

Horton Lodge Community Special School

'Working Hand in Hand to Achieve Potential'



Supporting Pupils with Medical Conditions & Medication Management Policy

Approved by:

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1. Introduction

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are correctly supported in both school and Kipling's Residential so that they can play a full and active role in school life, maintain health and achieve their potential. We recognise that it is important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe and fully included. The policy provides staff with a comprehensive, up-to-date and specific medicines management guidance to safeguard its pupils. It provides professional advice for practice and seeks to ensure safe systems of work.

As all pupils at Horton Lodge have a Disability / Special Educational Need, the policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice that explains the duties of schools to provide for those with special educational needs under part 3 of the Children and Families Act 2014.

Horton Lodge School has a responsibility for the health and safety of pupils in their care. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover 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 will be required. Horton Lodge is responsible for making sure that relevant staff know about and are, if necessary, trained regularly to provide any additional support that pupils with medical conditions (long or short term) might need.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as all other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical conditions have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' 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

Horton Lodge has a residential provision for 3 nights and mornings a week during term time. A commissioned nursing service operates within the school during the school day to meet the needs of the many complex medical conditions that the pupils present with. The school Nurse is not however commissioned to support in the Residential setting. Some pupils may possibly require further or additional support through or by the continuing health care team who provide 1-1 care if this is deemed appropriate, this would need to be funded separately.

A high number of pupils that attend Horton Lodge Community Special School and Residential will require a variety of medications, many of them needing to be administered during the school day and whilst in Residence (Kipling's) *Hence-forth Parents to be read as (parent, guardian) have prime responsibility for their child's health and it is their responsibility to provide the School and Residence with up to date information about their child's medical condition and changes to their health needs, medication and feeding prescriptions and regimes.

It is the expectation of Horton Lodge that medication will be administered by the Residential Staff and Teaching Assistants with appropriate training. 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.

The school nurse will support with administering medication in school where there is staff shortage or no one suitably trained. The school nurse will still have an overview and complete the necessary care plans and paperwork in school.

Administration of medicines by any member of the school personnel is undertaken purely on a voluntary basis and individual decisions will be respected. However, appropriate training will be provided by the School Nurse for all school staff and additional bespoke training as required for the residential staff at an additional cost.

Parents and carers have prime responsibility for their child's health and it is their responsibility to provide the School and Residential with up to date information about their child's medical conditions. If information is withheld from staff, they should not be responsible if they act incorrectly in giving medical assistance in good faith.

Medicines will only be administered that have been prescribed by a doctor or some other authorised appropriate practitioner and where it would be detrimental to a pupils health if the medicines were not administered during the day or evening. Horton Lodge Community Special School and Residential will only accept medicines that are provided in the original container as originally dispensed by the pharmacist. These should be clearly marked with the pupils name, dose, batch number, expiry date, and dispensing date as required, the name of medication including the prescriber's instruction for administration. Horton Lodge Community Special School and Residential will not accept medicines that have been taken out of the original container that they were dispensed in.

Children with more complex needs will have Individual Care Plans drawn up in partnership with the whole school team and other healthcare professionals, parents and Carers. This will help staff to identify the necessary safety measures to support and ensure that they, and others, are not put at risk. Horton Lodge School encourages school and Residential attendance with all its pupils; the aim is to keep children in school unless pupils are acutely unwell and unable to attend.

Horton Lodge values all pupils and will ensure that parents and pupils feel confident with the school's ability to give effective support. Horton Lodge staff must always treat medical information confidentially and ensure all pupils are treated with dignity, care and respect at all times.

Appropriate, relevant paperwork and care plans are shared by the school nurse to the residential setting with parent consent. All pupils attending the residential will have written consent for this on the Sharing of Medical information form, the school nurse also has a copy of this.

2. Emergency Procedures:

The health and safety of all pupils is paramount and therefore if in doubt teaching/support staff and Residential staff should not hesitate in calling the emergency services. At this point parents would also be contacted and informed.

- If a pupil is taken to hospital by ambulance they are accompanied by a member of staff, who will remain with them until the pupils parent/carer arrives.



- During Residential hours a member of the Senior Leadership Team on call, currently Lucy Bloor the Headteacher will be required to attend as three staff must remain in Residence.
- Staff should never take a pupil to hospital in their own car unless accompanied by another member of staff and only then in extreme circumstances and with business user insurance, a current vehicle MOT and a valid driving licence.
- Certain pupils may have an Advanced Care Plan with documented agreed levels of resuscitation. All staff working with that pupil are made aware of the plan in place and this is handed to a paramedic in the event of an emergency. The Residential setting has a copy in the event of an Emergency. (Purple Pages) These are to go with the pupil during an evacuation.
- All classes and the residential have an emergency file for those pupils containing information that would inform and assist medical personal in the event of an emergency. This is secure but easily accessible in class and in the residential setting.

