



# Supporting Pupils with Medical Needs Policy

<b>Date of last review:</b>	2021	<b>Review period:</b>	3 Years
<b>Date of next review:</b>	2024	<b>Written by:</b>	Jo Kehoe
<b>Type of policy:</b>	Statutory	<b>Committee:</b>	FGB
<b>Signature:</b>			

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## 1. INTRODUCTION

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance 2014 on [supporting pupils with medical conditions at school](#).

It states that "appropriate authorities" must make arrangements to support pupils at school with medical conditions. The Statutory Guidance also applies to activities taking place off-site as part of normal educational activities.

Wyre Forest School staff administer all necessary medical interventions during the school day. Class Teachers and the school first aider have responsibility for medical interventions on a day-to-day basis and work in close liaison with the School Nurse Service and other professionals.

Medications are only administered in school when it would be detrimental to a pupil's health or school attendance not to do so.

WFS has close links with the School Nurse, who is on-site during week, but not necessarily every day. The School Nurse will support pupils through:

- Training to support school staff in management and delivery of interventions such as enteral feeding, administration of oral and gastric medications, catheterisations', epilepsy care, asthma management, management of diabetes;
- Organise training from an external source where necessary, e.g. tracheostomy care, suction, delivery of oxygen;
- Monitoring of Health of Pupils, Looked After Children, Child in Need Plans, Safeguarding;
- Contribution of information to Education, Health and Care Plans, where appropriate;
- Attendance at Medical Clinics (if required), when held in school;
- Lead School Nurse clinics in school (when required);
- Transcribe all information relating to medications to medication records;
- Be a point of contact and provide guidance to school staff.

This policy is based on the following policy – *Medicines Management in Special Schools* (Appendix 1). It is supported by the following three policies – *Medication Transcribing Policy* (Appendix 2); *Guidance on the use of Buccolam for Children & Young People with Epilepsy* (Appendix 3); and *Department of Health Guidance on the use of emergency salbutamol inhalers in school – March 2015* (Appendix 4).

## 2. DETAILS OF MEDICAL INTERVENTIONS AT WYRE FOREST SCHOOL

Medical interventions can include: First Aid, administration of rescue medications such as asthma medications or Epipens for severe allergic reactions; enteral and naso-gastric feeds and medications, oral medications, catheter care, management of

epilepsy – both long term and emergency, tracheostomy management. Support in the care and management of other conditions would be offered as necessary.

Those staff who assist with any form of medical procedure are acting within the scope of their employment and are indemnified by Worcester County Council against any legal action and an allegation of negligence, provided they act responsibly and to the best of their ability. Worcestershire sees itself as a Local Authority which endeavours to enable all pupils to attend school whenever possible.

Apart from the school first aider all education staff at WFS take on the medical intervention roles on a voluntary basis. All staff that administer medications or carry out interventions as detailed above, either in an emergency or on a regular basis, receive training and re-training when necessary. All training is recorded by the trainer (usually the school nurse) and also by the school human resources manager. Individual staff members are responsible for maintaining their training and ensuring that it is recorded on the Single Central Record. Staff are also responsible for ensuring their training is renewed annually.

## **2.1 Level of Competency Required for Interventions**

Staff delivering medical interventions are deemed competent for a procedure on either a generic or individual basis. This is determined by the Health and Care Trust following NHS guidelines. Generic cover means that when a member of staff is deemed competent in a particular procedure then they can deliver that intervention to anyone who needs it. Individual cover means that the member of staff is deemed competent to deliver that intervention to a particular pupil. They may give the same intervention to more than one pupil and would need to be signed off for each separate pupil.

Medical information is provided by parents or carers and is treated as confidential. Care plans are developed and devised by the school nurse using this information. Medication Records are written by the School Nurses. Changes to either the Care Plans or Medication records can only be made if information is received from parents, carers or medical staff in writing. Parents or carers will be asked to confirm any changes at the next available opportunity such as an Annual Review, Education, Health and Care Plan meeting or Parents Evening. All records are kept securely and information only given to those who need to know.

## **3. THE ADMINISTRATION OF MEDICATIONS**

### **3.1 GENERAL**

**3.1.1** Medications are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so as stated in the health and care trust policy.

**3.1.2** Only prescribed medications can be administered at school. Parents/carers may provide medications labelled 'PRN' or 'when required' for any medications that may only be given from time to time. The medication will be included on the pupil's medications chart. If a parent/carer thinks their child may need some of that medication

on a certain day, they should send written instructions detailing when the last dose was given at home.

