



Special Partnership Trust



# SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Date Last Reviewed: March 2023

Review Date: March 2024



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## Supporting Pupils with Medical Conditions

*This policy document needs to read in conjunction with the school's safeguarding policy, whistleblowing policy, intimate care policy, medical and sickness policy, disciplinary and capabilities policy and first aid policy. This policy has been written which underpins the DfE guidance of 2014 (updated 2017) 'supporting pupils with medical conditions' (statutory guidance for Governors).*

*This policy contains the guidance received from the RCHT in relation to Administering medicines and Ad hoc medicines (January 2015).*

### Rationale:

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises.

In the case of pupils with special medical needs, the responsibility of the school is to make sure that safety measures are in place which caters for the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. School Name is therefore responsible for making sure that relevant staff know about and are trained to provide any additional support that pupils with medical conditions (long or short term) may need.

It is imperative the school works closely with the Local Authority, the school nurse/ community nursing team and their line managers to ensure all practice is fully informed and supported by clear pathways and protocols which identify the following:

- **Competencies** - How the school will know staff are fully trained and **competent in administering of medical care** which will include the administering of medication – SOPs (Standard Operating Procedures)
- **Compliance** - How the school will know staff are compliant in the **training** they have received and the mechanisms adopted to ensure compliance measures are met
- **Currency** - The **frequency of training** required and how this is recorded (CPD log)
- **Accountability** – The agreed format of record keeping including Health Care Plans which guides/informs staff within their daily working practice and can be monitored. Health Care plan summaries will be kept on Arbor pupil files – and will link to the EHCP. In schools where there is a school nurse – these are updated by the school nurse – in other schools associated health professionals inform this process.

### Definition:

We recognise that pupils' medical needs may be broadly summarised as being of two types:  
(a) **Short-term**, which may affect their participation in school activities  
(b) **Long-term**, potentially limiting their access to education and requiring extra care and support from a range of professionals

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. The School Local Governing Body acknowledge that pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of pupils therefore have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, the school may reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site. (Please refer to the school's medical and sickness policy for the definition of infectious disease which outlines the infection/illness, the recommended time to be kept from school and any additional comments which support decision making/outcomes on attendance – Appendix 1).

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse/ community nursing team, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected.

If the health, safety and well-being of any learner is compromised in any way through the daily working practice of staff within the school the school nurse will bring this to the immediate attention of the Head Teacher (AHT in their absence). Following this information sharing the Head teacher and school nurse will determine actions which will attempt to resolve any issues. If these cannot be resolved the school nurse will take additional advice and guidance from their line manager with immediate effect. The Head Teacher will pass on any concerns to the Chair of the Local Governing Body and the safeguarding and whistleblowing Governor. In schools without a school nurse this process will apply to any concerns expressed by associated health professionals working with the school.

If any member of staff has compromised the health, safety and well-being of any pupil with a medical condition the Head Teacher will also report this to the CEO of our Special Partnership Trust and the LADO with immediate effect. If required the school will invoke the disciplinary policy to provide further guidance on how to proceed – e.g. – information gathering.

Any member of staff who has received appropriate medical training from the school nurse can refuse to comply with the training provided if:

- They do not feel confident to carry out the SOP instructed (Staff can request additional training if required from the school nurse)
- Refuse to undertake a SOP with a child who is not familiar to them or if the medical needs of the child require complex health related interventions to maintain their health, safety and well-being (this will be assessed in accordance to each pupil and the medical intervention required)

Following such concerns the school nurse / community nursing team will re-visit the training requirements and sign off competencies in relation to confidence building; this will be recorded in the training log overseen by the school CPD lead. The Head Teacher will advise the Local Governing Body of any child who requires complex medical interventions; the Head Teacher will also contact the CEO of our Special Partnership for advice and guidance. The Head Teacher will discuss individual cases with the Local Authority to determine if exceptional needs funding/additional funding is required to allocate a trained health professional to help support such pupils in the management of their complex medical conditions and undertake the necessary health/medical interventions required.

Following all discussions, the school will determine if the medical procedures/training continue to relate to the roles and responsibilities of the school staff and cascade this information accordingly; if a staff member still refuses to undertake the medical procedure they are trained in which has been deemed acceptable in relation to the medical procedure(s) required the school may consider this as a capability issue and look towards the capabilities policy for guidance.

### **Entitlement and Access**

School name provides full access to the curriculum for every child wherever possible; this is detailed within our school offer which has been agreed with the Local Authority. We strongly believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils with medical needs. As a result the staff will:

- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of Senior Leadership and School Nurse/ community nursing team any concern or matter relating to the support of pupils with medical conditions

### **Our Aims:**

- To support pupils with medical conditions, so they have full access to the education provided; this will include physical education and educational visits
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained (currency, competency, compliance measures) by the school nurse / community nursing team in order to administer support or prescribed medication/medical interventions
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- To act in accordance with the Health Care plans received from the school nurse following parental permission to share
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records

### **Unacceptable Practice:**

While school staff will use their professional discretion in supporting individual pupils, it is recognised that is unacceptable to:

- Prevent children from accessing their medication
- Assume every child with the same condition requires the same treatment
- Ignore the views of the child or their parents / carers/ ignore medical advice received
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan
- Penalise children for their attendance record where this is related to a medical condition
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents to administer medicine where this interrupts their working day
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part

### **Expectations – parents and practitioner(s):**

It is expected that:

- Parents will inform school of any medical condition which affects their child
- Parents will supply school with appropriately prescribed medication, where the dosage information, name of pupil and regime is clearly printed by a pharmacy on the container; without such information the school will not be able to administer prescribed medications
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual
- The School will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler)
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil

- Transitional arrangements between schools will be completed in such a way that school name will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare
- Individual Healthcare plans received from the school nurse/ community nursing team will be written/monitored/reviewed regularly in consultation/agreement with the parent/carer; the child's views will be sought where/as appropriate.
- Additionally the health care plans will incorporate the advice of relevant medical professionals

### **Cardiopulmonary Resuscitation (CPR) statement for use in schools**

This statement has been agreed between health professionals and the Head Teachers of each Special School in our Special Partnership Trust; this statement has been **approved by the LGB**

#### **Learners with life limiting conditions:**

We recognise that decisions relating to Cardiopulmonary Resuscitation (CPR) for a child or young person are some of the most sensitive and difficult discussions/decisions families have to engage with. It is not within the province of schools to undertake these discussions with families but decisions made with the child or young person's medical lead may impact on the actions education staff will initiate should the learner suffer from either a respiratory or cardiac arrest. It is the responsibility of parents and or their health lead to communicate these to the School.

