

Netherhall School

An Ambitious, Caring Community



Children with Medical Needs; Managing Medicines Policy and Procedures

Adopted by Netherhall School Governing Body

On 20th August 2021

Signed:  **(Fiona Woodward, Chair of Governors)**

Date by which the procedure was last reviewed: August 2021

Anticipated review date: August 2022

Equality Act 2010

Our school is committed to equality both as an employer and a service provider. We welcome our general duty under the Equality Act 2010 to eliminate discrimination, advance equality of opportunity and foster good relations. In addition we recognise our specific duties to publish information every year about our school population; explain how we have due regard for equality; publish equality objectives which show how we plan to tackle particular inequalities and reduce or remove them.

We recognise our duty to ensure no-one experiences harassment, less favourable treatment or discrimination because of their age, any disability they may have, their ethnicity, colour or national origin, their gender identity or reassignment, their marital or civil partnership status, being pregnant or having recently had a baby, their religion or belief, their sexual identity and orientation.

We also welcome our duty under the Education and Inspections Act 2006 to promote community cohesion and British values.

The following policy was written using: “**Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England**” **September 2014**

This policy should be read in conjunction with the school's policies on Health and Safety, Child Protection, Special Educational Needs, Equality Policy, Staff Code of Conduct.

The overall implementation of this policy is the responsibility of the Governing Body. The day-to-day implementation and management of this policy is the responsibility of the Head Teacher, delegated through the Assistant Head of Pastoral and SENCo, Beverley Johnstone.

A. Introduction

- 1.** Netherhall School is an inclusive school; we recognise that children with medical needs have the same rights of admission to a school as other children. We are committed to ensuring that children with medical needs receive proper care and support enabling them to participate in activities appropriate to their own abilities and will make reasonable adjustments to allow them to do so.
- 2.** This policy is designed to ensure that we have effective systems to support students with medical needs so they can attend school and engage in the normal range of activities. It will also help to achieve consistency and safe practice and provide protection for staff and other pupils working in school.
- 3.** Good communication between home, school and other professionals is essential. **Parents / carers have the prime responsibility for their child's health and should provide the school with timely information about their child's medical condition.** School will seek parental consent when discussing a child's medical needs with other professionals and will treat medical information confidentially, except where a child is thought to be at risk.
- 4.** The school recognises that there is no legal duty that requires school staff to administer medicines. However it will ensure there is a sufficient number of trained staff available to implement and deliver IHCPs in normal, contingency and emergency situations. As our students are older they will be encouraged to be responsible for the administration of their own medication, where appropriate, under staff supervision.
- 5.** The school is committed to multi agency working and adopts the CSCP Early Help Processes where appropriate.
- 6.** The Governing Body devolve responsibility for the implementation and review of this policy to the Headteacher.

B.Roles and Responsibilities

Governing Body – will:

- ensure arrangements are made to support students with medical conditions, including making sure that this policy for supporting pupils with medical conditions in school is developed and implemented.
- ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- annually review the policy
- hold the Headteacher to account for the implementation of the policy

The Head Teacher will:

- ensure students are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- ensure that this school's policy is developed and effectively implemented with partners
- ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- ensure that sufficient trained numbers of staff are available to implement the policy
- ensure that school staff are appropriately insured and are aware that they are insured to support pupils

The Assistant Head of Pastoral will:

- be responsible for the strategic development of the policy and oversee its day to day implementation
- keep the Headteacher informed as to the progress of the policy.
- ensure enough staff have up to date training and a training plan is in place

The SENCo will:

- be responsible for the day to day implementation of this policy
- ensure that all staff who need to know are aware of the child's condition
- contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- co-ordinate the production and implementation of IHCPs
- administer medication when required.
- Inform the Attendance Officer if she requires them to administer medications in her absence.
- liaise with the students, parents/carers, pastoral staff, health professionals and other outside agencies

All staff should

- ensure they are familiar with the Individual health care plans or medical needs of students when informed of them
- make reasonable adjustments to include students with medical conditions in to lessons.
- ensure they know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

- administer medication, if they have agreed to undertake that responsibility
- undertake training to achieve the necessary competency for supporting children with medical conditions, if they have agreed to undertake that responsibility

Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a [parental agreement for school to administer medicine](#) form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up-to-date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an [IHCP](#) for their child in collaboration with the headteacher, other staff members and healthcare professionals.

