



**Supporting Pupils at School with Medical Conditions Policy (Including
Emergency Procedures and Administration, Storage and Disposal of
Drugs)**

**(Was called ADMINISTRATION, STORAGE & DISPOSAL OF DRUGS
(INCLUDING CONTROLLED DRUGS POLICY))**

Agreed by Governors on; 16/10/2017

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Signed by Chair of Governors: Sally Birkbeck

Sally Birkbeck

Statutory policy No

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Safe Happy Learning

Education Co Location Co operation

RATIONALE

Delius Special School will ensure that pupils can all participate in 'Safe, Happy, Learning'. Many of our pupils are likely to have medical needs which mean that additional measures are required to ensure that they have full access to the curriculum.

AIMS

- Our school aims to:
- Provide a safe and secure environment for all students
- Assist parents in providing medical care for their children
- Educate staff in respect of special medical needs
- Adopt and implement any national or LA policies in relation to medication in schools
- Ensure training is up to date for providing medical support
- Liaise as necessary with medical services, parent/carers, in support of *the pupil*
- Keep medicines and drugs in appropriate locations relative to their purpose (e.g inhalers with the pupil and Buccolam upstairs/downstairs)
- Accurately record all medications taken into and out of school

According to the legislation, Supporting Pupils at school with Medical Conditions (2015):

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

GOVERNING BODY RESPONSIBILITIES *

Governing bodies must make arrangements to support pupils at school with medical conditions in school, including making sure the policy for supporting pupils with medical conditions in school is developed and implemented.

- Governing bodies should ensure that that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Governing bodies should specify how training needs are assessed and how and by whom training will be commissioned and provided*
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Governing bodies should ensure that such children can access and enjoy the same opportunities at school as any other child and enable the fullest participation possible in all aspects of school life.
- In line with safeguarding duties, Governing bodies, should ensure that pupil's health is not put at unnecessary risk from ,for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so"
- This will usually be done by the provision of an annual report in Autumn

HEADTEACHER RESPONSIBILITIES

- Ensure that their school's policy is developed and effectively implemented with partners
- Ensure that all staff are aware of the policy for supporting pupils with medical conditions
- Ensure that all staff that need know are aware of the child's condition
- Ensure that sufficient trained numbers of staff are available to implement and deliver against all individual healthcare plans, including in contingency and emergency situations.*
- Take overall responsibility for the development of individual healthcare plans *
- Ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way*
- Contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Seek medical evidence is provided that prohibits any school activity on medical grounds. E.g. swimming/going in the pool

PARENT RESPONSIBILITIES (see Home School Agreement)

- Provide the school with sufficient up-to-date information about their child's medical needs
- Be involved in the development and review of their child's individual healthcare plan
- Carry out any action they have agreed to as part of its implementation , e.g. provide. medicines and equipment and ensure they or any other nominated adult are contactable at all times *

PUPIL RESPONSIBILITIES (according to age and ability)

- Be fully involved in discussions about how their condition affects them, their medical support needs and contribute as much as possible to the development of, and comply with, their individual health care plan.
- Where ever possible self manage and self administer medicines and medical procedures

STAFF RESPONSIBILITIES

- Staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so*
- Teachers should take into account the needs of pupils with medical conditions they teach
- Staff should receive sufficient and suitable training and achieve the necessary level of competence before taking on the responsibility to support children with medical conditions.*
- Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Record and report all medical interventions, and medicines /treatment given and report this to parents.
- SNTAs will have the requirement to administer medical interventions in their Job descriptions*.

SCHOOL NURSE RESPONSIBILITIES

- Notify the school when a child has been identified as having a medical condition which will require support in school, wherever possible ,before they start school*
- May support staff on implementing a child’s individual health care plan and provide advice and liaison, for example on training *
- Liaise with lead clinicians locally on appropriate support for the child and associated staff training needs*

LOCAL AUTHORITY (LA) RESPONSIBILITIES *

- Commission school nurses for maintained schools and academies *
- Promote co-operation between relevant partners – such as governing bodies, proprietors of academies, clinical commissioning groups (CCGs) and NHS England to improve wellbeing of children with regard to their physical and mental health, and their education, training and recreation *
- LAs and CCGs ,**must** make joint commissioning arrangements for education health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014)*
- Provide support, advice and guidance, including suitable training for school staff, to ensure support specified within individual healthcare plans can be delivered effectively*
- Work with schools to support pupils with medical conditions to attend full time.*
- Statutory guidance sets out that LAs should be ready to make arrangements when a child cannot attend (mainstream) school because of their health needs for 15 days or more *
- May find it helpful to be aware of pupils’ individual health care plans, especially in the case of an emergency. This may be helpful in developing transport healthcare plans for pupils with life threatening conditions.*