CPR will be performed on any child or young person who has suffered either a cardiac or respiratory arrest, unless the doctor, GP or Consultant responsible for their care has agreed and documented a prior decision. In Cornwall these are recorded on a Treatment Escalation Plan (TEP) and Resuscitation Decision Record. TEPs should be reviewed at least annually. Wishes documents/Advanced Care Plans are also often completed with families detailing preferences for care of their child or young person with a life limiting condition and families can choose to share these with schools.

If no explicit decision has been made in advance about CPR and the express wishes of the child or young person are unknown and cannot be ascertained, there should be a presumption that education staff will make all reasonable efforts to attempt to resuscitate the child or young person and call for the emergency services (999).

Where a signed TEP is in place and the family wish for this to be followed in the education setting this must be communicated to the school and a signed copy held in the pupil file. A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision only relates to attempting CPR and does not relate to any other on-going treatment or care the child/young person is receiving. Clinical treatments such as giving oxygen and clearing the airway by suction should still be considered where appropriate.

In the event that the young person with a DNACPR decision suffers a cardiac or respiratory arrest the family and special school nurse must be contacted immediately. The sensitive care of the young person is paramount.



For staff's information it should be noted that where a child/young person dies when the death was not foreseen in the preceding 24 hour period and there is no expected death notification form held by GP, irrespective of whether a DNACPR decision has been reached, then the death will be subject to a sensitive enquiry called a rapid response.

### **Monitoring:**

The SPT ensures that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions.

The Local Governing body will monitor this policy document through their meetings; the Head Teacher will bring to the Governors attention any amendments required to ensure this policy document is fit for purpose and meets all statutory guidance received. This policy document will be reviewed biannually.

### **Information:**

All pupils at **name School** are in receipt of Individual safety Plans. These plans have been agreed with parents/cares at their child's Annual reviews.

Children with medical conditions will have a generic Health care plan, this plan can be individually tailored to specific needs of any pupils within the school. This plan is electronically held by the school nurse/ or by the school in the event there is no allocated school nurse. If a pupil has a particularly complex medical need/condition this plan can be specifically written for that pupil by the school nurse/ community nursing team. Care plan summaries can be provided if/as required for Annual reviews once parents have given permission to share these.

Children with medical conditions which may require emergency attention, e.g. epilepsy; hold an individual epilepsy management plan which are stored with the school nurse, in the classroom and with the child's rescue medication which must travel with the child at all times. If the plan has been invoked by the class team the school nurse **MUST** be made aware of this as early as possible. It will be the responsibility of the school nurse to log the appropriate details in the pupil's electronic log. Where there is no on site school nurse the class team will immediately notify the SLT who will seek medical assistance – notify parent in line with the pupils plan.

The school nurse/ community nursing team can provide additional guidance associated with known medical conditions – e.g. – allergies etc as required (epi-pens). The school nurse provides advice and guidance and training on the use of epi-pens; these pens are with the child at all times. There are no competency measures required for this area. No competencies are required for the use of inhalers.

All known medical conditions will be noted in the pupil's Arbor records using information received from parents/carers. This information may not accurately record all current medical conditions; the school nurse - or other health professionals when there is not a school nurse - holds all up to date medical information which is stored electronically.

### **In an emergency**



In a medical emergency, there are staff who have been appropriately trained to administer emergency first aid if necessary – named first aiders are identified by posters around the school. If possible, the school's First Aiders will attend any situation. It is the responsibility of the Appointed Person to ensure that all First Aid personnel are in receipt of up to date training in accordance with our first aid policy. It is also the responsibility of the Appointed person to ensure that all first aid boxes are easily identifiable, accessible and the contents meet the required specifications are in date for use if required.

In cases where rescue medication is required the staff within the class will follow the protocols provided by the Epilepsy nurse in the epilepsy care plan - and provide all relevant information to the school nurse/SLT as early as possible. When rescue medication is administered parents/carers must be informed by phone as soon as possible.

Since April 2015 following discussion with the NHS Service Lead and the Community Nursing Team Lead (who is the school nurse's immediate Line Manager) have reached an unanimous agreement that if the school nurse is available they can be required to attend or assist one of the School's First Aid team in any incident involving either a Student or a Member of Staff in any First Aid situation. The school should feel free to draw upon the service of the school nurse, having first however, sought assistance from one of the Trained First Aiders in the first instance

The school's first aid policy specifies the following:

*'It is the policy of the School that the School Nurse is not, in the first instance, to be used in a First Aid capacity. However, they may be called upon in the immediate absence of a trained First Aider or to assist a First Aider in situations requiring another trained Professional for help and/or advice. The School will continue to rely on the knowledge and experience of its trained First Aiders in order to administer appropriate treatment to injured persons in the first instance but retain the option of calling upon the services of the School Nurse, if felt appropriate, when they are on site. In emergency situations, the First Aider will still call for (or will instruct another member of staff to call) 999 and request that an Ambulance and Paramedics attend but can still be supported in the current situation by the School Nurse if required and appropriate.*