The role of the child:

- Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.

C. Staff Training and Support

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient. This decision will be delegated to Beverley Johnstone.

Any member of staff providing support to a student with medical needs will receive suitable and regular training. This will be provided from a range of agencies dependent on the individual requirements of the student.

An annual assessment of staff training needs will be drawn up by the Assistant Head of Pastoral, relevant staff and external agencies. The school will, where possible, prioritise the training of staff who are supporting students with medical needs. Records of staff training will be kept by the Assistant Head of Pastoral (Use Form 8)

Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction. There will be a briefing for supply staff on the school policy - this will take the form of a written memo directing staff to the school intranet where the policy can be found.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

D. Access to Education for Students with Medical Needs

When a parent/carer informs the school of a student's medical condition a meeting will be convened to discuss the student's needs and which health care professionals need to be involved.

For new students, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or students arriving mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

The school will

- Monitor the attendance of all students with medical conditions
- Liaise with Children's Services staff regarding all students expected to be absent for 15 days or more (includes time in hospital)
- Liaise with Children's Service staff, Home Tuition staff, medical professionals and hospital education staff, as appropriate, to plan provision.
- Co-ordinate education provision from the first day of absence for those students with recurring illnesses and chronic conditions.
- Co-ordinate the provision of work that will support a broad and balanced curriculum, where appropriate.
- Ensure there are mechanisms in place to communicate information about activities and social events to enable students to keep in touch with peers.
- Monitor provision, progress and reintegration arrangements
- Ensure the views of students and parents/carers are taken into account
- Ensure the appropriate SEN and Equality Code of Practice procedures are in place.

CHILDREN WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL.

Where pupils are unable to attend school due to their medical needs, school will liaise with the pupil, parents, health professionals and other agencies to draw up a support plan. This plan must be a flexible, pupil centred process with the aim of getting the pupil back into school.

E. Individual Health Care Plans (IHCP)

Beverley Johnstone is responsible for the development of IHCPs **(use Form 1)**. Not all students with a medical condition will require an IHCP. IHCPs will be developed with the student's best interests in mind and ensure that the school assesses and manages risks to the student's education, health and social wellbeing, and minimises disruption. IHCPs will be drawn up in partnership between the school, the student, parents/carers and relevant health care professionals. In deciding if a student requires an IHCP consideration will be given to appropriateness and proportionality.

In the event of a lack of consensus the Assistant Head of Pastoral will make the final decision as to whether an IHCP is required. IHCPs will be reviewed at least yearly unless the student's needs change.

Individual IHCPs will be easily accessible to all who need to refer to them, whilst preserving confidentiality

Where the student has a special educational need identified in a EHC plan, the individual healthcare plan should be linked to or become part of that EHC plan.

An IHCP will cover the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some students will be able to take responsibility for their own health needs) including in emergencies. If a student is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the student's condition and the support required
- arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff **(Use Forms 2+4)** or self-administered by the student during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, eg risk assessments
- where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

F. Bringing medicines - prescribed or non-prescribed - into school

1. Some students may need to take medicines during their time in school. These will usually be prescribed and will usually only be for a short time period, e.g. to finish a course of antibiotics. **Medicines should only be taken to school when essential or where it would be detrimental to a student's health if it was not administered during the school day.** Parents should ask the prescriber about this. Medicines that need to be taken three times

a day should be taken in the morning before school, after school hours and at bedtime.

