



HIGHFIELD LITTLEPORT ACADEMY
An Active Learning Trust School



HIGHFIELD ELY ACADEMY
An Active Learning Trust School

HIGHFIELD ACADEMIES

SUPPORTING PUPILS WITH MEDICAL NEEDS (MEDICATION AND FIRST AID) POLICY

THIS POLICY WAS APPROVED:	SPRING 2021 COVID-19 ANNEX REVIEWED FEBRUARY 2021
THIS POLICY WILL BE REVIEWED:	SPRING 2023
MEMBER OF STAFF WITH RESPONSIBILITY FOR REVIEW:	SIMON BAINBRIDGE

Introduction

Highfield Academies are schools for pupils with complex learning difficulties. Many students have associated medical needs and sensory impairments. This policy set out the guiding principles of how we support pupils with both long and short term medical needs. The specific kinds of support we offer depends on the needs of the pupil, resources and training we are able to access as well as on individual staff members and their willingness to take on the additional responsibilities that supporting pupils with medical needs entails. If parents or carers have a particular concern that isn't covered in this policy then they should make contact with the school directly.

Where a child has a long term health need it will be identified and a care plan will be outlined on a protocol. Parents and carers are the main source of information and have the responsibility of updating the school on any changes to the plan. All changes and updates should be reflected in the plan held in school. We are not able to change practice without it going through the proper medical channels and being reflected on the plan held in school.

The policy outlines what is normal practice in school. However, we recognise that our pupils are complex and their needs may be over and above what this policy outlines. In these circumstances we would rely on what is included in their medical protocols and train staff accordingly with what we risk assess as safe to undertake in school with our educational staff delivering. We often seek advice from the School Nursing Service on how to incorporate training and health needs into school.

If in doubt in any given medical situation, we will always err on the side of caution, phoning for expert medical attention in order that the young person is not at any risk of harm.

Responsibility

School staff are trained annually on the administration of medication and other awareness sessions such as anaphylaxis, asthma and Epilepsy. School staff may be asked to perform the task of giving medication to children but they may not be directed to do so. However all staff who agree to administer medications take on a legal responsibility to do so correctly.

For any training that is pupil specific, for example suctioning, gastrostomy or rectal, then staff members' competency is assessed by a school nurse before they are 'signed off' to be able to administer this in school. Medication should be given in school as safely and effectively with minimum impact on the child's education

Storage

Medication is kept in a locked first aid cabinet, either in class or in a lockable first aid cabinet in the first aid room which is not accessible by pupils. Some medications used in an emergency such as inhalers and auto injectors should NOT be locked away and should be easily accessible to said student and staff members working with that student.

All classrooms have a medical matters folder which consists of the correct documentation for that class. School staff should not dispose of any medication, medication that is out of date will be sent home and it is the parent's responsibility to ensure that up to date medication is sent back into school. Any empty bottles or boxes with the child's prescription label on them should be sent home for the parents to dispose of.

School trips and going off site

Taking medication off site should be written into the risk assessment, this may cause risk as the medication will no longer be locked away and other children could gain access to it.

A named person should sign out and sign in the medication on a medication sign out sheet. This should contain:

- Childs Name
- Name of Medication
- Class
- Date and time medication is signed out and staff signature of who signed medication out
- Date and time medication is signed in and staff signature of who signed medication back in

The person who signs for that medication is held accountable if the medication does not return to the school premises. Medication sign out sheets can be found in the class medical matters folder.

Record Keeping

Any medication that is being given to a child **MUST** be recorded. Depending which medication it is will depend on which medication sheet you use. Parents/carers must fill in the correct sheet and send it in with the medication, this will need to be accompanied by relevant protocols, care plans or doctors notes if required. Consent sheet and medication needs to be checked on arrival and any queries need to be rectified immediately.

Medication consent form

A medication consent form will be used for most medications and can be found in the class medical matters folder. Before giving the child medication ensure the sheet contains:

- Childs name
- Date of birth
- Class
- Name of Medication
- Dosage
- Time to be given
- Any other instructions
- Name and contact information of parent/carer

This will all need to match the medications prescription label that has been sent in with the form. And two trained staff members will sign, date and time the opposite side of the medication sheet each time the medication is given. These forms should be updated annually or as and when there are any changes.