3. Roles and Responsibilities:

This policy is to ensure legal and best practice is followed in all aspects of supporting the needs of pupils with medical conditions

3.1 Governing Body will confer responsibility to the Headteacher to ensure that :

- The governing body ensure that arrangements are in place to support pupils with medical conditions. In doing so, it should ensure that the children access and enjoy the same opportunities at school as any other child.
- The governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. Some will be more obvious than others will.
- The Governing body ensures the needs of each individual child are met and how their medical condition impacts on their school life. This ensures that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care.
- Ensure that staff are properly trained to provide the support that pupils need.
- The Governing bodies should ensure that all Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission to school or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' 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. For safeguarding duties if medical conditions are considered to be too high to be safely managed by the residential staff, these admissions may be offered after school club and tea (Res1) if appropriate and available or may require additional support. There is currently no nursing provision in the residential setting.



- Governing body ensures that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented – including complaints procedures.
- The Governing body should ensure that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions. This is a combination of the school nurse, medical practitioners, and the Head of Care, residential team (key workers) and parents.
- The Governing body are aware and ensure that the school's policy sets out what should happen in an emergency.
- The Governing body are aware and support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- The Governing body are aware and ensure that the school's policy is explicit about what practice is not acceptable.
- The Governing bodies should ensure that the school's policy sets out how complaints concerning the support provided to pupils with medical conditions might be made and will be handled.
- This policy is shared on completion with the Governing bodies enabling them to be aware of any changes or updates.

3.2 The role of Headteacher:

- The Headteacher ensures that the school's policy is developed and effectively implemented with partners. This includes ensuring that all governors and staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- The Headteacher ensures that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- The Headteacher has the overall responsibility for the development of individual healthcare plans. However confers this to other appropriate professionals, the school nurse and HOC.
- The Headteacher should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils medically if this is required.
- The Headteacher contacts and liaises with the school nurse 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.
- The head teacher is to ensure that staff have been authorised to administer medication

3.3 The role of school nurses:

Every school including Horton Lodge has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition, which will require support in school. The school nurse does not work in the Residential setting however supports with information sharing general advice and additional training.



- The school nurse takes appropriate steps to support children with medical conditions and supports staff on implementing a child's individual healthcare plan and provides advice and liaison, for example on training. The School nurse may liaise with lead clinicians on appropriate support for a child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by Horton Lodge.
- Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- This policy is developed and effectively implemented with the NHS school nurse and Residential Team.

3.4 The role of school staff and what to be aware of:

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. 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 and residential staff receive sufficient suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- All trained staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Currently Ancillary staff do not complete medication administration however may attend training to inform them of what action to take and who to alert if a child requires medical attention.
- There is a commitment that all relevant staff are aware of a child's condition and needs.
- Systems are in place to ensure that staff have knowledge of appropriate policy and guidance including the County Medication Policy (HR109) 2014 and the county Children's Medication Guidance 2014 document, 'Supporting pupils at school with medical conditions' (statutory guidance)
- That pupils with medical conditions are properly supported to have full access to education
- That they have sufficient members of staff who are appropriately trained to manage and administer medicines as part of their duties
- The school only agree to administer prescribed medications from the GP, consultants or other relevant prescribing health professionals
- Clear procedures are in place for the safe receipt, storage, administration and disposals of medication
- That all staff receive appropriate training in consultation with the school nurse and external agencies. These are to be documented and recorded on the training spreadsheet and kept on the staff training spreadsheet and file. Staff should be aware and have read the current medication policy and local Authority's HR 109 Medication Guidance policy.
- That the school nursing team and Residential team have the resources to lead the health care plans for all pupils who require them.
- Staff to ensure that parent / Guardian consent is sort and in place
- Staff have full knowledge of the medical policy and that any arrangements and procedures are followed



- Staff have attended appropriate refresher training as required
A record must be maintained of all training and dates.