2. Students should not bring non prescribed medication to school unless there are rare and/or exceptional circumstances.
3. Children should not be sent to school with their own medicine as this poses a health and safety risk to other children. All medicines should be handed by the parent directly to a named member of staff (**see Section H below**), who will then record (**use Form 6**) what has been received and when. Staff will only accept medication that is in its original container.
4. As a general rule all medicines should be handed over to the school for safekeeping during the school day.
5. Written permission is required from the Headteacher for a student to carry their own medication (**Use Form 7**). These will usually be inhalers or insulin.
6. Where possible children will be encouraged to take responsibility for the administration of their own medication, under staff supervision. Whether a child is able to administer their own medication will vary according to each case and will be decided with the agreement of the child, parents/carers and external professionals.

G. Non – prescribed medicines

1. Students should not bring non prescribed medication to school unless there are rare and /or exceptional circumstances.
2. Staff will never administer or supervise the taking of non-prescribed medication unless there are rare and/or exceptional circumstances and where there is specific prior written permission from a parent/carer.
3. The only exception to point 2 above is in the rare/exceptional case where permission has been obtained by telephone from a parent/carer; then paracetamol may be given. It may only be given if previous dosage is known and allergies checked. A record of the time and dosage must be recorded. A child should **not** be given 'emergency' paracetamol on a regular basis.
4. Under 16's will **never** be given aspirin or medicines containing aspirin or ibuprofen unless prescribed.
5. Written permission is required from the Headteacher for a student to carry their own medication (**Use Form 7**)
6. If a child suffers regularly from frequent or acute pain parents/carers should refer the matter to their child's GP.

H. Prescribed Medicines

1. School will only accept in- date medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines must be provided in their

original container as dispensed by the pharmacist and include the prescriber's instructions for administration. The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instruction. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

2. As a general rule all medicines must be handed over to the school for safekeeping during the day.

3. Written permission is required from the Headteacher for a student to carry their own medication **(Use Form 7)**

I. Controlled Drugs

1. Some drugs e.g methylphenidate are controlled by the Misuse of Drugs Act.

2. Any designated member of staff may administer such drugs but only in accordance with the prescriber's instructions.

3. All controlled drugs will be kept in a locked non-portable container or fridge in a designated area to which only the named staff will have access. The current named members of staff **are Eileen Telford and Beverley Johnstone (see section B above)**

4. A record will be kept for audit and safety purposes **(Use Forms 5+6)**

5. A monthly audit of controlled drugs will be carried out by Beverley Johnstone.

6. When no longer required all controlled drugs will be returned to the parent (see section I below)

7. Misuse of a controlled drug is an offence and will be dealt with under disciplinary procedures.

J. Administering Medicines

1. No student under 16 will be given medicines without their parent's written consent **(Use Form 2)**. Administration of rectal diazepam is dealt with in **Section P below**.

2. Where possible children will be encouraged to take responsibility for the administration of their own medication, under staff supervision. Whether a child is able to administer their own medication will vary according to each case and will be decided with the agreement of the child, parents/carers and external professionals.

3. Unless there is a good reason all pre-planned medication will be administered in the medical room.

4. When giving medicines staff will wash their hands and ensure a drink is available if required, then check

- The child's name
- The name of the medicine

- Method of administration
- Time/frequency of administration
- Prescribed dose
- Expiry date
- Any written instructions provided by the prescriber on the label or container.

5. If in doubt about any procedure staff should not administer the medicines. If staff do have any concerns they should bring them to the attention of a member of the Senior Leadership Team.

6. Written records will be kept by the member of staff administering the medicine **(Form 5/6)**

7. It is good practice to have the dosage and administration witnessed by a second adult and this will be done whenever possible

8. Parents must keep the school informed about any changes to instructions.

K. Refusing Medicine

1. If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents should be informed of the refusal immediately if possible but certainly on the same day. If a refusal to take medicines results in an emergency the school will activate its normal emergency procedures.