Controlled medication form

A controlled medication consent form will be used for controlled medications such as Ritalin, AED's, Lorazepam and Morphine. This form can be found in the class medical matters folder. Before giving the child medication ensure the sheet contains:

- Child's name
- Date of birth
- Class
- Name of Medication
- Dosage
- Time to be given
- Count of medication present, administered and remaining
- Any other instructions
- Name and contact information of parent/carer
- Number of tablets in school

This will all need to match the medication's prescription label that has been sent in with the form. Controlled medication needs to be handed from adult to adult. Therefore if a child comes in on the Taxi then parents should have handed the medication to the taxi driver who should then pass it straight to an adult who is greeting that child from the taxi. It is that adult's responsibility to take medication straight to the child's class. The medication must then be counted in, this is done by two members of trained staff and is recorded on the reverse side of the controlled medication form. Staff should write the amount of tablets, sign, date and time the sheet to show that the medication has been counted in. When a child requires that medication two trained staff members will sign, date, time and record how many tablets have been given and how many now remain at school. These forms should be updated annually or as and when there are any changes. Following guidelines from the school nursing team controlled medication will be kept in a separate locked cupboard. Only staff directly involved with the administration of this medication should have access to this cupboard.

Description of seizures/episode

A description of seizures/episodes form should be completed if a child has a seizure or an episode for the first time or their seizure is displaying differently to what is written on their protocol. It is vital that any changes are monitored, parents/carers are contacted and a copy of the completed form is given to the parents/carers so they can contact the health care professionals. A form should be completed each time a child has an episode as it all is evidence for the parents/carers to pass to the neurologists to allow the correct diagnosis for the child. If a child is known for having multiple seizures throughout the day, that are as described on their protocol, then a seizure record will be kept. This will be completed and sent home every night and returned the following day. Once complete the form will be photocopied and the original sent home for parents/carers records. Both the seizure/episodes form and the seizure record sheet can be found in the class medical matters folder.

Protocols and Care plans

A care plan/protocol must be completed for you to administer emergency medication. This is completed by health care professionals along with the child's parent/carer. It is important to be sent in alongside the medication form to ensure that all staff working with that child is aware of vital information involving the child and the child's medication. Protocols and care plans will outline triggers, contact details, medication type, dosage and what to do if an emergency arises. It is imperative that protocols and care plans are followed as they are made specifically for that child to suit their needs. Any changes to the care plan or protocol must only be made by a medical professional and a new one with the amended details will be written up. Care plans and protocols should be reviewed annually or as and when there are any changes. It is the parents responsibility to notify school of any changes required to the Plan e.g. triggers,

treatment, symptoms, contact details. School will continue to follow the care plan until written updates have been seen. Before working with a child with a care plan or protocol, staff will be asked to read and sign that they have understood it. All new protocols need to be checked to ensure they are correct and clear. They should also be signed by the nurse, parents and either the head of school or medical coordinator once received into school.

Administration of medication

As a school we are permitted to give medication if it is required. All staff have annual medication training, however some staff may need to complete additional training to allow certain medications to be given. When administering medication you must have two people who are medically trained present and vigilant.

Prescribed medication

Parents may need to send in prescribed medication if a dose is required within the school day. Prescribed medication must come in to school clearly labelled and in the original container. In the event of the medication being in a bottle the prescription label should ideally be on both the bottle and box. This should be accompanied by our medication consent form which should be filled in, signed and dated from the child's parent or guardian and updated annually. If you are unable to read the prescription label then you **MUST NOT** give the child the medication and contact that child's parent/carer immediately.

Ideally give the medication in a quiet space i.e intervention room/medical room which is free from distractions. Before giving any medication ensure you have the correct medication for the correct child.

This is done by checking the:

Prescription label:

- The child's name
- The name, strength and dose of medication
- Full instructions on how to give the medication
- Time and frequency

Medication container:

- Expiry date
- The name and strength of medication

Depending on the medication and the child will depend on how it is given.

Administration of tablets:

- Wash and dry hands
- Two people to check the medication
- Ensure child is sitting in the upright position
- Use a medicine pot to give the medication to the child
- Tablet/capsule should be swallowed along with a drink of water
- Staff administering should ensure the tablet has been swallowed
- Date, Time and Sign the medication sheet

Not all children are able to swallow the tablets, you are not to crush tablets unless advised by the doctors as this will change the rate of absorption of the medication. If crushing or splitting the tablet is required this should be confirmed in writing by a medical professional not a parent.

Liquid medications:

- Wash and dry hands
- Two people to check the medication
- Shake medicine bottle before opening
- Draw up the required amount using an oral syringe, medicine pot or measuring spoon
 - Syringe: Place tip of syringe into the side of the child's mouth. Gently push plunger/squirt small amounts allowing the child to swallow before plunging more.
 - Medicine pot/spoon: assist the child as required.
- Offer the child a drink of water
- Date, Time and sign the medication sheet.

Eye and ear ointments/drops:

- Wash hands and then apply gloves
- Child should be sitting comfortably with their head tilted back
- Ensure you have checked which eye or ear is being treated
- The dropper should not touch the child's eye/eyelid to prevent cross infection
- Hold a piece of clean tissue/gauze under the eye
- Separate bottles to be used for each eye/ear.