3.5 Role of parents/Guardians:

- Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Parents and carers of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views.
- They should provide specific advice, but should not be the sole trainer.
- On the pupil's admission to the school and the Residential setting the parent/carer should be asked to complete a profile pack provided by the Head teacher, and/or the School Nursing Service and the Head of Care Residential Admissions, this enables parent/carers to give full details of medical conditions, any regular/ emergency medication required, Name of GP, Emergency contact numbers, details of hospital consultants, allergies, Special dietary requirements and any other relevant information, This information is monitored and reviewed annually.
- Medication updates will be required as changes occur, it is Parent and Carers responsibility to inform the school nurse and the Residential team in writing. Medication forms will be sent annually, or as required to amend any changes and at parent's request.
- Parents of pupils that have specific medical needs, such as, Epilepsy, Diabetes, Asthma, enterally fed pupils and other complex/acute conditions will need to liaise with the school nursing service or other Health Professionals to complete NHS approved plans of care as required. These will also be required by the Residential team.
- Parents/Carers should be encouraged to ask the pupil's clinicians to prescribe medication which can be administered outside school hours, for example once daily, twice daily even three times daily if the pupil lives in close proximity to the school.
****No medication will be administered unless the relevant forms and consents have been completed, signed and returned to school and the Residential if appropriate. ****

3.6 The role of pupils:

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. This should be completed where possible, taking account of individuals understanding. Pupils are encouraged to be aware and to be sensitive to the needs of others with medical conditions.

- At Horton Lodge it is vital that the pupils feel confident in the school's ability to deal effectively with their medical needs.



- For the pupil to have medication administered in a sensitive manner, exercising dignity and respect throughout.
- Pupils will be informed at the time that medicine is being administered or any other medical procedures that may take place.
- Pupils will be listened to if he/she expresses any concern, worries in relation to their medical needs or medicines administered.
- For pupils that may have hearing or sight impairment, the staff should ensure that the use of communication materials i.e. Makaton, Podd communication books, pictures/photographs and objects of reference are always available to aid understanding of what is to happen next.
- For the school to acknowledge any cultural or religious needs, relating to the taking of medication, or any prohibitions that may apply to the pupil.
- If the pupil has the capacity, they would be expected to be compliant with the member of staff who is administering medication, but staff must be aware of all of the above.
- The pupil will develop the ability to be as independent as possible, in taking and administering his/her own medication, if he/she has the skills and ability to do so.

3.7 The role of other healthcare professionals:

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

3.8 The role of local authorities:

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (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).

- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Local authorities work with school to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).
- Providers of health services co-operate with the school ensuring that they are supporting children with a medical condition, including appropriate communication, liaison with school nurse and other healthcare professionals such as specialist and children's community nurses,



as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

3.9 The role of Ofsted:

Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits.

- Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and by pupils' spiritual, moral, social and cultural development.
- Ofsted attend inspection of the residential setting annually, this was last completed on February 3rd 2023 outcome Outstanding. The whole school Ofsted is now due.

4. Medical Information:

A record will be kept by the school nursing team, Teaching Assistant or Residential staff of all medication and feeds administered. This is completed on Medication Administration Record (MAR) or a prescription as required form. During administration, two trained staff will be present with one providing witness support to the person administering the medication. Each member of staff will sign and date the relevant documentation.

- Transcribing is completed from information collected from the child's medication prescription labels, parental consent and medication forms completed by parents; this is completed and checked by two staff. It is preferable for the school nurse or during residential hours, confident and consistent staff to complete these forms.
- Relevant forms will be sent out to parents for completion and to make any changes required. These are also sent out annually in preparation for the new academic year to ensure records are up to date.
- Medical forms are sent to new parents in preparation for admission into Residence. It is the responsibility of the parents/carers to complete these forms in a timely manner and return promptly. It is parent's responsibility to inform school and Residence of any changes to their child's medical / medication needs. Pupils who rely on medication will be unable to commence the academic year or attend Residence without all medical documentation if required in place.
- Information will be sent home TWICE, failure to return it after this may result in you being asked to collect your child to ensure timely administration of medication at home. Spare forms are sent out to parents of children who stay in Residents in order to ensure any updates are made and are in date.
- Where school or Residential staff administer medication, two staff with medication training will be present with one providing a witness support to the other person administering the medication. Each member of staff will sign the relevant documentation (Medication Administration Record)

If there is a problem with completing the relevant paperwork, parents and carers are welcome to contact the school Nurse or Head of Care for support.



5. Staff Training:

A health care plan may reveal the need for some staff to have further information about a medical condition, or specific training in administering a particular type of medicine, or in dealing with emergencies. When assisting a pupil with medical needs, the school should arrange appropriate training in collaboration with the School Nurse and external local health services if necessary. In most circumstances, staff training involves initial training and ongoing updates to follow. On occasions, staff may need to undertake specific individual training as required.