*Having firstly considered the option to consult with the School Nurse, where there is any doubt about the appropriate course of action, the First Aider, being the appointed person in charge, will still be expected to consult with the Health Service Helpline (NHS Direct 0845 4647) and in the case of Pupil injuries, with the Parents or Legal Guardians'.*

**If an ambulance needs to be called, staff will provide the following information:**

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions
- Parents must always be called in a medical emergency but do not need to be present for a child to be taken to hospital. The school will telephone the parent/carer **AFTER** the ambulance has been called



- The number of staff to accompany the pupil/ambulance staff will be outlined within the Individual Safety Plan which is identified by staffing ratio out of school
- Risk assessment for accompanying a pupil in an ambulance.
- Staff cars **should not** be used for this purpose
- Pupils will be accompanied to hospital by a member of staff if the parent is not able to arrive at the school in time to meet the ambulance; the school has undertaken a robust dynamic risk assessment to support this process
- Any pupil with a known medical condition which may impact upon their behaviour will be provided with an additional control measures sheet which has been discussed with the pupil's parents/carers. These measures will outline any additional risks and appropriate responses to guide staff practice when they are not on the school premises. The additional control measures sheet will additionally identify when the school staff can hand over the care to the appropriate people (e.g. – parents/hospital staff).
- If additional control measures are needed for any pupil with a known medical condition that may result in an ambulance being called this information must be previously prepared and provided by the class teacher and team. All information relating to risk/additional control measures associated with medical conditions must be discussed with the school nurse/community nursing team to ensure the information is accurate and up to date; all additional control measures designed for this purpose **MUST** be signed by the class team, head teacher and school nurse.
- The school does not have the responsibility to ensure the information which is provided to the Acute Liaison Nurse via the 'Traffic Light' Assessment form at the RCHT is up to date; the school notes that it is the role of the school nurse to ensure the protocols surrounding sharing of information is fully agreed with the Acute Liaison Nurse and is followed accordingly if any child with a known complex medical need/condition needs to attend hospital in an emergency
- It will be the responsibility of the parents/carers to complete all 'Traffic Light' assessment forms and hold them. In the event of an Acute Admission the parent will ensure the form accompanies their child to hospital where the receiving Unit can contact the Acute Liaison Team accordingly
- The school nurse will request that they hold a copy centrally in case parents/carers cannot be contacted in the first instance which allows the school to forward a copy to the hospital alongside the pupil
- If an ambulance needs to be called when a pupil is out of school then the emergency procedure established via the educational visits policy must be applied

### **Administration of medicines in School**

Only essential medicines will be administered during the school day. These will be only those medicines prescribed by a doctor or over the counter/non prescribed medications /

creams that a parent have signed a consent for staff to give. Parents must submit a written permission slip before any medicine is administered. Medicines to be given during the school day must be in their original container, dated and named. Controlled drugs can also be administered, subject to all other conditions as described in the Policy; without the information specified clearly printed on the label the school will not administer any medications provided from home and parents will be notified. Staff require specific training for Controlled Drugs and must be “Medication Competent”

## Rationale

To have a system that is clear to all involved and ensures the health and safety of pupils and members of staff at all times.

## Aims

1. To ensure the ‘rights’ of administration of medicine are met:

**The right medicine to the right child at the right time in the right dosage by the right route, and to write down that it has been given.**

2. To provide clear direction to all staff who may administer medication, ensuring that any possible liability is clearly defined.
3. To provide any necessary competency training for staff who may administer medication.
4. Right to refuse
5. Always check allergy status

## Monitoring and Evaluation

This policy guidance will be ratified jointly by the Local Governing Body (LGB) and Head Teacher; the school nurse (where applicable) and Head Teacher meet on a regular basis to discuss any aspect of the roles and responsibilities of the school/school nurse in the management and support of pupil’s medical conditions. During such meetings any aspect of this policy can be discussed/re-examined to ensure it remains fit for purpose, informs staff working practices and supports pupil’s health, safety and well-being.

## Guidelines

### 1. General Guidelines

- 1.1** Involvement in the administration of medication is a necessary part of the daily work of many teaching and support staff. Any member of school 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 unless this is specified as part of their contract of employment. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the

necessary level of competency before they take on responsibility to support children with medical conditions outside of medical interventions which will require the support/intervention of a trained health professional. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. (DFE, 2014)

- 1.2 However, all pharmaceutically active substances bear a risk of harm. This guidance aims to protect both staff and pupils and other service users by ensuring that medication is only administered by competent, trained employees.
- 1.3 No member of staff should administer prescribed or non-prescribed medication or undertake other medical routines unless they have been given appropriate instruction, training and related competency (currency, competency and compliance).
- 2 If a pupil is receiving any medication which requires two competent people trained by the school nurse to draw it up, the administration should ALWAYS be witnessed by the same person who observed that medication being drawn up and also to ensure that it is given to the correct person (Positive Identification). Meds chart must be signed AFTER administration of medication.
- 3 If the administration requires the medication to be given slowly - say, via a Gastrostomy, then once that administration has commenced and there is no further room for error in Student identification, then the Second Person (Checker) may leave.
- 3.1 Staff members have the right to refuse to administer medication except where this responsibility is included in their job description.
- 3.2 In emergencies staff should only intervene within their level of competency and training to relieve extreme distress or prevent further and otherwise irreparable harm.
- 3.3 The Special Partnership's Public Liability Insurance arrangements will provide an indemnity to those employees whilst carrying out their duties and volunteers, in so far as they have been asked to undertake such duties on behalf of the Authority, in respect of claims for personal injury for which a legal liability can be established as a result of the administration of medication.
- 3.4 It is expected that all concerned with the administration of medication will comply with this 'Statement of guidance'. However, in the event of an emergency where it is not possible to adhere to every element of the 'Statement of guidance', provided the employee of the Authority does not act irresponsibly and recklessly in the particular circumstances the Authority's Public Liability insurance arrangements will extend to indemnify the employee concerned.
- 1.8 The indemnity will not apply to claims from a criminal offence, malicious actions, or wilful misconduct.