L. Storing and Disposal of Medicines

1. Most medicines will be kept in a locked non-portable container to which only the named staff will have access **(see section I.3. above)**. If medicine needs to be kept cool it will be stored in a locked fridge. All such medicines will be placed in sealed plastic containers to separate them from food products.

2. Children will be told where their medicines are and who holds the key to the storage facility

3. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. These will be kept in the main office.

4. Some emergency medication such as Epi-pens will be stored in the main office in a clearly labelled plastic container. Each child's medication will be kept in separate plastic bags, clearly labelled with a photograph and the child's name for easy recognition. The bag will also contain a copy of the child's health care plan outlining the emergency procedures for that child.

5. It is the parent/carers responsibility to ensure all emergency medication are in date.

6. Students should have access to their inhalers at all times and may carry them on their person as long as form 7 has been completed. At least one spare inhaler should be kept in the school office **(as L.3. above)**

7. Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. If parents do not collect expired medicines they should be taken to a local pharmacy for safe disposal.

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

M. Self-Management

1. Where possible children should be encouraged to take responsibility for the administration of their own medication, under staff supervision. Whether a child is able to administer their own medication will vary according to each case and will be decided with the agreement of the child, parents/carers and external professionals.

2. Written permission is required from the Headteacher for a student to carry their own medication **(Use Form 7)**

N. Keeping Records

1. Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should ensure that this information is the same as that provided by the prescriber.

2. Medicines should always be in-date and provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

3. **Form 2** should be used to confirm, with the parents, that a member of staff will administer medicine to their child.

O. Off-site education, Work Experience and Residential Trips

The school will support actively pupils with medical conditions to participate in work experience, school trips and visits, or in sporting activities, and not prevent them from so doing. All reasonable adjustments, following a risk assessment, will be made to ensure students full participation in activities unless evidence from a clinician such as a GP states that this is not possible. Please see separate off site visits policy which includes information

on risk assessments and Health and Safety Executive (HSE) guidance on school trips. The Educational Visits Co-ordinator (EVC) is Dale Stephenson.

All staff should be aware that not all students, who have a medical condition or who are taking medication, will have an individual health care plan, in which case **Form 2** should be completed. For students with an Individual HealthCare Plan staff must ensure a copy of the plan is taken on the visit/activity.

P. Rectal Diazepam

In the unlikely event of diazepam needing to be administered rectally a full multi –agency planning meeting will be called and an action plan drawn up.

Q. Emergency Procedures

What constitutes an emergency will be different for each individual, however general emergency procedures can be found in the school's Health and Safety Policy. Where an IHCP is in place it will clearly define what constitutes an emergency and will outline what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Pupils will be informed in general terms of what to do in an emergency, such as telling an adult.

If a student needs to be taken to hospital by ambulance a member of staff will remain with the child until their parents/carers arrive.

R. Information gathering and sharing

Beverley Johnstone is responsible for ensuring that all relevant staff are made aware of the child's condition. Permission to share will be obtained from the parent/carer where the student is under 12 years of age in consultation with the student. For students over 12 years of age their wishes take greater precedence. Information will be shared with or without permission if by not doing so it places the student at risk of harm.

S. Staff bringing medicines into school for their own use (please also see The Health and Safety Policy)

Staff, wherever possible, should avoid bringing their own medicines into school. If this is unavoidable they should be securely locked away (in their car for example). Staff are responsible for their own medication.

T. Liability and indemnity

The school is covered by the Cumbria County Council's public liability insurance through Zurich.

The Zurich statement reads as follows:

*"Our Public Liability policies are written on a very wide basis to protect our Insured's from as many risks as possible and as such in most policies there is no specific exclusion in our Public Liability policies regarding medical treatment. Where there is currently a treatment exclusion we would **not** regard this as applying to the medical treatment risk.*

However, we would not expect the business of our Insured's to include risks arising from either medical diagnosis or prescription of drugs.