OFSTED RESPONSIBILITIES

- Must consider how well the school meets the needs of the full range of pupils, including those with medical conditions, including progress and achievement, and spiritual, moral, social and cultural development *

OTHER

- Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education.
- In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision. Home tuition can be provided by Delius and hospital schooling by the LA. Teachers will make arrangements, where ever practicable, for children to access learning they miss due their medical condition/treatments.
- Consideration may also be given to how children will be reintegrated back into school

after periods of absence (also see Home Tuition *Policy, phased returns etc*)

FOR FURTHER INFORMATION REFER TO SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS (2015).

TRAINING

Staff at Delius have First Aid Qualifications. First Aid kits are in every classroom and other main areas e.g. Reception office, kitchen, pool etc

Staff are also trained in procedures relevant to the pupils' needs in their class and across school, wherever possible and within agreed guidelines. There will always be staff members present in school who can attend to individual medical needs, within these guidelines. Staff in classes are all 'care plan aware', and any supply staff will be briefed accordingly.

It is the discretion of the Senior Leadership Team, Care Team and Nursing Team if it is agreed that staff should be disallowed from performing any medical interventions. Staff will be informed in writing and verbally.

Staff who are experienced and confident are also named as 'Key First Aiders' these people attend medical emergencies where the pupils' are at risk of serious harm.

MEDICINES POLICY

Prescribed Medicines

Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the unopened original container as dispensed by a pharmacist and include the prescriber's instructions for administration with the pupils' name clearly marked. (This is unless school nurse advise otherwise).

Delius staff should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Care Plan for Buccal Midazolam or Consent Forms

Consent forms provide the first aider with all necessary information which is required *before* any medicine is administered. The consent form must be read each time a medicine is given. The only exception to this rule is buccolam/diazepam which is an emergency rescue medicine. The care plan and seizure charts contain all of the information that is required in order to administer this medicine.

When administering medicines the trained person MUST ensure that the 5 elements are in place:

- Child
- Consent form (to make sure that correct dosage and route are adhered to)
- Check with parents that medicine has not been given within the elapsed time
- Medicine
- Sign to say it has been given

THE CHILD MAY BE TAKEN TO THE CONSENT FORM OR THE ORIGINAL CONSENT FORM MAY BE BROUGHT WITH THE MEDICINE TO THE CHILD.

IF ORIGINAL CONSENT IS TAKEN TO THE CHILD IT MUST BE RETURNED TO THE NURSE'S FILING CABINET. It is the responsibility of the nursing team to give updated versions of the consent forms (via Delius Care Team) to classes when this occurs.

Staff must ensure that they sign to say that they have given medicine after they have done so. This will be completed in the 'as required medicine book' kept in nursing filing cabinet. This is essential to ensure that the school nurse can keep consultants informed about any changes to pupils' needs.

CONTROLLED DRUGS

Buccolam/diazepam :

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations.
- Only staff who have the relevant training may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the pupil's care plan
- Buccolam/diazepam can only be given after parents have confirmed that 12 hours has elapsed since previous dose (a phone call confirmation is required). If parents cannot be contacted and the seizure is continuing, a 999 phone will be required.
- Delius school keeps controlled drugs in a double locked cupboard and only named staff have access
- All controlled drugs require 2 signatures to sign in and out
- 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
- Misuse of a controlled drug, such as passing it to another child for use, is an offence
- Whoever signs out the controlled drugs on trips etc. is responsible for these medicines and needs to keep them on their person/with them at all times
- Delius will ask that parents inform school via telephone if they have given buccolam/diazepam in the previous 12 hours. Even so, if the medicine is required, Delius staff will check with family to ensure that a dose has not been given.

Inhalers

- Can be kept in close proximity to the child in order for them to be accessed quickly
- Should be taken to areas around school with the child
- Should be kept with the spacer, if one is required
- Inhalers will be administered according to the care plan and by trained persons

Epi-pens

- Should always be kept near by the child – out of reach of children
- Should be carried around school
- Epi-pens should be in labelled container with name and photo of the child

NON-PRESCRIPTION MEDICINES

Staff should **never** give a non-prescribed medicine to a child.