## 2.0 Definitions

- 2.1 **Non-Prescribed Medication** - Any medication not requiring a Medical or Dental



Practitioners Prescription is defined as a Non-Prescribed medication.

**2.2 Prescribed Medication** - Any medication requiring a Medical or Dental Practitioners Prescription is defined as Prescribed medication, however this may also include medication that may be available to buy over the counter in a pharmacy, but has been prescribed for a particular individual e.g. paracetamol.

### **3.0 Training, Competence and Context**

**3.1** It is the responsibility of the Head Teacher, School Nurse/community nursing team and LGB to ensure that adequate training, instruction and information is given to everyone involved in the control, administration or storage of medication. New staff should be given such training before they undertake any duties involving medications. Training should be renewed and **updated on an annual basis** or if there are alterations in care; it is the role of the school nurse to record all training provided via the training matrix; this information is shared with the CPD lead of the school. Spot checks are an important part of monitoring competence.

**3.2** It is the responsibility of the School Nursing service to train and monitor competence/compliance of appropriate education staff following protocol and guidance according to the Cornwall Foundation Trust Policy and procedure including undertaking spot checks for competencies/compliance.

**3.3** A record of staff members who have received appropriate training or instruction shall be maintained by the School Nurse, information relating to this training will be provided for the Head Teacher of the school who can refer to such information if the school nurse is not available. This information will include details of training dates, types and techniques of medication, expiration of training and other relevant information.

**3.4** Adequate arrangements should be made to ensure that there is a staff member, who has received appropriate training, instruction and reached competent levels, available during the school day. This could include coverage due to sickness, holidays and other absences.

**3.5** It is recognised that competency measures used monitor staff who support pupils with medical conditions are pre-determined by the level of skills required. It is the role of the school nurse to determine competencies around such skills within oxygen, feeding, medication administration, suctioning, and administration of rescue medication (this does not include training where a medical intervention may be required; such aspects need to be undertaken by a trained health professional). Competency measures and monitoring must also be in place for more individual child specific skills such as Tracheostomy support. The school equally recognises that although the competency measure remains the same staff may request additional training if they are asked to apply any trained procedure with a different pupil – i.e. – the training provided will become context led. In such circumstances it is the role of the school nurse to provide training using the same criteria to measure competencies with different pupils. Through such means we can ensure staff are supported by training which is dynamic and on-going.

### **4.0 Treatment – General**

- 4.1 All schools should make adequate provision for the safe and appropriate storage of medication, and movement of medication around school following the advice of the special school nursing service. All classes have locked cabinets for rescue medication.
- 4.2 All regular prescribed medication administered to pupils during the school day must be administered according to their named regular medication chart, checked and signed by two staff members who have received training, instruction and demonstrated competency in administering medication.
- 4.3 Failure to obtain relief following the administration of prescribed or non-prescribed medication (and any other concerns) should result in the Parents/Carers being informed and referral as appropriate to the General Practitioner, the Doctor in charge of the case or in extreme cases the Accident and Emergency Department by dialling 999.

## 5.0 Controlled Drugs

- 5.1 The storage of controlled drugs follows Cornwall Foundation Trust policy for the management for controlled drugs. Controlled drugs (CDs) will be stored in a double locked cupboard, secured to the wall. The keys for this cupboard will be stored in a key safe.
- 5.2 Only trained staff will administer controlled drugs following Special Schools CD standard operating procedures (CDSOPs) and ensuring the controlled drugs register is completed; this register is held within a book and locked separately from the controlled drugs. This is held in the nurse's office.
- 5.3 Two staff trained/monitored as current and competent by the school nurse must check and sign any controlled drugs out of the cupboard. This can be one school trained member of staff and the school nurse if required.
- 5.4 Stock levels of controlled drugs will be checked daily by the school nurse when present. If the school nurse is away the trained controlled drugs staff will check the stock levels, all staff who undertake this need to sign and countersign the CD register.
- 5.5 During all school holidays any controlled drugs stored in the CD cupboard must be returned home.
- 5.6 Please refer to CFT Special Schools CDSOPs for further information on controlled drug medication; this information is stored in the school nurses' office. Staff who are CD trained must sign this document to say they are aware of the CDSOPs involved as compliance measures
- 5.7 The school nurse will keep a current list of names and signatures

## 6.0 Storage and Transport

- 6.1 All medications travelling between home, school and short breaks settings must be transported in a secure bag in accordance to the Local Authority's policy on the transportation of medication between home and school; this must be clearly labelled with the child's name. This secure bag must be handed directly to the passenger assistant



by the parent/carer/school nurse/school staff. At school the passenger assistant must hand this secure bag to the school staff; no medication will be transferred to school/left in pupils bags. This medication will be signed in and out of the school respite medication log by the member of school staff and stored in accordance with this policy.

**6.2** It is not the responsibility of the passenger assistant, staff team to check/sign for contents. If the contents are controlled drugs these are checked and signed in and out by the medically competent staff team and/or school nurse. ***The school will expect all passenger assistants/drivers to follow the protocols determined by the guidance issued on the safe transportation of medication. It will be the responsibility of the Local Authority to instruct the passenger assistant/driver on how to store medication whilst travelling to/from school (tamper proof bags) and how to act if there has been an incident in regards to any medication (lost medication). It will not be the responsibility of the school to instruct drivers/passenger assistants on the safe transportation of medication.***

**6.3** Respite medication must be locked in the respite medication cupboard during the school day;. It is not the responsibility of the school staff or school nurse to check the contents of this bag. Therefore, respite medication bags **MUST NOT** be opened and checked within the school. The bag **MUST** include the child's name and should be waterproof.

