



School Policies

Medication & First Aid

Mission Statement

Horton Education and Care supports children, young people and adults through their difficulties, fosters their ability to manage their own behaviour, and develops their knowledge, skills and independence, enabling them to live as full and rich a life as possible.

Policy Title:	Medication & First Aid
Policy Reference:	<p>General Policies</p> <p>Health & Safety (First Aid) Regulations 1981</p> <p>DfE Guidance '<i>Supporting Pupils at School with Medical Conditions</i>' (December 2015)</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf</p> <p>Guidance on First Aid for Schools</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf</p>

Rationale

At school we want all our pupils to be happy, safe, fit and well. In order to achieve this, we believe a clear policy on the handling and administration of medicines and the arrangement for first aid in school is necessary to safeguard all of the pupils in our care. This policy is to be reviewed annually and displayed on the Website for parents and staff.

Designated Roles

SENCO/Designated Teacher: Melanie Mitchell

DSL/Pastoral Manager responsible for Health Care Plans: Rhonda Crossland

Trained First Aiders: Lyndsey Scarah, Simon Blakestone Claire Penn, Joe Leech- Samman Rd. Annex; Rhonda Crossland, Rachel Hill, Tonya Wild-Storr- Wawne

Staff Trained in Medication Administration: Alex Lewis, Rachel Hill, Rhonda Crossland-Wawne; Joe Leech, Simon Blakestone, Kenny Harrison- Samman Rd. Annex

Executive Head Teacher: Rebecca Sayer has the overall responsibility for the successful implementation of this policy

The **Designated Safeguarding Lead/Pastoral Manager** is responsible for:

- Ensuring sufficient staff are suitably trained
- To ensure relevant staff are made aware of the child's condition
- To arrange cover in case of staff absence
- To brief supply teachers
- To ensure adequate risk assessments are in place for school visits, holidays and other school activities outside of the normal timetable
- To monitor individual healthcare plans
- Ensuring the medication records are up to date and regularly audited

Notification of a pupil with a medical condition:

The **Designated Safeguarding Lead/Pastoral Manager** is responsible for individual

healthcare plans (the plans can be part of the EHCP or linked to them) to support children with medical conditions and will:

- Liaise with the parents and record the medical needs of the child
- Devise a Health Care Plan in consultation with the School Nurse when possible and appropriate. The Health Care Plan can be linked or Integrated within the EHCPs
- Arrange staff training and support as required to meet the needs of the child
- Ensure plans are reviewed each year, unless medication/care/provision changes and this information is disseminated to staff

Healthcare and Intimate Care Plans

Healthcare Plans will include:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional;
- who in the school needs to be aware of the child's condition and the support required;
- ensure that written permission has been obtained from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by

their lead clinician that could be used to inform development of their individual healthcare plan.

Intimate Care and Toileting Parental Contact Form will include:

- information about the level of care needed and any action that needs to be taken;
- named member/team of staff (who has been appropriately trained) involved with the individual child;
- location named where the intimate care will be carried out (e.g. disabled toilet);
- information about who will provide medication (medically prescribed), equipment/resources, medical or toileting equipment.

Medical Equipment

There is a designated staff member in school to ensure that the first aid stocks are checked and replenished monthly and that all first aid equipment is maintained. Where deficiencies are identified ensure new stock is ordered through liaison and monitoring with the School Secretaries.

Managing medicines on school premises:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Staff trained in Medication Administration will dispense all oral medicine to children in accordance with Statutory Guidance (2014). As a school we will ensure that there are sufficient support staff appropriately trained to administer medicines. It will be the parent's responsibility to make school staff aware of any possible side effects of the medicines and what to do if they occur.
- In accordance with Statutory Guidance (2014) children with asthma need to have immediate access to their inhalers when they need them. These will be stored in an accessible location in the classroom or kept by the child if their maturity levels are deemed appropriate. The record sheet will be kept with the name of the child, date of expiry and dosage check. These sheets will be checked every half term by the **Designated Safeguarding Lead/Pastoral Manager**. Spacers will be provided by parents whose child needs it. All children will administer their own asthma medication under the supervision of a member of staff trained in Medication Administration.
- **Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.**