**3.1.3** Rescue medications should be provided in pharmacy labelled packaging and the school nurses will write the details onto the pupil's medication chart. An additional form must also be completed for the medication Buccolam (Midazolam). The school reserves the right to refuse responsibility for the administration of medicine in some instances.

**3.1.4** Pupils who are acutely ill and who require a short course of antibiotics should remain at home until they have been receiving the medication for 24 hours to ensure there is no allergic reaction. If possible, parents/carers should ask their Medical Practitioner to prescribe doses that do not need to be given during school hours however, should a dose need to be given during the school day, parents/carers should send the medication in pharmacy labelled packaging with written instructions and sign a consent form stating when the medication should be given.

**3.1.5** All staff who are signed off as competent to administer oral medications have generic competency for this procedure. However, for each pupil, medication should be administered by named individual members of school staff (with specific responsibility for the task) in order to minimise error. All pupils who require medication to be given during school hours should have clear instructions where and to whom they report, if this is appropriate. Staff administering medication should sign the pupil's Medication Chart as each dose is given.

**3.1.6** Changes to the Medication Chart can only be made by the school nurses. If a pupil's medication changes and the school nurse is not available to amend the Medication Chart, then either the school First Aider or SLT should complete the appropriate emergency paperwork (Documentation of Medication Not Transcribed Form), to enable the pupil to receive the correct medication. The paperwork should be given to the school nurse who should amend the Medication Chart at the earliest possible opportunity.

**3.1.7** It is the responsibility of parents/carers to update the school of any changes in administration for routine or emergency medication. Changes must be notified in writing and the school nurse will amend care plans and Medications Charts, as necessary. Parents/carers should review Care Plans and Medications Charts at the earliest opportunity if amendments have been made or otherwise annually at Annual Review or Education, Health and Care Plan meetings.

**3.1.8** It is the responsibility of parents/carers to maintain an 'in date' supply of medication. Any unused medication or time expired medication will be given back to parents/carers, via passenger assistants, for them to dispose of.

**3.1.9** School will only accept medications that are in-date, labelled and provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. Labelling should say the maximum single dose within 24 hours. Medications will be administered according to the manufacturer's guidance i.e., pills should never be crushed or capsules opened prior to administration unless specifically detailed.

**3.1.10** Rescue medications such as reliever (blue) inhalers, epipens, buccal medications and sugary sweets for diabetics should be stored as follows:

<b>Rescue Medication</b>	<b>HOW TO STORE</b>
<b>Blue (Reliever) Inhalers</b>	In pupil's own bag and kept with the pupil unless pupil is too young (decided by class team in conjunction with school nurse and parents). Inhalers should be stored unlocked in the classroom and taken to swimming, Forest Schools, etc.
<b>Epipen</b>	In pupil's own bag and kept with the pupil (or in classroom if pupil too young and taken with the pupil to swimming, Forest Schools, etc.
<b>Buccal Medications for Epilepsy</b>	In locked cupboards in the classrooms.

**3.1.11** In the event of the fire alarm sounding, the school first aider should take out an emergency First Aid kit which also contains a Salbutamol inhaler for general use and specifically labelled emergency rescue medication for those pupils who may require it.

**3.1.14** Staff will use disposable gloves and aprons, where necessary.

**3.1.15** Drug error is broadly defined as any error in the prescribing, dispensing or administration of a drug (including non-administration when due), irrespective of whether such errors lead to adverse consequences or not. A drug error should be reported to the school nurse in the first instance who will disseminate the information as required. All errors will be recorded and reported to parents/carers. Drug errors will be recorded in the school's 'Accidents to Pupils' record book.

**3.1.16** Staff administering medications will receive initial training and be signed off as competent in the procedure by the School Nurse. They will receive annual refresher training, according to NHS guidelines.

**3.1.17** The following practices are not acceptable:

- Ignoring the views of parents/carers, medical evidence or opinion (although this can be challenged);
- Prevent pupils from participating in school activities unless specified in the EHCP because of the need for a medical intervention;
- Penalise pupils in their attendance record if their absence is related to their medical condition;
- Require parents/carers to attend school to administer a medical intervention although negotiation can be employed;
- Prevent a pupil from going on an off-site visit unless parents/carers accompany them.

## **Complaints**

If any parents/carers or pupils are dissatisfied with the medical support provided in school, they should initially discuss this with the class teacher and/or phase leader. If the matter is not resolved, parents/carers or pupils could discuss the complaint with a member of the senior leadership team and they may wish to make a formal complaint via our complaint's procedure.