Training in some cases may also involve a program of assessment and competency within the team, i.e. enterally fed pupils or where pupils require oxygen management or suction. In addition, training takes place for pupils with specific individualised needs, i.e. CPAP or chest physio. Residential staff complete team competencies termly as a team exercise to ensure and maintain best practice and competence.

Staff training also involves medicine management and other specific awareness and competencies as required these may include:

- Hand washing, Hygiene and Infection control
- Epilepsy awareness
- Administration of rescue medication
- Shunt awareness
- The Safe Administration and Documentation of Medicines.
- Asthma Awareness
- Peg Care and Bolus feeding
- Administration of Medication via Gastrostomy
- Enteral feed / Pump training
- Air Products Oxygen familiarization and safety
- Diabetes
- First Aid
- Pain management
- Anaphylaxis
- Oral suctioning

This list is not exhaustive. In addition, individual training takes place for pupils with specific individualised needs.

6. Hygiene/Infection Control

All staff should be made familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should use protective disposable gloves and aprons, when carefully dealing with spillage of blood, or other body fluids. When an area has been used where there is any possible risk of cross-infection, it must be rendered sterile again, before others use the same area.

Procedures following COVID 19 pandemic and guidelines are updated accordingly as required and is necessary.



7. Medication

Arrival of Medication at Horton Lodge

Ideally, parents should bring medication to the school and personally hand it to the teaching/support responsible for that pupil. Owing to the size of the catchment areas for Horton Lodge, we understand this is not always possible and parents may choose to send in the medication via the pupil on transport. In such circumstances, it will be emphasised to parents that they are fully responsible for this along with the transport personnel and for any incident, which may transpire while, the medication is in transit to school. Once the medication is received into school from the taxi escort it is taken and signed in by two members of staff and the contents, expiry date and batch number is recorded. Residential staff sign medication for residential use out from school at the end of the day and sign it in the Residential Log for children who attend the Residential setting. This is then signed out of the Residential log and signed into the school log on the following day. Any medication bought into or out of the Residential is in children's suitcases and goes from and to home only, it is kept in the locked and secured duty room until home time.

Medication triangle labels are attached to make identifying bags containing medication clearer. Medication going from school back home is signed back over to transport at the end of the day by class staff.

8. Receipt of Medications

Medicines must always be provided in the original container as originally dispensed by the pharmacist. This should be clearly marked with the child's name, dose, and route of administration, batch number, dispensing date if appropriate and expiry date, the name of the medication including the prescriber's instruction for administration.

The label on the container supplied by the pharmacist must not be altered under any circumstances. An additional opening date may be added if the medication has a limited time before expiry once opened. This is usually written on the box rather than the bottle.

All medicines brought in to be administered must be recorded and signed in by two staff.

The record shows:

- Name of person for whom medication is prescribed
- Name and strength of the medicine.
- Quantity received (if applicable)
- Expiry date of medicines
- Batch number of medicines

9. Transporting Oxygen:

Oxygen being transported between home and school must be arranged between the parent/carer, the school, the council transport team and the contracted taxi company. The contractors must be made aware of the requirements in order to arrange the most appropriate transport and provide training to drivers and escorts if required. There must be appropriate signage eg Oxygen triangle to make others aware that it is been transported.

When on educational visits, oxygen must be transported in the specified manner and planned for on the risk assessment.

- Staffordshire County Council, General Risk Assessment Form for transporting Oxygen
- Oxygen must stay with the pupil requiring this along with their individual care plan for this.
- The school nurse currently has emergency oxygen and can administer if required.

10. Suction:

For some children suction machines may be being transported between home and school. Any pupils requiring the use of suction in school will have staff members who have been trained appropriately and each child will have an Individualised Care Plan to accompany this.

If a pupil has suction, this is to go with them in an evacuation.

11. Storage of Medication:

All medication is to be stored in its original container issued by the Pharmacist.

- Medication must be stored away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate.
- All staff administering medication should know the location of the keys for the medicine cabinet in case of emergency.
- Duplicate keys must be kept in a locked cupboard or drawer at all times, with access restricted to authorised members of staff only. A list of who has spare keys in case of a lost key is kept as controlled stationary, lost Key procedure.
- Medicine cupboards/cabinets must be of suitable size to store all medication, and have a quality lock fitted.
- Class may keep medication at hand however this should be secured and out of reach from the children preferably in a cupboard.
- Inhalers and Epi Pens are kept secure and accessible at all times.