We would expect to cover liability arising from the provision of medical treatment arising out of the following activities.

i) first aid

ii) administration of prescribed and non-prescribed drugs or medicines

Some examples of the treatments that would be covered under our policies are:

- Use of EpiPens

- Use of defibrillators

- Injections

- Dispensing prescribed and non-prescribed medicines

- Application of appliances such as splints etc.

- Oral and topical medication

Cover under our public liability policies applies to employees and volunteers and we would expect these individuals to have received appropriate training and to follow any directions given by a medical professional.

Cover applies to our Insured's normal business activities, it would not apply where medical treatment was provided in a professional capacity to other parties for a fee or under contract.

U. Unacceptable Practice

School staff should use their discretion and judge each case on its merits, however the following practices are unacceptable:

- Preventing students from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assuming that every student with the same condition requires the same treatment
- Ignoring the views of the student or their parents/carers; or ignoring medical evidence or opinion (although this may be challenged)
- Sending students with medical condition home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their individual health care plans
- Sending students who become ill, unaccompanied or with someone unsuitable, to the school or other office or staff
- Penalising students for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- Preventing students from drinking or eating or taking toilet or other breaks whenever they need in order to manage their medical condition effectively
- Requiring parents/carers, or otherwise make them feel obliged to attend school to administer medication or provide medical support for their child, including toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Preventing students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child

V. Complaints

Please see the separate School Complaints Policy

Appendices

Form 1 – Individual Health Care Plan for Pupils with Medical Needs

Form 2 - Parental Permission for School Staff to administer medication

Form 3 - Consent Form for use of Emergency Salbutamol Inhaler

Form 4 - Head Teacher Agreement to Administer Medicine

Form 5 – Record of Administration of Medication in Netherhall School

Form 6 - Registration of Medication in Netherhall School

Form 7 – Request for Pupil to carry and/or administer their own medication

Form 8 - Staff Training Record – administering medications

Covid 19 Addendum



**INDIVIDUAL HEALTHCARE PLAN FOR A PUPIL WITH MEDICAL
NEEDS**

Name:

Date of birth:

Condition:

Class/Form:

Date:

Name of School: Netherhall School

Review date: Sept 2020
(parents to inform of any changes)

CONTACT INFORMATION

Family contact 1

Name:

Phone no. (home):

Phone no. (mobile):

Phone no. (work):

Relationship:

Clinic/Hospital contact

Name:
Group Practice

Phone no:
815544

Family contact 2

Name:

Phone no. (home):

Phone no. (mobile):

Phone no. (work):

Relationship:

G.P.

Name: Maryport

Phone No: 01900

Describe condition and give details of pupil's individual symptoms:

Daily care requirements:

Describe what constitutes an emergency for the pupil, and the action to take if this occurs

Follow up care:

Who is responsible in an emergency: (State if different on off-site activities)

- First aider
- BMJ
- HOY

Form copied to:

Parents
Learning Support Department
SIMs

Parent/carer completing form:
Staff completing form:

FORM 2

Netherhall School



PARENTAL PERMISSION FOR SCHOOL STAFF TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the head teacher has agreed that school staff who volunteer to do so can administer the medication.

DETAILS OF PUPIL

Surname: _____

Forename(s): _____

Address: _____ M/F: _____

_____ Date of birth: _____

_____ Class/Form: _____

Condition or illness: _____

MEDICATION

Name and strength of medication (as described on the container): _____

Form (e.g. tablets, syrup, cream): _____

For how long will your child take this medication? _____

Date dispensed by pharmacist/doctor: _____

Full directions for use:

Dosage and method to be taken: _____

Timing: _____

Special precautions: _____

Details of any side effects: _____

Can your child self-administer? (See Appendix C in SAN(M)1) _____

Procedures to take in an emergency: _____

CONTACT DETAILS:

Name: _____ Daytime telephone no: _____

Relationship to pupil: _____

Address (if different from pupil's given above): _____

I understand that I must deliver the medicine personally to _____ [agreed member of staff] and accept that this service is provided by the relevant member of staff and the school on a voluntary basis. I agree to inform the school of any changes to this information by completing a new form at the earliest opportunity.