**6.4** At the end of the school day the medication to be sent home must travel in the same bag which is waterproof and named. The bag needs to be signed out of the school respite medication log by the school nurse or the medically competent team and handed to the passenger assistant; medication must not be placed into pupil's bags.

## **7.0 Disguising Medications**

**7.1** Medication should not be routinely disguised in food and drink. This does not apply to medications given with nasogastric or gastrostomy feeds.

**7.2** There may be circumstances which require the covert administration of medication, particularly if the child is familiar with having medications in a drink or yoghurt. In this circumstance discussion and consent must be obtained from the parent/carer and school nurse/ Community Paediatric Pharmacist Staff must observe learners take the medication.

## **8.0 Drugs Errors**

**8.1** If a drug error occurs the school nurse (if available) **must** be informed immediately. If unavailable, medical opinion must be sought from GP/Community paediatrician and parents informed as soon as possible.

**8.2** It is a legal requirement to report drugs errors to ensure the safety and well-being of everyone involved (particularly if a drug overdose or omission has occurred). The school nurse/Head Teacher (in their absence) **MUST** inform the Pharmacy lead, and the school's nursing manager alongside the person who has identified any said drug error. Details of who to contact in the absence of the Head Teacher or school nurse is noted on the

information provided on the medical room door.

**8.3** The Head Teacher of the school must additionally be informed even if the school nurse is dealing with the issue; this will be recorded by the school as a safeguarding incident and the appropriate protocols will need to be initiated by a senior safeguarding officer of the school; please refer to the protocols outlined within the safeguarding/whistleblowing policy. School nurse reports on the CFT Incident Report System.

8.5 The accidental omission of a prescribed drug also constitutes as a drug error unless requested by a parents written permission not to administer.

8.6 In the event of a drug error, the special school nurse must report the error on Safeguard CFT incident reporting system as soon as possible and report this to the Head Teacher of the school who will report the incident to the LADO with immediate effect.

8.7 In the event of an error or omission by a member of the education staff, each school will have their own incident policy which should be followed; it is the role of the Headteacher to ensure all incidents are logged and investigate these accordingly. All actions undertaken will be noted and appropriate future actions identified.

8.8 In the event of emergency, staff should follow normal emergency procedures and contact emergency services as previously outlined.

8.9 Reporting of any drugs error will be scrutinised by the school nurse to determine if any further action is needed – e.g. - highlight training needs, spot trends in procedures; the school nurse will provide the Head Teacher and Governors of the school with a full report of the investigation undertaken and actions to address

## **9.0 Educational visits**

**9.2** Staff supervising the visit will be responsible for the safe storage, transportation and administration of the medicine during the visit. Medication to be administered on educational visits will be carried in a tamper proof bag and administered by two trained staff following the prescription which must be signed accordingly; all educational visits must be supported by a risk assessment and additional control measures which identify pupils who will be travelling/out of school who have known medical conditions

**9.3** No medication will be dispensed or drawn up from its original container or bottle prior to the trip as this would contradict Special Schools Medication policy and is not safe practice. All medication will remain in the original dispensed packaging with clear, legible pharmacy label, date and named for the pupil. Trained staff will follow the protocols established for drawing up medication whilst out of school; this will be in accordance to the training received from the school nurse

**9.4** It is anticipated the School Nurse will not be present on educational visits; therefore the administration of medicine will be by two trained education staff. If the educational visit is known in advance; the school nurse will provide training for an additional member of staff. The same competency measures will apply and it will be the role of the school nurse to sign these when satisfied at staff level

**9.5** Additional consent from parents/carers will be required for administering regular medications which fall out of the hours of the school day, such as overnight educational visits and after school activities. It will be the duty of the visit lead to ensure appropriate risk assessments and additional control measures are used to support such visits. These assessments must be signed off by the Head Teacher two weeks before any planned visit takes place

## **10.0 Treatment - Non-prescribed Medication**

**10.1** There is a list of non-prescribed medicines (see below) that are kept as 'stock' in the special schools to be administered as needed providing consent from parent/carer is in place. These medicines are stored in a locked cupboard in the clinical room.

- Paracetamol (for mild pain/fever)
- Hydrocortisone Cream 1% (for bites/stings)
- Antiseptic wipes (for cuts/grazes)
- Plasters or dressings (for cuts/grazes)
- Emollient cream (for dry/chapped skin)

**10.2** Non-prescribed medicines to be administered orally or enterally must only be administered by a school nurse or trained, competent staff. This does not apply to non-prescribed topical preparations, dressings or antiseptic wipes which trained first aiders are able to undertake.

**10.3** If the child already receives regular, prescribed medication, no other non-prescribed medication should be administered without consultation with the child's parent/carer and/or school nurse. The child's medication chart must be checked prior to the administration of any non-prescribed medication to ensure there are no allergic reactions highlighted on the chart or if previous doses have been given.

**10.4** Before administering any non-prescribed 'stock' medication from the list above, staff must check if the parent/carer has signed a 'Consent to Administer Medication' form. This form also details other medication that the child/young person is taking plus allergy status. These permission slips are located in the pupil consent file held by the office manager. The parents/carers MUST be contacted before any dose is administered to ensure no prior dose was given before school.

**10.5** If the parent/carer has requested that a non-prescribed medication (sent in from home) is to be administered in school, where possible this should be discussed with the school nurse who will double-check that the medication does not interact with any prescribed medication and that there are no other contra-indications for its use. If the school nurse is not available the school will contact the nurses' manager or paediatric pharmacist for clarification; until clarification can be obtained this medication will not be administered and the parents contacted to inform them of such outcome. Parents can be asked to come into school to give the medication if the school is awaiting further clarification from the nurses' manager/paediatric pharmacist.