The Medicine cabinet at Horton Lodge is located in:

- The locked Medical Room
- Kipling's Residential locked Medical Duty Room
- Class secured specific areas out of reach of children

Some medication needs to be refrigerated, there is a specific medication refrigerator located in the medical and Residential Duty room which can be used to store medication and milk feeds for the pupils. The refrigerator is an airtight container which has a thermometer and is lockable. The same procedures must be followed when storing milk feeds and medication in the fridge, they must be clearly labelled.

Regular checks of medication for stock rotation and expiry dates are completed, Parents are then informed via the Home/School Diary, Seesaw system or by telephone, that medication is due to expire or run out. Buccal or other medication usually kept in the Residential Setting is sent home at the end of each term and is required to be returned in date for the following term. Two vials are required.



12. Administering medicines:

- It is good practice to support and encourage pupils who are able, to take responsibility for managing their own medicines from a relatively early age and schools and other settings should encourage this responsibly.
- If pupils can take their medicines themselves, staff are still required to supervise at all times.
- The pupil's privacy and dignity is paramount, so all medicines should always be administered with this in mind.
- In all circumstances the medication administered, must be recorded on the individual pupils MAR form by the two members of staff administering at that time.
- Under no circumstances must prescribed medicines be given to anyone except the pupil for whom it was prescribed
- Medicines should be administered directly from the dispensed container or in a small pot after removing it from the dispensed container, as a way of hygienically handing it to give to the pupil if necessary.
- Medication should never be dispensed for someone else to administer to the pupil at a later time or date.
- The Headteacher must ensure that staff, are appropriately trained and refresher training is provided at suitable intervals where this is required. The Head of Care may arrange this in advance.
- The names and signatures of any staff responsible for the administration of medicines must be included on the recording sheets. Copies of signatures are kept as controlled stationary in individuals files, these are kept in a secure cupboard when not in use.
- Local procedures must reflect the National Minimum Standards that apply to the residential setting.
- Records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- Parents should be informed if their child has been unwell at school and has required medication as required eg paracetamol.

13. Administering feeds:

As above feeds will be administered, witnessed and signed for by two staff who have both received training.

During residential out of school hours, feeds during the night can be administered providing the feed has been prepared, checked and witnessed by two members of staff including the Night staff who will administer later. Night staff are able to change the feed bottle and give a water flush without waking another member of staff providing the checks have been completed and prepared together prior to this. If there is a concern or problem with the young person, then night staff will wake staff to support.

14. Administration of Antipyretic Medication (known as Paracetamol) in school:

At Horton Lodge, in Kiplings residential we do not keep homely remedies or stock pain relief medication on sight, If your child requires Paracetamol or any other form of pain relief during the evening, the same procedure applies as for all other medication, this must be prescribed and sent into school with a prescription label for that child, this will also apply in Kipling's Residential setting. During the school day the school nurse may administer 2 strengths of paracetamol if deemed necessary for



pain relief. This is from stock that only the school nurse has access to. It is still preferable that children have their own prescribed bottles.

Medicines that have been taken out of the container as originally dispensed will not be accepted and neither will changes to dosages on parent's instruction. No exceptions to this rule will be made, unless written evidence can be obtained via the consultant or other medical professional.

Before administering Paracetamol, staff should be aware and check the Sepsis flow chart completed by the school nurse JP.

If it is the intention for the Paracetamol to be used to reduce temperature, it should be noted that pupils with a temperature of 38 degrees Centigrade or above, would be required to be collected and taken home.

Staff must never give a pupil Aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

15. First Aid and Intermittent Drugs:

A record of any intermittent drugs given must be recorded. They must be from the original containers as originally dispensed. Occasionally parents may ask school or residential staff to apply medicated barrier creams etc; consent for this is requested before admittance to school or the residential setting and requires an as required form to be completed.

Any pupil requiring first aid treatment at Horton will be treated by an appropriate member of trained staff. After treatment, the parent / carer will be notified and the staff will complete the schools Accident Form and Residential log.

Each department has a clear poster with all First Aiders names and department contact numbers on if a First Aider is required.

In the case of minor head injuries sustained at school, parents will be informed by telephone of the injury and the appropriate form will be completed including a head bump form for home. Residential staff will be informed of this if a pupil is staying overnight. In the event of this happening before school whilst in residence, the same procedure applies and residential staff will inform parents and class staff.

