



FALCONER SCHOOL

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MEDICAL NEEDS (SCHOOL HOUSE) POLICY

May Reid

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Signed – Governor

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Print Name

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Definition of Medical Need

Most boarders will, at some time, have a medical condition that may affect their participation in school/boarding activities. The policy outlined below addresses the needs of those pupils who have diagnosed medical conditions, which, if not managed properly could limit the individual pupil's access to education. It is such pupils who are regarded as having a 'Medical Need'. Most pupils with medical needs are able to attend school regularly, and with some support from the school, can take part in most normal school activities. Any reference to parents includes carers.

This policy also covers the medical needs of pupils in the Residential Unit where the definition of 'Medical Need' includes minor ailments which need to be addressed as part of their day to day care.

This policy also sets guidelines for handling, administration, storage and recording of medication.

Policy Aim

The aim of this policy is to ensure that pupils with diagnosed medical needs are able to attend school regularly and can participate in a full range of normal school activities. In addition, this policy aims to ensure that best practice is followed in the safe handling of medication by staff.

Principles

1. The headteacher accepts responsibility, in principle and within parameters outlined below, for school staff to both give and to supervise pupils taking prescribed medication during the school day and both prescribed and non-prescribed medication in the residential unit.
2. The school's present circumstances indicate that it would not be possible to meet the needs of pupils with long-term complex medical needs who require more than the distribution and supervision of the taking of medication.
3. There is no legal duty which requires teaching staff to administer medication. Teachers' conditions of employment do not include a requirement that they should either give or supervise a pupil taking medication. They may, however, volunteer to do this. The Job Descriptions of some support staff may require them to give and/or supervise the taking of medication. Any member of staff who agrees to or takes responsibility for administering prescribed medication should have proper training and guidance.
4. Staff who either volunteer to or undertake as part of their duties the support of pupils with medical needs, including managing medication, need to be aware they are acting within the scope of their employment and are indemnified.
5. The Local Authority's public liability insurance arrangements provide full cover for any member of staff acting within the scope of their employment. Staff who volunteer to assist with any form of medical procedure are acting within the scope of their employment and are indemnified

6. The employer is responsible for ensuring that willing staff have the appropriate training to support pupils with medical needs.

Guidance for Management and Administration of Medication

1. Medicines Supply

Medicines are divided into three categories:

- General Sales List (GSL) – These can be purchased from any retailer.
- Pharmacy Only (P) – These can only be purchased from a pharmacy.
- Prescription Only Medicines (POM) – These can only be obtained on presentation of a written prescription signed by an authorised prescriber.

The receipt, administration and disposal of medication are to be recorded in the same way on the pupil's individual Medicine Administration Record (MAR) sheet. If a pupil is prescribed controlled medication this will be recorded in the controlled medications book with each pupil having an individual page per medication within this book.

2. Receipt of Medicines

Medication will only be accepted by the school in its original packaging, with the label fully in tact and not altered in anyway. The School encourages parents to hand the medication to staff directly. The medication should be accompanied by a slip stating their child's name, the name of the medication and the quantity sent in. This is especially important if they are sending the medication with their child which is discouraged. This enables the staff recording the receipt of the medication to check that what they have received is the same as what was sent. The member of staff receiving the medication should record the quantity received on the pupil's Medicine Administration Record or within the Controlled Medications Book. Any change in the prescription should also be recorded. The school will not accept medication not in the original packaging which may result in the pupil being sent home until the correct packaging is provided

3. Medicine Administration Record (MAR) sheets

Each pupil who requires a non controlled medicine to be administered by staff should have an individual Medical Administration Record sheet per medication. This sheet should record:

- The pupil's name
- Date of birth
- The name and strength of the medicine
- The dose and frequency of the medicine
- The start date of the medication
- The date and time the medicine is administered
- The School Term

- Two different signatures stating that the dose administered is correct. One of those signatures should be the person who administers the medicine and they should then sign again to record that the medicine has been administered.
- Receipt of medication (see notes on receipt of medication)
- Where relevant, the quantity transferred to the residential unit and the signature of the member of staff who collected it
- Medicines disposed (see notes on disposal)
- A running total of the quantity held in stock

4. Controlled Medication's Book

All medications that are considered “controlled” are recorded in a bound, hard backed numbered book that is kept with the medication and is monitored rigorously. This book should record:

- The pupil's name
- Date of birth
- Name and form of controlled drug
- Strength of medication
- Quantity obtained
- Date of supply
- Current balance in stock
- Date obtained
- Amount given
- Two different signatures confirming correct medication, dose and administration
- Balance left in stock

5. Storage

All Medicines should be handed into the main office in the morning. The main office should safely store medications until the residential staff come to collect the medication at the start of their shift. Controlled medication should be kept separate from all other medications in a purpose built cabinet meeting the misuse of drugs (Safe Custody) regulations 1973 and British standards BS 2881:1989 Security level 1. No other medications or items should be kept with these medications. Medication cabinet should be lockable and attached to a solid wall with no other items such as valuables being kept within the cabinet.

6. Labels

Prescription Only Medicines should have:

- Pupil's name
- Date of dispensing
- Name and strength of medicine
- Dose and frequency of medicine

Pharmacy Only and General Sales List medicines should be labelled by staff with the pupil's name and the date of receipt. This label should not obscure any instructions on the packaging.

7. Parental or Carer Consent

Medication must not be administered without written parental or carer consent. The only exception to this would be if a pupil is prescribed a medicine during a visit to Accident and Emergency while in the school's care. In this event verbal consent should be sought. Parents complete a general medical consent form at the time of their son's admission. Further specific written consent is sought whenever a specific treatment is started. This consent letter must provide details of name, dosage and frequency of administration.

The Residential Unit does not hold any GSL medications; this decision was taken in April 2010 following consultation with the Head Teacher.