Date: _____ Parent/carer signature(s): _____

Staff (name and role) assisting form completion: _____



CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day. (please tick the box)

- Working Inhaler
- In-date
- Labelled with their name

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:.....

Date:

Name
(print).....
...

Child's name:

Class:

Parent's address and contact details:
.....
.....
.....

Telephone:

E-mail:



HEAD TEACHER AGREEMENT TO ADMINISTER MEDICINE

Name of school/setting **Netherhall School**

It is agreed that [name of child] _____ will receive [quantity and name of medicine] _____ every day at [time medicine to administered e.g. lunchtime or afternoon break] _____

[Name of child] _____ will be given/supervised whilst he/she takes their medication by [name of member of staff] _____

This arrangement will continue until [either end date of course of medicine or until instructed by parents] _____

Date _____

Signed _____

FORM 5 RECORD OF ADMINISTRATION OF MEDICATION IN NETHERHALL SCHOOL



Date	Student Name	Time	Name of Medication	Dose	Any Reactions	Signature	Print Name



FORM 6 REGISTRATION OF MEDICATION IN NETHERHALL SCHOOL

Date	Year	Student Name	Medication Name	Amount	Medication to be kept... LSD, Main office	Name of person bringing in Medication & Relationship	Signature (staff)

FORM 7
Netherhall School



**REQUEST FOR PUPIL TO CARRY AND/OR ADMINISTER
THEIR OWN MEDICATION**

Pupil's name: _____

Address: _____

Condition or illness: _____

Name of medication to be carried and/or administered: _____

Details of what constitutes an emergency (i.e. where school staff/medical intervention will be required):

In the event of the above, procedures to be taken in an emergency:

Contact details of Parent or Guardian:

Full name: _____

Phone number during school/unit hours: _____

Relationship to pupil: _____

I request that _____ carries their medication with them to use as prescribed or when necessary. I agree to inform the school in writing if I wish to withdraw this request and I will complete a new form if the information changes.

Signature: _____ Date: _____

Head Teacher Authorisation:

Signature: _____ Date: _____

FORM 8
Netherhall School

Staff training record – administering medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] _____
has received the training detailed above and is competent to carry out any necessary
treatment. I recommend that the training is updated [date]_____

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____



This Addendum must be read in conjunction with the School's own First Aid procedures and Supporting Pupils with Medical Conditions Policy and procedures, brought to the attention of those currently employed or volunteering in the school and shared with those individuals upon induction to the setting.

NETHERHALL SCHOOL

FIRST AID PROCEDURES AND SUPPORTING CHILDREN WITH MEDICAL CONDITIONS COVID 19 ADDENDUM

JUNE 2020

Approved by ¹	
Name:	Jane Clarke
Position:	Chair of Governors
Signed:	
Date:	1 June 2020
Proposed review date ² :	

REVIEW SHEET

The information in the table below provides details of the earlier versions of this document and brief details of reviews and, where appropriate amendments which have been made to later versions.

Version Number	Version Description	Date of Revision
1	Original	June 2020

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1. Introduction

This addendum should not be used as a stand-alone document and must be read in conjunction with the existing **First Aid procedures** and **Supporting Pupils with Medical Conditions Policy and procedures**. It sets out the expectations of delivering first aid and supporting pupils with medical needs at our school in light of the COVID-19 pandemic. It describes the additional measures put in place to minimise risk to pupils and staff and specific details on handling a suspected case of COVID-19.

This addendum follows the advice and guidelines provided by the DfE.

Overarching this Addendum and our Policy and procedures on supporting pupils with medical conditions is the request to parents to keep their child/children at home if they are feeling unwell (whatever the reason) or they have a medical condition which deteriorates.