16. Asthma:

Horton Lodge School welcomes pupils with asthma, and encourages and helps pupils to participate fully in school life. It is recognised that asthma is an important condition and acknowledges the need for immediate access to inhalers.

- Training will be given to all Teaching Assistants, Residential staff and will be updated annually or as required.
- In the event of an attack, staff will give emergency treatment when necessary and inform the parents accordingly and emergency services if this is necessary.
- Blue inhalers are now kept in the Pupils individual classrooms in a secure cupboard which is accessible at all times to pupils with adult supervision.
- When a pupil is staying in residence their individual blue inhalers are collected and taken to residence and kept in the secure duty room again accessible if required. These are returned



to class the following morning. Some individuals have a separate inhaler for their stay in Kiplings, this is signed in and out as all other medication and returned home after each visit.

- The school will keep a record of all students with asthma. This will be updated at the beginning of the school year or on Admission to Residence.
- A Care Plan will be completed and sent to all parents /carers to read and sign. The Care plan will be individualised to each pupil, it will state triggers (if known), who to contact in case of an emergency or exacerbation of Asthma and when to call for the emergency services if required.
- Inhalers are to be taken from class with pupils during an evacuation.

School and the residential do **not currently** provide emergency inhalers.

17. Administering inhalers during residential hours:

When administering inhalers during the night, as long as the inhaler has already been prepared, checked and correctly signed in, night staff can administer the inhaler providing there are no further concerns or complications around the pupil, without waking another member of staff. This will be recorded on the as required form. If there are any concerns, the young person deteriorates or requires more inhalers during the night or requires emergency care, and then the sleeping night staff will be woken to witness and support.

- A record of incidents where inhalers have had to be used in emergency circumstances will be made.
- When inhalers require replacing owing to their expiry date, or completion, the parent/guardian will be informed.
- Any Inhalers that remain in school will be returned at the end of the term and are required to be sent back into school or residence labelled correctly and in date.
- Each pupil who has Asthma at school will hold an Inhaler at School, each child's inhaler and spacer is checked termly.

18. Epilepsy and Seizures:

All pupils with the condition diagnosed, must have relevant and up to date care plans, detailing the appropriate actions and interventions required, to support the pupil in the event of a seizure. Training on Epilepsy awareness and emergency administration of rescue medication is given to all staff. An up to date record of training will be kept. Two individually labelled and in date Buccal vials are required to stay in school and two in the Residential setting and will be returned at the end of each term, this is essential for the child to stay. Buccal is required to be sent in at the beginning of the new term. Rescue medication is to be taken with the pupil during a residential evacuation and for named pupils requiring prompt action during the school day.

An ambulance should be called:

- If it is the child's first seizure
- The child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the child's health care plan
- A seizure lasts for five minutes if you do not know how long they usually last for that child



- There are repeated seizures, unless this is usual for the child as set out in the child's health care plan

19. Diabetes:

Pupils with Diabetes will require an individualised care plan highlighting their specific symptoms. Staff will have awareness training on Diabetes and relevant treatment should a pupil suffer a hyper/hypo glycaemic attack. Some pupils may require a pre-loaded injection device at school as part of their treatment regime. This will be stored in a locked medical cabinet however accessible.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a **hypoglycemic reaction** (hypo) in a child with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms, and this should be discussed when drawing up a health care plan. If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- the child's recovery takes longer than 10-15 minutes
- the child becomes unconscious

Some children may experience **hyperglycemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Such information should relate specifically to the child's individual health care plan if required. If a pupil has Diabetes awareness training will be given to staff.



20. Anaphylaxis/Allergies:

ANAPHYLXIS IS POTENTIALLY A LIFE THREATENING CONDITION THEREFORE 999 MUST ALWAYS BE CALLED.

In the event of a staff member being made aware that a pupil has a severe allergy requiring an Auto-injector (Epi pen) of Adrenalin, a care plan will be compiled detailing procedures to follow in the event of an attack, agreed and signed by the parent.

Staff receive training on Anaphylaxis and the use of an auto-injector if prescribed. If Auto-injector is used staff must complete a record of administration form attached to individual pupils care plan. Staff must have knowledge, of where the Auto-Injector is to be stored, which must be in a locked cabinet in class near to where the child is and during out of school day hours in the secure residential duty room.

School and the residential do **not** provide emergency Epi pens / Auto- injector

21. Controlled Drugs:

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations.

Some of the drugs that may be prescribed for use as emergency medication are in a category where, the pharmacy registers the drug and what amounts are prescribed, so therefore may be deemed as a controlled drug.

