an emergency.

SECTION 2 - MEDICINES POLICY

Minimising the need for medication in school hours

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Safety Management

Staff should avoid direct contact with medicines, e.g. where students cannot self-administer steroid cream non-latex gloves must be used. Infection control principles must be followed by staff administering medication and staff must be familiar with effective hand washing principles.

Receipt of medicines by school

Parents should tell the school about the medicines that their student 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.

Medicines should always be provided in the original container as originally dispensed by a pharmacist. This should be clearly marked with the young person's name, date of dispensing and the name of the medication, and include the prescriber's instructions for administration.

The label on the container supplied by the pharmacist must not be altered under any circumstances.

Parents will be given a parental consent form (Appendix 3) to complete. 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.

Written records of all medicines administered to students must be kept (Appendix 2/7). Records offer protection to staff and proof that they have followed outlined procedures.

Types of Medication

Prescribed Medicines

School will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. **Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.**

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations). Some may be prescribed as medication for use by students, e.g. methylphenidate (Ritalin). Only the named member of staff may administer a controlled drug to the student for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

Controlled drugs must be stored in the locked non-portable container in the SEN Department and only named staff should have access. A record is kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another student for use, is an offence.

Non-Prescription Medicines

Staff should **never** give a non-prescribed medicine to a student unless there is specific prior written permission from the parents.

Where a non prescribed medicine is administered to a student it should be recorded on the medicine record form (see Appendix 2) and the parents informed. If a student suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the student's GP.

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

Administering Medicines

- A young person's privacy and dignity is paramount and medicines should always be administered in an area where this will not be compromised such as the medical room or the SEN office.
- Under no circumstances must medicines prescribed be given to anybody except the person for whom it was prescribed.
- Medicines should be administered directly from the dispensed container. However, medication can be placed in a small pot after removing it from the dispensed container as a way of hygienically handing it to the child if necessary.
- Medication must never be secondary dispensed for someone else to administer to the child at a later time or date.
- Crushing or dissolving medication can destroy the medication properties reducing its effectiveness. Crushing or dissolving of medication is not permitted unless a child or young person's health or wellbeing would be detrimentally affected. GP and parental approval must be sought and documented in the Health Care Plan and on a risk assessment to crush or dissolve medication.
- All records of requests for and administration of medicine must be in writing.
- All records of administration of medication to a young person must be retained in line with document retention schedules.
- No student under 16 should be given medicines without their parent's written consent.
- Staff administer medication to students on a voluntary basis. Any member of staff who agrees to administer prescribed medicines to a student should have appropriate training and guidance. A record of this training will be maintained.
- Staff should be 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. They should also check:
 - the student's name
 - prescribed dose
 - expiry date
 - written instructions provided by the prescriber on the label or container.
- If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular student, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school.
- Staff must complete and sign the medication record (Appendix 2 or 7) each time they give medicine to a student. Good records help demonstrate that staff have exercised a duty of care. When administering controlled drugs the dosage and administration must be witnessed and countersigned by a second adult.

Self-Management by students

It is good practice to support and encourage students, who are able, to take responsibility to manage their medicines from a relatively early age and school will encourage this. The age at which students are ready to take care of, and be responsible for, their own medicines, varies. As students grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

There may be circumstances where it is not appropriate for a student of any age to self-manage. Health and educational professionals need to assess, with parents and students, the appropriate time to make this transition. Once agreed students will carry and administer their own medication bearing in mind the safety of other students and medical advice from the prescriber in respect of the individual student. A parental consent form is provided in Appendix 6.

Refusing Medicines

If a student refuses to take medicine, staff should not force them to do so. Parents should be informed of the refusal as soon as possible. If a refusal to take medicines results in a medical emergency, an ambulance should be called and parents informed.

Storing Medicines

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual student. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the student, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a student needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers. Students should know where their own medicines are stored and who holds the key. The Headteacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to students and should not be locked away. Students are encouraged to carry their own inhalers where appropriate. Other non-emergency medicines should generally be kept in a secure place not accessible to students.