SHORT-TERM MEDICAL NEEDS

Any medications administered must have had a consent form filled in by the parents as provided by the school nursing team. The School Nurse has agreed that verbal instructions can be given to a Key First Aider, or herself for the first day if a new medication and consent forms will be sent home that day. The nurse/Key First aider should record this verbal consent and then also store the written consent.

Antibiotics can and will be administered by a trained person according to the label instructions.

LONG-TERM MEDICAL NEEDS

Schools need to know about any particular needs before a child is admitted, or when a child first develops a medical need. Where necessary, a care plan will be written by the school nursing team which will detail procedures that must be followed.

PUPILS WHO ARE FED VIA GASTROSTOMY OR JEJUNOSTOMY

Dietician plans must be followed at all times. The 'feeding records' are to record the feeds, not to inform of dosage and rate (always look at feeding plan). If staff have any queries whatsoever, they should see the Health Care Support Worker in the first instance. Followed by the Care Manager. **THESE ARE THE ONLY DELIUS STAFF WHO ARE PERMITTED TO CALL DIETICIANS REGARDING A FEEDING PLAN QUERY.**

Any queries and conversations will be recorded in the book kept in the Care Manager's office.

AFTER AND BEFORE SCHOOL ACTIVITIES, RESIDENTIALS and EDUCATIONAL VISITS

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional support assistant might be needed to accompany a particular child.

Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions 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.

Medications should be kept with a trained member of staff at all times. Children should not be taken far away from their medication (for example, to the other end of a supermarket).

Risk assessments should include medical conditions.

INCLUSION VISITS

Pupils who visit co-located schools and require emergency medication must travel with a trained member of staff who carries the care plan along with the medicine in a safe bag (for example a bum bag).

Risk assessments should include medical conditions

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 child. 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 child, the name and dose of the medicine and the frequency of administration. Medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

The head is responsible for making sure that medicines are stored safely. Emergency

medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Emergency medicines to be kept in a secure place not accessible to children.

A few medicines need to be refrigerated. They should be kept in the locked refrigerator in the nurse's room.

ACCESS TO MEDICINES

Children need to have immediate access to their medicines when required.

DISPOSAL OF MEDICINES

Staff are not to dispose of medicines. Parents or the school nurse are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures (see Hygiene and Close Personal Contact Policy). Staff should use protective disposable gloves and aprons* and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. All first aiders carry face shields to protect from cross infection.

**In exceptional circumstances when the use of aprons is detrimental to the child (due to sensory overload or Pica, an agreed alternative can be used, in discussion with the Care team, and Headteacher.*

MEDICAL/HEALTH CARE PLANS

These are written and monitored by health professionals and reviewed when required or usually annually. School staff will raise queries if needed to ensure the safety of pupils. Schools are not consulted or required to sign the plans*, although at Delius we do to demonstrate our commitment our understanding of the medical needs.

2015 guidance states Individual healthcare plans "should be drawn up in partnership between the school, parents, and a relevant health care professional, e.g. a school nurse, specialist or children's community nurse or pediatrician, who can best advise on the particular needs of the child....responsibility for ensuring it is finalized and implemented rests with the school".*

2015 guidance also states "Where the child has a SEN identified in a statement or EHC plan, the individual healthcare plan should be linked or become part of that statement of plan".*

EMERGENCY PROCEDURES (see Medical Emergency Procedure) Key First Aiders

We have introduced Key First Aiders in school. These people are:

- Helen Mahoney
- Sarah Kelly
- Liz Shields
- Charlotte Millea
- Lindsey Greenwood
- Caroline Hellewell
- Annette Woolley
- Adele Thompson

KEY FIRST AIDERS MUST LIAISE WITH EACH OTHER IF THEY ARE LEAVING THE BUILDING TO ENSURE THAT THIS ROLE IS ACCOUNTED FOR.

These people **MUST** be called when a child becomes seriously unwell – for example, at the beginning of a seizure for a non epileptic, allergic reaction, if they stop breathing, or administration of buccolam.

How to call upon a Key First Aider

- If there is an emergency, you need to summon help immediately using a radio. There is a script that will be followed.
- ‘Could a Key First Aider & SLT Come to Room 9, could a key first aider & SLT come to room 9’.
- The Key First Aider & SLT should respond using a radio by saying ‘xxxx is on their way’.
- The office staff will listen out, if they notice that the request has been made twice without response, they will use the Tannoy to request help.
- This process will trigger the involvement of a member of the Senior Leadership
- Nurses may be called to observe where appropriate

It is essential that you radio immediately – do not hesitate and please repeat the message clearly twice.