## **3.2 LONG TERM MEDICATION**

**3.2.1** The medications in this category generally act as a preventative and it is essential that they are given in accordance with instructions, see paragraph 3.1 above. Long term medication is particularly applicable to the management of epilepsy and asthma. Medications are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

**3.2.2** It is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected pupil so that peer group support can be given.

**3.2.3** Advice for school staff on the management of long-term medication for individual pupils (including emergency care) will be provided by the school nurse as requested.

## **3.3 EMERGENCY TREATMENTS**

**3.3.1** No emergency medication (rescue medication) should be kept in school except that specified for use in an emergency for specific pupils or Salbutamol inhalers used as directed by the School Nurse.

**3.3.2** Advice for school staff about rescue medication for individual pupils will be provided by the School Nurse or a Paediatrician on request and noted in care plans and Medications Charts.

**3.3.3** If it is necessary to give emergency medication, parents/carers of the pupil must be informed as soon as possible.

## **3.4 MEDICATION ROUTINES**

**3.4.1** Record Keeping. Medications Charts must be prepared by the School Nurse, in accordance with the 2014 Statutory Guidance detailing individual Medications Registers. If a 'Documentation of Medication Not Transcribed Form' has had to be completed by a member of school staff to enable new or changed medications to be administered to a pupil in need, in the absence of a school nurse, then the school nurse should transcribe the information to the Medications Chart at the earliest convenience.

**3.4.2** Care plans detailing appropriate interventions for each pupil should be prepared and maintained by the School Nurse, who will send a copy to the office team to save on Scholarpack. The class team should retain a master copy of each plan (in the pupil's folder) and ensure any plans are taken on school trips. Working copies of individual care plans for day-to-day use should be kept with individual Medication Charts in the medical room.

**3.4.3 Storage.** Medications in the medical room are kept in locked cabinets which are fixed to the wall. The key to each cabinet should be kept in the medicines room. Any medication that requires refrigeration should be stored in a locked fridge in the medicine room.

## **4. CONTROLLED DRUGS**

**4.1** Controlled drugs will be stored in the classrooms in accordance with the guidelines for all other drugs in school, i.e., in a locked cupboard away from the pupils.

**4.2** Most controlled drugs in school will be recorded in approved WHCT Controlled Drugs Register: Patient's Own CD's.

**4.3** Stocks of controlled drugs in school must be checked weekly by the school nurse

**4.4** Before a controlled drug is administered all relevant details should be checked and signed for by two appropriately certified staff.

**4.5** The stock must be checked out and recorded on the CD Record in the presence of the person who will be administering the medication and the transcriber, if transcribing has taken place or by the Medications Manager if the medication is in its original packaging.

**4.7** The medication should be stored in the child's bag during the trip but returned to safe storage within school on return.

## **5. MEDICAL INTERVENTIONS OTHER THAN MEDICATIONS**

Procedures including catheterisation and tube feeding can only be carried out by specifically trained education staff. School nurses provide both new training and updates at mutually agreed times. School staff maintain their own records of training which is also recorded on the Single Central Record. A pupil's care plan and EHCP must detail all aspects of any interventions.

## **6. OFF-SITE SCHOOL VISITS AND MEDICAL INTERVENTIONS**

**6.1** The leader of the visit should ensure that the medical needs of all the pupils participating in the visit have been identified and trained staff accompany the group.

**6.2** A named person must supervise the storage and administration of medication and/or equipment for a medical intervention.

**6.3** The named person should ensure they have collected appropriate care plans and medications charts from the school nurse prior to leaving for the trip. All information should remain confidential and remain with the named member of staff at all times.



**6.4** For day trips, medications can be provided from the supply held in school for each individual pupil; these can either be taken in the original labelled packaging or drawn up and labelled by the school nurse for administration. Parents will be required to provide a separate supply of pharmacy labelled medications for residential trips.

**6.5** In line with the Infection Control Policy, the best practice to control the spread of infection and to minimise infection, is for people to thoroughly wash their hands with soap and running water. If there are no hand washing facilities when on an educational visit, then anti-bacterial gels and wipes should be used.

All members of staff who administer a medical intervention, must sign to confirm that they have read and understood the Policy for Medical Interventions for supporting pupils with medical needs.

Wyre Forest School Staff: I have read and understood the policy and guidance for supporting pupils with medical needs.

**Signed:** ..... **Date:** .....

**Name (print):** .....

## **7. APPENDICES (linked documents)**

### **Appendix 1 –**

[\*Medicines Management in Special Schools\*](#)

### **Appendix 2 –**

[\*Medication Transcribing Policy\*](#)

### **Appendix 3 –**

[\*Guidance on the use of Buccolam for Children & Young People with Epilepsy\*](#)

### **Appendix 4 –**

[\*Department of Health Guidance on the use of emergency salbutamol inhalers in school – March 2015\*](#)