**10.6** Before administering any non-prescribed medication sent in from home, staff must check that the parent/carer has signed a consent form and provided details of dose and time to be administered – dosages must be followed in accordance with instructions on the box ; all forms which detail such information can be found in the 'Consent to Administer Medication' form held by the office manager and/or school nurse office. Consent can be written in the home/ school journal.

**10.7** The member of staff should read and follow the instructions on the container/packaging supplied.

**10.8** It may be appropriate for non-prescribed paracetamol to be given for mild cases of pain or fever. Where symptoms are regarded as severe or persistent then the child's Parent/Carer and school nurse/Head Teacher must be informed immediately. The school nurse/Head teacher will discuss the child's condition with the parent and decide whether the child needs to go home.

**10.9** If non-prescribed paracetamol (with appropriate parental consent) is required before 12 midday, the staff member is required to **contact the parent/carer to ascertain if a dose of paracetamol has been administered within the previous four hours, to ensure there is no risk of overdose unless parents have informed the school.** The school nurse can also be contacted if required to make this telephone call. The Guidance on the Administration of Non-prescribed Paracetamol by Education Staff in Special Schools should be followed and the notification of administration of paracetamol form should be completed and sent with the child to home or the short break provider. Special School Nurses should use the Paracetamol PGD (for registered nurses only) which is held in the nurses office.

**10.10** Administration of any non-prescribed medication must be documented in the record of medicines administered to all children which is held in the nurse's office; two members of staff must be present when administering non-prescribed medication to ensure all appropriate cross checks have been made

## **11.0 Treatment - Prescribed Medication**

It is expected that only medication that needs to be administered during school hours (i.e. A lunchtime dose) is given in school. All twice daily medicines with no specific requirement to be given during school hours should be given before or after school. Administration of medication that does not need to be given during school hours( once daily, or twice daily) is disruptive and interferes with the child's learning. It is the responsibility of the parents/carers of any child requiring administration of prescribed medication within school time to notify the school **in writing** of any additions or changes to medication routines which need adding / deleting or changing.

**11.1** It is the responsibility of the school nurse and not the school to check and write the prescription chart using information provided by parent/carer, Paediatricians and other relevant health professionals. This is checked monthly by two qualified nurses. The school nurse should read the instructions on the container and in British National Formulary for children to check for any conditions in which the medication should not be used. **In the absence of a school nurse, if a child presents with a new medication to be given during school hours the carer/parent should be asked the following questions:**

### **not all schools have a school nurse**

- Does the child take any other medication?
- Has the Doctor given you any specific instructions on when or how to take the medication including what other medicines to avoid?
- Are they allergic to any medication?

**11.2** It is the designated, trained competent staff member who is responsible for drawing up and administering this type of prescribed medication following training provided by the school nurse in line with this policy guidance. This includes safe storage of medication in appropriate locked medicines cabinets/fridges which are located and listed.

**No** member of staff should administer medication unless they have been given appropriate instruction and are deemed competent by the special school nurse – or have received appropriate training from community nursing team/ health signposted training.

**11.3** The competency assessment document held by the school nurse and Head Teacher must include dose, the method of administration, what the medication is used for and the medication information leaflet which is found in every medication prescribed dose, overdosing and any adverse reactions.

Before assisting in the administration of the medication, the member of staff must select the correct medication chart and medication to be administered, checking that it is in date and correctly labelled with a legible pharmacy label. Allergy status must be double-checked each time a medication is administered. Allergy status must be documented on the medication chart. All checks made **MUST** be double checked and supported by two signatures in the context of a signature record sheet.

### **12.0 Use of prescribed thickeners**

The use of thickeners in drinks, soups etc may be determined by a feeding plan which will be provided by the Speech and Language Therapist (SaLT) or through a GP's prescription.

Any thickener added to drinks etc as outlined by the plan/prescription **MUST** be clearly labelled with the child's name and dispensing chemist (appropriate label). All thickeners used will be checked for the 'use by date'. No thickener will be used that has not been prescribed for the child.

All thickeners will be locked away and only used at appropriate times of the day as specified on the feeding plan/prescription. The feeding plan/prescription will specify how to use the thickener to form the appropriate consistency for that child. Two members of staff will cross check the use of any thickener to ensure the school is compliant within the information provided. If either member of staff feels the consistency of the drink etc is not in line with the guidance produced (feeding plan/prescription) the drink/food item will be discarded and the procedure will start again.

The letter which outlines the use of thickeners and the storage of these will be sent to the



appropriate parents and published on the school's web site. This letter will detail the advice and guidance on the storage of thickeners received by the school from the Speech and Language Therapist.

### **13.0 Failure to take medication**

**13.1** If a child refuses to take the prescribed medication they must not be forced to do so. If they refuse or fail to take the medication this must be clearly documented on the medication chart and parent/carer and school nurse informed with immediate effect.

Should a medication, which has been drawn up, be refused by a pupil, then the person who witnessed the medication being drawn up will be able to bear witness to said refusal and ensure timely return to safe storage, pending destruction by the School Nurse or the two trained competent members of staff who drew up the dose of the medication and will detail an accurate account in the documentation of said refusal.

### **14.0 Medication**

The following medication is deemed appropriate to be administered by education staff providing they have received adequate training and have been assessed as being competent to do so and they are current within training requirements.

- External application of prescribed ointments and skin patches, plasters and creams
- Application of ear, eye or nose drops
- Physically assisting child/young person to take medication by mouth / or enterally
- Emergency administration of Midazolam into the buccal cavity (cheek)
- Emergency administration of prescribed adrenalin (via a pre-filled auto injector) in cases of anaphylactic shock
- Assistance with administration of inhalers, spacers and nebulisers.
- Administration of medication as indicated by paragraph 10.6 - 10.8.