I.e. Pethidine, Midazolam, Diazepam, Paraldehyde and Methylphenidate.

A separate log book is kept to keep a record of these drugs in Residence and in school this is a controlled medication log book, stored with the controlled drugs, this must include the type of drug for each person with the amount received by the school, the amount used and the balance stored. The balance of controlled drugs is to be checked at each administration and when signed in or out. Each Pupil is required to have two unopened individually labelled vials to stay in school and also two separately in the residential setting these will be returned home termly and will be required back at the beginning of the next term labelled and in date.

The reason for two vials in school and separately in residence is to ensure rescue medication is available during the school day and the evening if required to be administered. If in the event of having to administer Buccal in either school or residence this will leave one remaining in school and one in residence if required until parents / carers have been able to replace the second. Parents / carers are informed immediately along with the emergency services if rescue medication is to be administered. A second dose of Buccal may only be administered in the presence of a paramedic due to respiratory problems that may occur. It is important and essential for parents/ carers to inform the school and residence if rescue medication has been administered at home, quantity, at what time and how the child has responded and recovered from this and if it is safe for the child to be in school and residence.

22. Consent Arrangements

No medication should be given to a young person without the written consent obtained from the individual with parental responsibility for that pupil.



In the event of life threatening emergencies or under parts of The Mental Health Act 1983 and 2007 consent for administration may not always be necessary, but accurate documentation must be completed.

- Parents / carers must be informed if their child has required any form of medication in an emergency while they are in the care of the School or Residential setting.
- During school and Residential hours parents / carers will be expected to collect their child if rescue medication has been administered or they have been advised to go to hospital. Parents may meet at the hospital if staff have travelled with the pupil due to an emergency situation and time of arrival.
- Obtaining consent where the pupil's parent first language is not English may prove difficult and consideration should be given to the use of an interpreter. Where it is not possible to gain consent owing to communication difficulties, advice must be sought from the General Practitioner (GP).
- For pupils with hearing, sight impairment and communication difficulties it may be necessary to arrange for communication materials or advice specific to their needs.
- Britain is a multi-cultural and multi-faith society. Care must be taken to respond sensitively to individuals and not make assumptions because of their ethnicity or religion. It is important that the school and its employees ask students and their parents /carers about any cultural or religious needs relating to the taking of medication or any prohibitions that apply.
- All information relating to the cultural or religious requirements of the pupil must be accurate and up to date as this may have an impact on how they wish to receive care.
- This information must be recorded as part of a care plan or on a pupil's personal information.

23. Refusing Medicines

If a pupil refuses to take medication at school staff will not force them to do so.

- The school will inform the pupil's parents as a matter of urgency.
- Parents may advise in writing if medication can be given with drinks or food to ensure the pupil has prescribed amount if safe to do so this is explained to the child where possible as not to disguise medication.
- The pupil may not be allowed back into school or to stay in Residence until he/she has agreed to take the prescribed medication, or parental / medical clearance has been given that it is not required.
- A referral may be made to a health professional, re advice and management.

24. External school activities

On the day of any visits or external school activities it will be the responsibility of the Teacher/Teaching Assistant, Residential staff in charge of the group to ensure that the pupil's medication is taken and administered on the trip or visit.

- The removal and replacement of medicines must be signed for by the staff responsible in the medication folder and stored accordingly.
- Medications will be stored in a lockable container or secured bag and will be kept with a designated member of staff throughout the duration of the visit.



- When visiting pathways Buccal medication will need to be signed out, taken and signed back in on return. This is for named pupils who require emergency medication promptly and for pupils in residence due to a limited number of staff being able to assist promptly out of hours. This would also be the case during a fire evacuation in residence.
- For visits lasting longer than the school day and for residential visits separate forms will be sent out, [Residential forms] as additional medication may have to be administered.
- Teachers are aware of how a child's medical condition may impact on their participation, but there is always enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

Horton Lodge adapts and makes 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. At Horton Lodge a risk assessment and clear plan is completed and agreed prior to any visits, to take account of any steps needed to ensure that pupils with medical conditions are included safely. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

25. Returned or Discontinued Controlled Drugs:

A controlled drug, as with all medicines, should be returned to the parent when no longer required.

- Parents and carers will be required to arrange for the safe disposal (returning the unwanted supply to the local pharmacy) of that drug/medicine following government guidance for the disposal of controlled drugs and NICE guidelines.
- A record of the movement of drugs is to be kept in the sign in/out folder recording the return of controlled drug.
- Two appropriately trained staff must record and sign to show the amount of medication and batch no: received or returned to the parent/carer or pharmacist. All entries must be signed and dated.