If a pupil who has attended or is attending the school or anyone else in the household is experiencing symptoms of COVID-19: fever (temperature of 37.8°C or higher), new continuous cough, loss of or change in normal sense of taste or smell, they should remain at home and the parent must inform the school as soon as possible.

2. Administering first aid

In order to keep the children in their 'bubble' as much as possible each group has their own First Aid supplies including items such as plasters. These temporary kits or boxes must not be shared with another bubble. If staff do not feel comfortable administering first aid or need a trained first aider / paediatric first aider then they must speak to a senior member of staff immediately and support will be given.

Wherever possible and depending on the age and understanding of the child, children are expected to wipe any wounds themselves with a disposable towel or cloth wipe. Should they need a 'plaster, many children will be able to put them on themselves and should be encouraged to do so. Staff must ensure that they are aware of any child in their bubble who is known to be allergic to plasters or other first aid item.

When delivering first aid, PPE is available and staff are asked to wear what is appropriate to deal with the situation. PPE is disposable and includes aprons, masks and gloves. If there is a significant amount of blood, staff should use a fluid resistant mask. All equipment used must be disposed of in the correct manner and in line with our risk assessment control measures. Visors are available for members of staff to use and are personal to them. These can be cleaned after each use, but should only be used if there is a significant risk of bodily fluids entering the eyes, nose or mouth.

If you need any replenishment of first aid supplies please speak to Gill Olley.

In the event of an emergency situation with a child or a member of staff (i.e. serious risk of injury or ill-health), first aiders can and may be redeployed to a different bubble either to provide the first aid themselves or to guide another member of staff in the procedure. In such cases, immediate help will be sought from the emergency services by dialling 999 and following normal school procedures.

Where a first aider/paediatric first aider is not available on site at any particular time, we have put in place a risk assessment and appropriate control measures for this eventuality.

First aid notices will be updated to ensure that all staff and other adults working in school at a particular time are aware of who is on first aid duty on any given day. This practice will continue until staff are informed otherwise.

3. Children with auto-injector pens or inhalers

Staff must ensure that children who have been issued with an auto-injector pen and/or an inhaler have them in their correct bubble and that they are easily accessible to those who need them. As staff may have unfamiliar children with them, Beverley Johnstone will ensure that they have any additional information that they may need in order to support the children correctly and in an emergency situation. Anyone who requires additional training in the administration of auto-injector pens/inhalers

must inform a senior member of staff immediately so that arrangements may be made to assist with this training need.

4. Administration of medication to children

As per the existing Policy, the school will only accept prescribed medicines that are:

- in-date;
- labelled with the child's name;
- provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

If they have not already done so, parents will be required to complete and sign the administering medicine form (Appendix C1/C2 of our existing Supporting Pupils with Medical Conditions Policy and procedures) and leave the form and medication in the main office. A staff member will collect and store the medicine correctly (in a fridge children cannot access or an alternative secure area).

Careful consideration must be given by parents to a situation where the child or young person is prescribed antibiotics or steroids, as their resilience will be lowered due to infection or medication. Parents are advised to discuss such cases with the Head teacher/senior leader.

A member of staff will take the medication to the child rather than the child coming to the office. Where two members of staff are needed to administer medicine this will be carried out by Beverley Johnstone and David Tromans.

Wherever possible and depending on the age and understanding of the child, children will be provided with the appropriate spoon, the medication poured and then the child will self-administer. In the case of tablet/capsule medication, children will be given the tablet from the bottle/strip and then asked to take it themselves with their own water bottle.

Where staff have to administer medication in the form of liquid (for young children or those with SEND), they will wear disposable gloves which can be disposed of immediately after use in the manner outlined in the school risk assessment. Any spoon used must then be appropriately cleaned in warm soapy water.

5. Emergency pain-relief

We will continue to offer emergency pain-relief and parents have already been provided with the opportunity to consent to this.