### **Storage of medication**

All medicines will be stored safely in the school. Medicines needing refrigeration will be stored in nurses office / medical room which is locked and needs to remain locked at all times. The storage of medication will be addressed in the following way:

- Rescue medication – these are stored safely in the classroom with the child. These keys **MUST NOT** be locked away as they need to be readily available at all times. Key codes are used in some settings. It is the responsibility of the class teacher, class lead to ensure the storage of these is monitored at all times; therefore available but safely away from other pupils
- Controlled Drugs (CDs) – these **HAVE** to be stored in a designated CD cupboard in the nurses office
- Inhalers and Epi-pens. These **MUST NOT** be locked away as they need to be readily available at all times. It is the responsibility of the class teacher, class lead to ensure

the storage of these is monitored at all times; therefore available but safely away from other pupils

- Nurse's room/locked trolley – all 'as required' e.g. – allergy relief, paracetamol etc medication is stored in the nurses room in a locked trolley/ cupboard – keys stored in key safe.

### **Ad hoc medications:**

This guidance will inform staff in regards to medication that are brought into school by pupils which are over the counter (non-prescribed) or prescribed in the absence of the school nurse.

Over the counter medicines such as skin creams / cough mixtures / anti-inflammatories and some prescribed medications may be brought to school by parents asking for their child to have during school hours. In the absence of the school nurse **TWO** school staff deemed as competent by the school nurse will administer the medication sent in.

In such circumstances the same checks will apply before any medication is administered:

- Parent/carer have signed consent to administer medication form or written and signed in Day2Day book/ school planner , medication / dose / time / route / instructions about giving
- Medication is appropriate for the stated conditions for which it is to be used
- For prescribed medication what the parent says is to be given matches what the prescription states to be given
- Parents have been telephoned to check their instructions **before any** medication is administered
- For over the counter non-prescribed medication staff will need to check if the dose information on the label on the bottle/tube/box match what parent says is to be given and correct for age. The information on the box must always be used.
- Medication must be contained in the box/bottle it was originally dispensed in
- The trained staff have clear instruction on how and when to give and checked with parent that there are no contraindications for the use of this medicine with any of the other medicines a child is having or may have at school (e.g. paracetamol)
- If parents are not available checks can be made with the paediatric pharmacist in the absence of the school nurse
- The medication received has been logged in the ad-hoc medication log stored in medical room, and medication put into either central medication cupboard or fridge
- The school nurse will always consult in regards to any prescription change by email from paediatrician or GP prescriber and act in accordance to revised information received

If this is **not** the case staff will need to telephone parents to inform them that the medication sent in **will not be administered**.

## **Guidance on the Administration of non-prescribed Paracetamol by Education Staff in Cornwall Special Schools**

**Please note: This guidance applies to the administration of non-prescribed paracetamol by education staff only. All registered nurses employed by CFT should follow the Paracetamol PGD for Special Schools.**

Paracetamol is administered to relieve symptoms of mild pain or fever. Where symptoms are unclear, or regarded as severe or persistent, then the child's Parent/Carer and school nurse must be informed immediately as this forms part of their roles and responsibility. In such cases where the child has had paracetamol which has made no impact upon well-being the child will be considered too unwell to remain in school.

The pupil can only have a maximum of 4 doses of paracetamol in 24 hours and there must be at least a 4 hour gap between doses. Only one dose of non-prescribed paracetamol is permitted to be given per school day. This includes doses administered by the school nurse under the paracetamol PGD. If the child/young person requires a further dose of non-prescribed paracetamol to be administered during the same school day the parent/carer must be contacted as the child/young person will be considered too unwell to remain at school.

Paracetamol may be administered by any member of trained education staff who:

- has received training from the special school nursing team and deemed competent and has read, understood and signed the 'Policy for Medication Administration in Cornwall Special Schools'

### **Recommended doses\***

***The guidance in regards to the administering of medication and appropriate dosage has been produced by the RCHT; the school will need to work within the information provided***

The following doses are taken from the Medicines and Healthcare Products Regulatory Agency which determines dose banding for paracetamol in children (2011). Even if the child is considered underweight for their age the dose bandings below should be followed as this guidance is not to be used for regular, repeated dosing.

#### **Children aged between 2 years and 4 years: (Please use 120mg/5ml suspension)**

- 180mg/7.5ml every four to six hours (four times daily) when required.

#### **Children aged between 4 years and 6 years: (Please use 120mg/5ml suspension)**

- 240mg/10ml every four to six hours (four times daily) when required.

#### **Children aged between 6 years and 8 years:**



**(Please use 250mg/5ml suspension)**

- 250mg/5ml every four to six hours (four times daily) when required.

**Children aged between 8 years and 10 years:  
(Please use 250mg/5ml suspension)**

- 375mg/7.5ml every four to six hours (four times daily) when required.

**Children aged between 10 years and 12 years:  
(Please use 250mg/5ml suspension)**

- 500mg/10ml every four to six hours (four times daily) when required.

**Children aged between 12 years and 16 years:  
(Please use 250mg/5ml suspension or 500mg tablets)**

- 500mg/10ml to 750mg/15ml every four to six hours (four times daily) when required  
Or  
500mg (one tablet) – 750mg (one and a half tablets) every four to six hours (four times daily) when required.

**Children aged 16 years and over:  
(Please use 250mg/5ml suspension or 500mg tablets)**

- 500mg/10ml – 1000mg/20ml every four to six hours (four times daily) when required. Not more than 1g to be administered at any one time and not more than 4g to be administered in 24 hours.  
Or  
500mg (one tablet) – 1000mg (two tablets) every four to six hours (four times daily) when required.