What happens when the Key First Aider arrives?

- The Key First Aider may ask people to leave or may ask for assistance to move the child to somewhere more discrete
- The Key First Aider may request a second (specific) first aider to come to support

What is the role of a Regular First Aider?

The introduction of Key First Aiders is to support all first aiders when medical situations become more serious. Regular first aiders should help with minor incidents. They can also administer rescue medication but only with the support of the Key First Aiders. First aiders may be asked to collect consent forms and medicine or rescue medicine whilst the Key First aiders wait with the child.

The rest of the team in class have an essential role in class

It is appreciated by the Key First Aiders, that some class team members may have close working relationships with pupils and that it can be distressing for everybody involved when there is a medical emergency. However, it is essential that the Leader of Learning supports the rest of the children by continuing with teaching. This may need to happen elsewhere and this may require more help to change location around school.

Someone else in class may be asked to call parents to ask if medicine has been given in line with the care plan/consent form.

What is the role of the Head Teacher or (other member of SLT)

The head teacher (other member of SLT) will attend the incident to act as a support and a witness. The SLT member will ask the following questions as a script for administering medicines:

- Do you know when this medicine was last given?
- Do you have the medicine for the correct CHILD?
- Do you have the CONSENT form or care plan for administering buccal midazolam?
- Do you have the correct medicine and is it in date?
- Please can you tell me the dose you are going to administer?
- What route are you going to administer the medicine?
- If the situation becomes better, the head teacher will leave, ensuring that the class is safe (for example more staff may be required in class, if the child is in need of closer monitoring)
- If an ambulance is required, they may be the most appropriate person to talk to the operator
- If this call takes place, the severity of the child's needs (i.e. Profoundly disabled child) must be relayed
- The head teacher will ensure that the office know if an ambulance has been called and for what child, they will also request that parents are informed
- The head teacher may, where appropriate, look at the care plans and ask questions of the treatment/first aid given
- If parents are coming to school and the situation is very serious, the head teacher may feel that it is appropriate to meet the parents at the reception
- Decide who will go in the ambulance with the child and ensure that cover arrangements have been considered

- If a child goes to hospital in an ambulance, the Serious Incident Book will be filled in by the member of SLT in charge
- If a child is gravely ill and parents are being met at the hospital the head teacher may decide to make arrangements for extra Delius presence at the hospital (for example a member of SLT to travel in their car separately)
- Extra consideration would be given in this case as to which member of staff would travel with the child in the ambulance
- The head teacher will ensure that all parts of this plan are delivered effectively by overseeing or directing staff as required (not medically)

What is the role of the business support team if an ambulance is called

- If there have been unanswered radio calls for a Key First Aider, they must use the tannoy to convey the message
- If an ambulance is called, the office will ask if parents need to be contacted
- The medical information will be photocopied and taken to the child when the paramedics arrive
- One member of office staff will man the main barrier and another will await the ambulance arriving
- The paramedics will be signed into school
- The paramedics will be escorted to the child
- Ensure staff accompanying children are given the school taxi phone number to call to return to work/home.

DEFIBRILLATOR:

Delius have a de-fib which is kept in the central office. If it is required at the scene of an emergency a radio *call will be made saying:*

'please could the **orange box** be brought to (**location**), please could the orange box be brought to (**location**). Someone from the office will then bring the de-fib to the location without delay.

Unacceptable

Practice It is not generally

acceptable to :

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless specified in their individual healthcare plans
- If the child becomes ill, send them to the school office or medical room

unaccompanied or with someone unsuitable

- Penalise children for their attendance record if their absences are related to their medical condition , e.g. hospital appointments *
- Prevent children from drinking, eating or taking toilet breaks or other breaks whenever they need to in order to manage their medical condition
- Require parents, or otherwise make them feel obliged, to attend school to administer medicine or provide medical support to their child, including with toileting issues.
No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g by requiring parents to accompany the child.

Insurance details

All school procedure are covered by the schools insurance, as long as policy and training has been followed.

The insurance scheme is available to staff.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reasons this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents and pupils will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

* Governors are seeking advice regarding aspects of concern in this policy.