26. Management of Oxygen:

The fundamental indication for the administration of oxygen is the presence of hypoxia. This could be for a number of reasons. The pupil may have been prescribed oxygen as part of a treatment regime either by a consultant or by their GP.

- Staff must be authorised and trained to administer oxygen.
- Cylinders must be checked daily, and after each usage, to ensure that the level of oxygen is adequate. When a low level has been reached, the parent / carer is informed for the need to change the cylinder with the supplier.
- The school Nurse will contact parents in the event of stock running low on an individual pupil's needs basis. It is the parent's responsibility to inform the Residential, School/school nurse of any changes in oxygen management.
- The school nurse will then liaise with the consultant and update the students care plan.
- Oxygen management is shown on an individual child Care Plan if it is prescribed,



- The Residential, School nurse and Head Teacher are aware of the pupils in the school who may require Oxygen and of members of staff who are trained in using Oxygen. A list should be kept of all personnel who have been trained and authorised to administer Oxygen.
- Classroom risk assessments for the use and storage of oxygen will be updated annually or more frequently if required. Oxygen kept in the medication room/Nursing office is checked weekly by the school nurse.
- For individual pupils this is parent's responsibility.
- This can only be administered by the school nurse.

27. Management of Errors/Incidents in Administration:

In the event that medication has been administered incorrectly, the following procedure is to be implemented: -

- Ensure the safety of the person using First Aid procedures if required and checking pulse and respiration
- Telephone for an ambulance if the pupils condition is a cause for concern and inform parents / Carers if the child is in Residence
(Any other relevant documentation is to be handed to a paramedic on arrival).
- Document any immediate adverse reactions.
- Notify the Headteacher for advice and management.
- Contact the pupil's parent/GP/Pharmacist for advice.
- Out of hours contact NHS 111
- Record the incident, Medical Incident Form
- The Headteacher must complete the Medical Incident form and investigate thoroughly and inform the Health, Safety and Wellbeing Service and, where applicable inform any relevant regulatory body if necessary.
- Statements should be taken from both staff and pupil if they are self-medicating
- Staffs County Council Medical Incident report form and if injury results, the County Council Accident Investigation Report HSF40
- The medication administration record (MAR) should also reflect the error.
- The pupil's parent/guardian to be informed formally in writing.

It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report errors to his/her Headteacher. The school should encourage staff to report any incident or error in an open and honest way in order to prevent any potential harm or detriment to the young person. The Headteacher must handle such reporting of errors in a sensitive manner with a comprehensive assessment of the circumstances.

A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action is taken.

In circumstances where a missed medication has occurred:

- Check the pupil is ok, contact parents/ carers and inform the Head teacher. All staff involved will be spoken to.



- The Incident form is then completed and provided there is no further action this is given to the head and recorded in the pupils medication file.

It may be that a situation has arisen whereby a child's medication is not present and therefore may not be administered, in this situation parents are informed that the medication has not been sent in and providing this is not detrimental to the child may be omitted, however this must be recorded on the MAR as not available. Parents are requested to ensure this does not happen again. Guidance from the school nurse may be sought if there are any concerns.

28. Insurance

Insurance is in place to provide liability cover relating to the administration of medication. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

29. Further advice:

Should parents or pupils be dissatisfied with the support provided by Horton Lodge 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 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.

30. Defibrillator

Horton Lodge has recently received a defibrillator to keep in the school. Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest.

- This will be located in an easily accessible location in a secure place that will be made known to all staff, parents, pupils and visitors via posters displayed in and around the school and residential setting.
- This will be checked regularly by named staff.
- Modern defibrillators are easy to use, and safe.
- Horton Lodge will notify the local NHS ambulance service of its location. This will be registered on the Circuit, the national defibrillator network.
- Horton Lodge may be asked by members of the community to use this in an emergency. The DFE encourages all schools to make their defibrillators available in this instance.
- Staff members appointed as first-aiders have already been trained in the use of CPR. Further training is available through E learning on the allocated website.

31. Monitoring:

This policy will be updated annually or as new information is required to be added. This will be shared for approval with all Governors.

Updated: Summer 2023 by:

Supporting Pupils with Medical Conditions & Managing Medicines Policy
Spring 2023 updated Summer 2023



Julie Machin (HOC)

Shared with the school Nurse.

Review Date: Spring 2024