**Procedure**

1. Ensure that the parent/carer has given written consent for non-prescribed paracetamol to be administered. This information can be found in the 'Consent to Administer Medication' document and will be kept in the nurses office
2. Should this document be unavailable or not completed correctly then the parents must be contacted by telephone to give verbal consent for administration, and the details of the phone call must be recorded on the 'Notification of Administration of Paracetamol' form which is stored in the nurses office. A new copy of the 'Consent to Administer Medication' document must then be sent home for the parent/carer to complete, sign and return to school for future records.

3. Should the pupil require paracetamol before 12-midday then the parent/carer **must** be contacted prior to administering the paracetamol to establish when the last dose of paracetamol was given.
4. Each time a dose of paracetamol is administered a 'Notification of administration of paracetamol' form must be completed. The form must be completed fully and sent home with the child or sent with them to the short break provider; this is recorded electronically by the school nurse. A paper copy is held in the nurse's office which additionally needs to be used – and a copy is kept by the class teacher
5. The school nurse will order supplies of the following paracetamol preparations from RCHT Pharmacy:
  - Paracetamol suspension (120mg/5ml and 250mg/5ml)
  - Paracetamol 500mg tablets
  - Paracetamol 500mg effervescent tablets

The supply from RCHT will be sugar-free (suspension) and unbranded (generic). Parents are not permitted to supply any other over the counter (non-prescribed) paracetamol products for their child/young person. If an alternative paracetamol product is required it must be prescribed for that child/young person and have a clear, valid dispensing label unless agreed by the school nurse.

6. The person administering the paracetamol must first refer to the school regular medication record folder to check that the pupil will not be required to have/or has already had a regular prescribed dose of paracetamol during the school day. Should the pupil require paracetamol prior to the time of their regular dose then the parents must be contacted prior to administration for approval, ensuring that there has been/will be at least a 4 hour gap between doses.
7. Education staff must complete the 'Notification of Administration of Paracetamol' form if they have administered this. A copy must be given to the class teacher if paracetamol was given by the school nurse who needs to ensure this is sent home to the parents and/or short break providers/staff (where applicable) via the Day2Day books. The school nurse holds this form. It is kept for the current academic year and then shredded.
8. When administering paracetamol the person giving it must follow the guidance for medicines administration set out in the Policy for Medicines Administration in Cornwall Special Schools including hand hygiene procedures and observing the six "R's" of medicine administration outlined earlier in this policy on page 6.
9. Check the expiry date on the bottle and when the bottle was opened and shake the bottle well. If the bottle is new and sealed, the date of opening should be written on the label. The suspension expires 6 months after the date of opening.
10. An appropriate size oral/enteral syringe must be used to deliver the medication.



11. Inform the pupil that you are going to give them some medication. Seek additional guidance from the nurse should the pupil require covert administration of medication.
12. Complete all the relevant documentation, including the 'Notification of administration of Paracetamol' form in appendix 1 of the Policy for Medication Administration in Cornwall Special Schools.
13. Remember that only one dose of non-prescribed paracetamol is permitted to be administered per school day.

### **Defibrillator**

The Defibrillator is located in **name location** ; there is no medical competency framework associated with the use of this. This equipment is voice activated which informs the user on how to proceed. It is the role of the school nurse to check that this equipment is properly stored and is fully operational at all times.

### **Monitoring:**

It will be the role of the school nurse and Head Teacher of the school to monitor this policy and the impact of this on the school; this policy will be formally monitored through the LGB meetings and the ESLT

The school nurse and Head Teacher will meet each half term to discuss the implementation of this policy and any subsequent confidential issues associated with it which cannot be discussed with the Health, safety and well-being sub-committee. Any information received/discussed will be treated in the strictest confidence. During this meeting the Head Teacher and School nurse will additionally consider the school's safeguarding chronology to examine if any trends associated with safeguarding/medical conditions are forming over time. In a school with no school nurse – this process will be undertaken by the DSL and Appointed person.

If the Head Teacher or school nurse considers any aspect associated in supporting pupil's medical care is being compromised this will be logged by the school in the safeguarding chronology. On examination of the information received a referral may need to be made to the LADO or discussed with the MARU. All information will be logged accordingly. Where there is no school nurse the Head teacher will meet half termly with appointed person and DSL to discuss any matters required.

It will be the responsibility of the school nurse to bring any issues regarding training (currency), competency, and compliance to the immediate attention of the Head Teacher or the Deputy Head in his/her absence or any additional information which may impact upon the operating procedures of this policy document.

**We could add an anonymised medical care plan summary in the appendix?**

**Individual Safety Plan – APPENDIX A**

<b>Name:</b>	<b>DOB:</b>	<b>Review Date:</b>
<b>Class:</b>	<b>Year Group:</b>	<b>Banding:</b>
<b>Class Teacher:</b>	<b>Support/staff ratio (in school):</b>	<b>Support/staff ratio (out of school):</b>
<b>Medication needed for out of school visits: Y/N (please state) Does your child have asthma – Y/N</b>	<b>Any food allergies? (please state)</b>	<b>Positive Behaviour plan: Y/N (please state include review date)</b>
<b>Moving and Handling/Care plan: Y/N (please state include review date)</b>	•	
<b>Safety measures (in school) including e safety if appropriate:</b>	•	
<b>Safety measures (out of school):</b>	•	
<b>Additional Comments from parents/carers/respite:</b>	•	
<b>Travel arrangements (e.g. – car seat/harness/clamps etc) Does the TRF need updating Y/N:</b>	•	<b>Parental permission – consent forms out of school - Y/N</b>

*This Individual Safety Plan has been reviewed and agreed with parents/carers at this Annual Review*

<b>CLASS TEAM</b> - Please sign below to show that you have read and understood this Individual Safety Plan for: <b>PUPIL NAME: XXXXXXXX</b>		
<b>Name</b>	<b>Signature</b>	<b>Date</b>



Special Partnership Trust