8. Internal Audit

An internal Audit of the stock held in the Residential Unit should be carried out once a term by a designated person not otherwise involved in the administration of medicine.

9. Medicine Administration by Staff

Teachers are not required to administer medication. They may volunteer to do so. Residential and some support staff are required by their conditions of employment to administer medication can expect to receive proper training and guidance.

10. Self Administration

This mainly applies to Asthma inhalers/Epi Pens but could, for a resident pupil, include creams, throat lozenges or other similar medication. Pupils will be allowed to self administer where a risk assessment has been done which deems the risk to be acceptable. In these cases self administration should be encouraged to promote independence and responsibility. When a resident is allowed to self administer he should keep his medication locked in his storage cupboard when not in use. Inhalers and Epi-Pens should be accessible to the pupil they are prescribed to, these medications should be kept in a designated container which clearly states the pupils name and is accessible without delay to the pupil and any staff trying to access the medication on the pupils behalf.

11. Transporting Medication

If medication is to be administered away from the area where it is stored it should be transported in a locked container such as a cash box within its original packaging.

12. Non Prescription Medication (General Sales List and Pharmacy Only)

Homeopathic remedies, alternative treatments, complimentary medicines and food supplements will be treated in the same way as any other medication.

Creams and lotions should not be shared between pupils. Sharing opens up the risk of cross-contamination.

13. Refusal and Covert Administration

It is a pupil's right to refuse medication. Staff will under no circumstances covertly administer or force a pupil to take medication. A risk assessment may need to be carried out to determine if a pupil refusing medication regularly can safely participate in school life. All incidents of refusal must be recorded by staff and reported to the parents/carers of the pupil concerned and to a member of the school's Senior Management Team.

14. Asthma Caution

All staff are made aware that the giving of alcohol based medication and ibuprofen based pain relief should be avoided for asthma sufferers.

15. Medicine Disposal

Any prescription medication left-over when a pupil leaves should either be returned to the parent where it is a long-term treatment or returned to a local pharmacist. A receipt for this return is required. If the medication has finished whilst in the care of the School the School will dispose of the packaging ensuring that the label is blanked out for confidentiality purposes.

16. Medical Appointments

Residential or school staff do not accompany pupils to medical appointments as we see this as the responsibility of the parent or carer of the pupil. If however there are special circumstances surrounding the pupil or appointment or if a parent or carer requests staff members to support; then we would consider this on a case by case basis and a member of the SMT would be approached for permission to attend.

17. Informed Decisions

Pupils that are able to make their own decisions about their medical needs are encouraged to speak to their parents or carers about their wishes, the school and residential unit would fully support the pupil and parents with these decisions.

18. Pupils requiring First Aid

The residential unit should have two trained first aiders on the evening shift and one trained first aider in the mornings when the risk of injury/accident is less. Pupils will be responded to quickly and assessed for their needs, see Emergency treatment below. If the need of the pupil is not urgent then the first aider will treat the pupil, complete a body chart or accident form depending on the seriousness of the injury and complete the Minor First Aid Book. They should record the following information:

- Date
- Name
- Injury
- Staff reporting
- Staff treatment initials
- Accident log
- RIDDOR report
- Body Chart
- Supplies used

Once each page is completed it should be signed of by HOC/SMT and HLT to ensure good practice. If any medical supplies are used these should be replaced immediately from the store cupboard and a note made to the HOC for stock control.

19. Treatment of Unwell Pupils

If a pupil become unwell during their residential week the Residential Manager or most senior member of staff on duty will assess the pupil and decide what best course of action should be taken. If it is felt that the pupil has become unwell and could be contagious or would recover better within their family home then a call will be placed to their parent/carer and arrangements will be made for the pupil to go home.

If it's felt that the pupil needs some quiet time or a restful place then provision will be made for the pupil to access this and he will be monitored regularly by staff

If a pupil becomes seriously unwell staff will not delay in taking them to Hospital or contacting the local emergency doctor. The pupil's parent/carer will be contacted immediately and their wishes will be sought.

20. Emergency Treatment

Where a pupil is critically injured or becomes seriously unwell then the Residential Manager or most senior member of staff on duty will assessed the pupil and take immediate action. Where it is felt that an ambulance should be contacted for the welfare of the pupil staff will follow the below protocol:

Keep the pupil as safe as possible – isolate them from the group

Contact 999 and explain the situation giving the following information:

- Your name
- Pupils name
- Pupils Date of Birth
- Injury/symptoms
- What treatment has been given so far is any
- Any medication the pupil is taking or has taken
- Any relevant information from their Health Plan

- Location info and where to meet the ambulance

Once this has been done then the parent/carer should be informed and given the information of what has happened, and where to go

Due to advice received from the Department of Health regarding the storage and administration of medication to pupils, the following changes have been made to the policy.

1. Medication can only be given to a pupil after the school has received a signed consent form/letter from the parent/carer detailing specific medication and dose to be given.
2. The medication must be received in its original packaging with the pharmacist's label. The label should state the pupil's name, the name of the medication, the dose and instructions for how and when it should be administered. This label should not be altered in any way. If there is any change in the dosage or other instructions a new consent form/ letter and either a note from the doctor or new instructions from the pharmacist.
3. Non prescription medication can only be given with a consent form/letter. Parents/carers will be informed of any non prescription medication that has been issued during the school day. Please note that medication containing Ibuprofen or Aspirin can ONLY be administered if it has been prescribed by a doctor.
4. If the medication prescribed is to help the pupil control their behaviour and they have refused or for some other reason failed to take it, then they may be sent home. This will apply if the medication has been sent to school without the original packaging or a consent form/letter, and we will be unable to administer the medication.
5. All medication in stock will be returned at the end of each school term.