Medicines that require refrigeration should be stored in the refrigerator in the Medical Room where access is restricted.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the student's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

Management of Errors/Incidents in Administration of Medicines

In the event that medication has been administered incorrectly or the procedures have not been correctly followed, then the following procedure is to be implemented: -

- Ensure the safety of the young person. Normal first aid procedures must be followed which will include checking pulse and respiration.
- Telephone for an ambulance if the child's condition is a cause for concern.
- Notify the Manager/Person in Charge.
- Contact the young person's Parents/Carers as soon as practicable.
- Contact the young person's GP/Pharmacist for advice if necessary. (Out of hours contact NHS Direct).
- The Headteacher must ensure that a Medication Incident Report Form (Appendix 5).is completed and any immediate adverse reactions are noted. If injury results, a County Council Accident Investigation Report Form (Appendix 6) should also be completed.
- The Headteacher must commence an immediate investigation about the incident, inform the the Strategic Health and Safety Team, and, where applicable inform any relevant regulatory body. Statements should be taken from both staff and the young person if they are self medicating.
- The medication administration record sheet should reflect the error.
- Young person's parent/carer/guardian should be informed formally in writing.

It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors to his/her manager. Managers should encourage staff to report any errors or incidents in an open and honest way in order to prevent any potential harm or detriment to the young person. Managers must handle such reporting of errors in a sensitive manner with a comprehensive assessment of the circumstances. A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action is taken. Any investigation must observe the conventions as set out in the County Council's Disciplinary Policy.

Medicines for a staff members' own use

An employee may need to bring medicine into school for their own use. All staff have a responsibility to ensure that these medicines are kept securely and that students will not have access to them, e.g. locked desk drawer or staff room.

Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or student.

Specific Risk Situations

Alcohol or Other Substances

If in any doubt about whether it is appropriate or safe to give a medicine (e.g. if the student is under the influence of alcohol or other substance), advice should be sought from the Community Pharmacist/GP/NHS Direct.

Pregnancy

If staff become aware that a student is pregnant, staff must **check immediately** with GP/NHS Direct/Community Pharmacist, that any medication is not contraindicated during pregnancy and if any action is required. It is generally advised that non prescribed medication should not be taken during pregnancy without advice from a health professional.

--

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

Appendix 2

Great Wyrley Performing Arts High School

Record of medicines administered to all children
(Two members of staff to administer controlled drugs, e.g. Ritalin)

Date	Child's Name	Time	Name of medicine	Dose Given	Any reaction	Signature	Print name
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	

/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	
/ /						1. 2.	

Appendix 3

Great Wyrley Performing Arts High School

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Name of child

--

Date of birth

/ /

Form

--

Medical condition or illness

--

Medicine ***Medicines must be in the original container as dispensed by the pharmacy***

Name/type of medicine
(as described on the container)

--

Date dispensed

/ /

Expiry date

/ /

Dosage and method

--

Timing

--

Special precautions

--

Are there any side effects that the school 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

The School Office or to Mrs Allen, SENCO.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

I will inform the school immediately in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Date _____ Signature(s) _____

Agreed review date

(6 monthly)

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

Appendix 4

Great Wyrley Performing Arts High School

**RETURNING TO SCHOOL FOLLOWING AN INJURY
HEALTH AND SAFETY INFORMATION SHEET**

Before a student returns to school following an injury parents/guardian are asked to provide the information below and to sign to confirm that the student is fit to return to school. This information will help us to identify any specific health and safety needs. All information provided will be treated in the strictest confidence.

Name of Student:	
Year Group:	
Registration Group:	
Nature of injury:	
Date(s) of medical review appointments:	
Parent/Guardian emergency contact details:	
Name:	
Telephone number:	
Student's mobile phone number:	

Is your child able to negotiate stairs unaided?	Yes	No
Is your child able to negotiate corridors safely unaided?	Yes	No
Any other specific needs:		
Further information:		

Parent/Guardian signature:

Name in block letters:

Date: _____

For office use only ;Please forward a copy of this form to the School Office and to the Health and Safety Co-ordinator.

Appendix 5

Great Wyrley Performing Arts High School

Medication Incident Report Form

Service User/Pupil	Date of Birth
Address	
Details of Incident	
Date of Incident –	<i>Time of Incident-</i>
<i>Member of Staff Reporting Incident-</i>	
Detail of Incident-	
Reason for Incident (Pharmacy Error, Wrong Medication Administered, Overdose, Missed Medication, etc) -	
Detail of any injuries/ill health effects-	
Detail of any Treatment Given-	
Admission to Hospital Yes/No If yes what was the outcome-	
Who has been informed of the incident (Carers, Pharmacist, GP, NHS Direct, CSCI) –	
Any Additional Information	
Statement Taken from relevant Parties – Detail whom and attach a copy.	
Corrective/Remedial Action Taken-	

This incident must be reported to the Headteacher immediately and a copy of the report forwarded to Staffordshire County Council.