As in normal situations, we will always attempt to contact the parent to inform them the situation and to gain verbal consent for the administration of emergency pain-relief. We will also seek confirmation that a previous dose has not been given to the child in the preceding 4 hours. Where contact with parents cannot be made, emergency pain-relief will not be administered before 12.00 noon.

6. Children with Individual Healthcare Plans (IHCP)

In line with our existing Policy and procedures, Beverley Johnstone is responsible for ensuring the development of IHCPs. As a child returns to school we will check if they have an IHCP and advise individual staff in charge of the various bubbles where this is the case. The senior team will then review the plan with the family remotely to see if any adaptations or changes are required in light of the current COVID-19 pandemic.

Where children require intimate care, reference must be made to our Intimate care procedures which have been updated to take into account the COVID-19 pandemic.

7. Children with underlying health conditions

Children and young people who have been identified as clinically extremely vulnerable due to pre-existing medical conditions have been advised to shield. We do not expect these children to be attending school and we will continue to support them at home as much as possible. Clinically

vulnerable (but not clinically extremely vulnerable) people are those considered to be at a higher risk of severe illness from COVID-19. A small minority of children will fall into this category, and parents should follow medical advice if their child is in this category.

As part of our overall risk assessment, children who are defined as clinically vulnerable or have an underlying health condition, such as an immunity deficiency or a respiratory condition, must have an individual risk assessment carried out prior to them returning to school. This is likely to be an expansion on the risk assessment undertaken earlier on during the pandemic when it was felt that some children would be safer remaining at home. As part of this risk assessment the child's parent(s) will be required to obtain medical proof that it is appropriate and safe for the child to be in school during the pandemic. This could be in writing or via a phone call from a medical professional to the Head teacher or other senior leader.

Staff dealing with children with some complex medical needs have an increased risk of transmission through aerosols being transferred from the child to the care giver. Staff performing tracheostomy care and other similar procedures will follow the PHE guidance [personal protective equipment \(PPE\) guidance on aerosol generating procedures](#), and wear the correct PPE which is:

- a FFP2/3 respirator (which must be fit-tested)
- gloves
- a long-sleeved fluid repellent gown
- eye protection

8. Supporting children who present with COVID-19 symptoms

If a child becomes unwell with symptoms of COVID-19 whilst at school they will be moved to the previously identified isolation room/area as soon as possible to avoid contact with others. We will contact the parents and ask them to collect their child as soon as possible.

If the child needs the toilet they will use the disabled toilet and have sole use of it.

If the child needs direct personal care until they can return home and a distance between the child and supervising adult of 2 metres cannot be maintained, a disposable fluid-resistant surgical face mask, apron and gloves must be worn by the member of staff. All items will be disposed of following the procedures in the school risk assessment.

When a child or staff member develops symptoms compatible with COVID-19, they will be sent home and advised to self-isolate for 7 days and arrange to have a test to see if they have COVID-19. They can do this by visiting NHS.UK to arrange or contact NHS 119 via telephone if they do not have internet access. Their fellow household members should self-isolate for 14 days. All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus (COVID-19), and are encouraged to get tested in this scenario. The Head teacher or other senior manager will alert the Public Health Call centre on **0800 783 1968**. Further guidance on the procedures to follow in the event of an individual displaying symptoms is available in the Public Health Resource Pack for Educational Settings in Cumbria available on the KAHSC website.

Where the child or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.

Where the child or staff member tests positive, the rest of their bubble within the school will be sent home including the teacher and supporting staff and advised to self-isolate for 14 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.

As part of the national test and trace programme, if other cases are detected within the cohort or school, Public Health England's local health protection teams will conduct a rapid investigation and will advise the school on the most appropriate action to take. In some cases, a larger number of other children may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group.

Once a child or adult with COVID-19 symptoms has left the premises arrangements will be made to take the isolation room/area out of use until appropriate cleaning can be carried out.