- School will not administer non-prescription medicines.
- Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage are to be accepted by the school. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- All medicines should be stored safely. Children should know where their medicines are stored and who to go to for administration. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips.
- For safety reasons, all medicines (with the exception of children's asthmatic inhalers and epi-pens) are stored centrally in the school offices. Medicines are to be handled by adults only. Parents are asked to deliver any medication to school via the school office and to collect them at the end of the day in the same way. At no time should children be given medicines to bring in or take home from school. Only medicines that have parental authorisation and are appropriately named are allowed in school. All medication must be collected by parents at the end of Summer Term or it will be taken to the local chemist to be destroyed.
- Children who are prescribed controlled drugs will be issued with a Health Care Plan. Permission must be granted by the Headteacher for controlled drugs to be kept on the school premises. The medication must be in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration and dosage. The medication must be kept in a locked cupboard in a locked room. Only the staff member trained in medication administration will issue the medication with another member of staff as a witness and keep a controlled, signed record each time the medicine is issued to the child. The school has a special bound controlled medication log book.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. This will be kept in the main offices.

Timing of Administration of Medicines:

Medicines are usually administered from the main school offices. Medicines will be administered as required by the dosage label or at a time suitable to the child's needs.

Administration of Antibiotics:

The administration of antibiotics in school will be permitted only if the recommended

dosage is four or more times per day. A prescribed dosage of 3 times per day is usually taken at home before school, after school and at bedtime.

Asthma Medicines

Immediate access to reliever medicines is vital and pupils with asthma are encouraged to carry an inhaler with them at all times as soon as the child's parent, doctor or asthma nurse agrees that they are mature enough to do so. We also ask that we are provided with a spare inhaler to be kept securely, in case a pupil's own inhaler runs out or is lost or forgotten.

Epipens

For children who are prescribed epipens for serious allergic reactions, we ask that 2 pens are supplied to be kept in School. The child's healthcare plan will detail everything their use.

Parents/carers will be asked to fill out a care plan at the beginning of the academic year enabling the School to gain a better understanding of how a child's allergies affect them and outlining the specific steps that staff would be required to take in the event of an emergency.

A copy of this care plan will be kept with the child's medicines.

Record Keeping

Parental Authorisation Forms:

Before medication can be given in school, parents must complete the appropriate authorisation for administering medicines in school form, clearly indicating the name of medication and relevant dosage to be taken. These forms can be obtained from the school office. All forms must be checked and authorised by the **Designated Safeguarding Lead/Pastoral Manager** on a regular basis to ensure accuracy of information and expiry dates of medicines.

First Aid Procedure

The following rules and procedures will be applied in relation to this area:

The School will ensure that adequate and appropriate equipment, facilities and personnel are provided to enable first aid to be given to pupils, staff and other persons if they are injured or become ill whilst at the School.

The level of provision of first aid facilities in the School will be determined by an assessment of the particular circumstances and risks involved.

Suitable and sufficient first aid boxes/bags will be available in the School, on trips and the Company vehicles.

Where there are no significant risks, first aid boxes will contain a minimum stock of the items recommended by HSE guidance.

First aid boxes will be located in conveniently accessible positions for staff/first aiders.

The School will ensure the appointment of suitable and adequate first aiders in accordance with current guidelines.

A list of current first aiders will be displayed in the School Entrances and be brought to the attention of all staff.

All first aiders will receive suitable and sufficient training in accordance with HSE guidance and will receive appropriate refresher training as and when required.

Emergency Procedures

Please refer to individual Health Care Plans (this could be linked or part of the EHCP)

- Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day Trips, Residential Visits and Sporting Activities

- Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- The school will consider what reasonable adjustments to make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

Unacceptable Practice

- 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 the 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 or prevent them from staying for normal school activities, including lunch, unless this is 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; (unless specified by the attendance policy)
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer prescribed medication 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; or 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.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason 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 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.

End of Policy

Audit Trail

Version	Change	By Whom	Date	Review Date
1.0	New format		July 2013	
1.1	Updated Policy & Format	Janjer Ltd	June 2015	
1.2	Updated	Principal Plus(SJH)	August 2016	
1.3	Updated	Executive Manager and Directors	September 2017	
1.4	Review of Policy and Accuracy Check	Head Teacher and School Secretary	July 2018	July 2021
1.5	Policy Reviewed and Updated	Executive Manager/Head Teacher	July 2021	July 2022