Signature Reporting Officer _____ Date _____

Appendix 6

Great Wyrley Performing Arts High School

Accident Investigation Report Form

1. Details of Injured Person

Forename: Surname:

Date of Birth: Gender: Male Female

Private Address & Postcode

Status

<input type="text"/>	Employee of SCC	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
	Service User	<input type="checkbox"/>	Member of the Public	<input type="checkbox"/>
	Student/Pupil	<input type="checkbox"/>	Work Experience	<input type="checkbox"/>
	Volunteer	<input type="checkbox"/>	Other (please state)	<input type="text"/>

If injured person is an employee of Staffordshire County Council:

Directorate CXO C&LL SC&H DSD Resources

Business Unit/Establishment

Job Title Employee Pay Ref:

At the time of the accident was the employee authorised for the task being performed

Yes No

If no, provide details.

If the injured person is employed by someone other than Staffordshire County Council, state name, address, telephone number of employer and reason for being on the premises / site:

2. Accident Details

Workplace/Establishment where accident occurred

Exact Location. e.g. office, grounds, stairwell etc.

If accident occurred away from the normal place of work/base. Please state the address and exact location.

Date of Accident: Time of Accident: am/pm

Date Reported : Time Reported: am/pm

Reported to: Reported By:

Description of how the accident occurred.

Accident Type (i.e. fall, slip, manual handling):

From the investigation, what has been identified as the root cause of the accident?

3. Details of damage, injury or ill-health

Damage or part(s) of body Injured: Injury type(s):
 e.g. left leg or 1st finger left hand e.g. fracture or laceration

First-Aid Administered? (please ✓) YES NO If yes by whom?

First-Aid Treatment Given:

Details of the accident recorded in the Accident Book (please ✓) YES NO

Please ✓ one of the following where applicable:

<input type="checkbox"/> Fatality	Person needed resuscitation	<input type="checkbox"/>
<input type="checkbox"/> Non-Employee taken from the premises / site to hospital	Major Injury to employee	<input type="checkbox"/>
<input type="checkbox"/> Person became unconscious	Dangerous occurrence	<input type="checkbox"/>
<input type="checkbox"/> Employee admitted to hospital for more than 24 hours	Over three day absence	<input type="checkbox"/>
<input type="checkbox"/> Fall from height ...	Minor Injury/No Injury	<input type="checkbox"/>

Number of days lost (includes weekends/non workdays) Is the absence continuing? Yes No

If a non employee/service user has been taken to hospital was it due: A) Solely to the injured persons medical condition Y/N B) Sports Accident Y/N

Were there any defects to the premises/equipment that caused the accident? Yes No

4. Actions Necessary to Prevent a Similar Accident

Prior to the accident had a risk assessment been completed for the activity? Yes No

Post Accident Risk Assessment been completed/or an existing one reviewed? Yes No

If NO, give reasons:

State what action has been taken or planned to reduce the risk of a similar accident:

Any other comments? Family informed?

Witnesses Details: Name, Address and Telephone.

1.	2.
----	----

5. Details of the manager completing this form

Print Name	<input type="text"/>	Job Title:	<input type="text"/>
Signature	<input type="text"/>	Date:	<input type="text"/>

For Health and Safety Team use only

Date Received	<input type="text"/>	HSE RIDDOR Reportable	<input type="checkbox"/>	HSE Report Number	<input type="text"/>
Date reported to HSE	<input type="text"/>	Telephone Investigation	<input type="checkbox"/>	H&S Advisers Name	<input type="text"/>
Site Visit Required	<input type="text"/>	Date of Site Visit	<input type="text"/>		<input type="text"/>

Additional Comments by H&S Advisor

Send or email the completed form to the Directorate Health and Safety Team within 3 days of the accident for RIDDOR reportable accidents, or 10 days of the accident for minor i.e. non-RIDDOR reportable accidents

Appendix 7

Great Wyrley Performing Arts High School

**Record of medicine administered to an individual student
(on long-term medication)**

(2 members of staff to administer controlled drugs e.g. Ritalin)

Name of child	
Date medicine provided by parent	/ /
Form	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Any Reactions			
Name(s) of member(s) of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Any Reactions			
Name(s) of member(s) of staff			
Staff initials			

Record of medicine administered to an individual student (Continued)

Date	/ /	/ /	/ /
Time given			
Dose given			
Any Reactions			
Name(s) of member(s) of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Any Reactions			
Name(s) of member(s) of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Any Reactions			
Name(s) of member(s) of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Any Reactions			
Name(s) of member(s) of staff			
Staff initials			