Controlled Medication

Controlled medication can be stored and administered in school. As it is a controlled medication, the number of tablets kept is recorded on the administration of medication forms. Tablets are counted in and out of school, during holidays and half terms tablets should be sent home with the pupil. This would be done by counting the remaining tablets out and medication is passed adult to adult.

Administration of controlled tablets:

- Wash and dry hands
- Count the tablets present in the blister packet/pot. Do not assume the previous count is correct.
- Two people to check the medication
- Ensure child is sitting in the upright position
- Use a medicine pot to give the medication to the child
- Tablet/capsule should be swallowed along with a drink of water
- Staff administering should ensure the tablet has been swallowed
- Date, Time, Sign and record tablets in school, tablets given and tablets remaining on the medication sheet. The tablets must be counted; do not simply subtract the number given from the original number.

Not all children are able to swallow the tablets, you are not to crush tablets unless advised by the doctors as this will change the rate of absorption of the medication. If crushing or splitting the tablet is required this should be confirmed in writing by a medical professional not a parent.

Inhaler

Inhalers should always be easily accessible to the child and staff working with that child. It should have an asthma care plan with it which highlights triggers, when to give the inhaler, the correct dosage and what to do in a medical emergency. Staff have annual training on how to administer inhaler medication and inhalers should be checked regularly to ensure they are still in date. A medication administration form should be completed when the child has taken or given their medication. This will help keep a clear record of the usage of the inhaler.

If a child requires their inhaler and is unable to do it themselves:

- Remove cap and shake inhaler
- Put inhaler into back of spacer
- Place the spacer mask over the child's face

Or

- Place the mouth piece of the spacer in the mouth
- Press the inhaler once and encourage 5 full breaths
- Remove mask/mouthpiece
- Repeat if required ensuring the inhaler is shaken in between doses
- Replace cap

Self-administer inhaler

If pupils are able to self-manage their medication this is acceptable as long as it is done safely and appropriately. This will be assessed according to our knowledge of the pupil's ability and an informal risk assessment by staff at the time. As a general rule, students won't carry medications around with them, they will have them stored with other medications, locked away. An exception to this are medications for asthma, which are kept accessible to the pupil, for example in a drawer in their classroom, together with the relevant protocol.

It will be the responsibility of the staff in the child's class to regularly check that the medication is in date and is not at risk of running out.

Buccal administration

Buccal administration is done as separate Epilepsy training which allows staff to administer Buccal Midazolam as a rescue medication for the treatment of epilepsy seizures. Any first dose of Buccal Midazolam should be given in the presence of a paramedic in accordance with the child's protocol. If it is not a first-ever administration of Midazolam then a dose can be given in accordance with the child's protocol but an ambulance should be called if the seizure has not stopped within five minutes or within the time limits specified on an individual protocol.

Buccal comes in prefilled syringes, the casing on the tube must not be broken, if it is already open then as a school we are not permitted to use it. Parents/carers are to be contacted and asked for a new unopened syringe. The buccal cavity is located between the lower teeth and the side of the cheek and medication that is administered here is not swallowed but absorbed into the blood stream

This medication must be administered with gloves on and only at the specified time on the protocol. If some of the medication comes out of the child's mouth you **MUST NOT** give a second dose. Always keep the empty syringe and make note of the time it was given, this is to be passed to the doctor or paramedic so they know the dose that has been given. Monitor

the child checking for a change in their breathing pattern until medical assistance has arrived. Allow the child to rest (preferably in the recovery position) and stay with that child until the seizure is over.

Rectal Diazepam medication

Rectal diazepam medication is a form of epilepsy rescue medication. This training is child specific and only those working close with that child will be given the training, some first aiders may be required to do the training also.

There are 3 different types of rectal medications that may come into school and you will be asked to give

- **Diazepam RecTubes:** prefilled white rectal tube with nozzle, containing 2.5 mg, 5 mg or 10 mg diazepam as a liquid. Each RecTube is wrapped in foil.
- **Stesolid:** prefilled yellow rectal tube with nozzle, containing 5 mg or 10 mg diazepam as a liquid. Each foil package contains four Stesolid tubes.
- **Desitin:** prefilled white rectal tube with nozzle containing 5 mg or 10 mg of diazepam as a liquid. Each Desitin tube is wrapped in foil. There are five Desitin tubes in a package.

It will be written into the child's epilepsy care plan when the medication may be required. You should check the child's name, date of birth, dose and expiry date is on the medication and parents/carers should inform you if their child has had a dose within the last 6 to 8 hours. If this is the case the medication must not be given and an ambulance should be called. Along with the medication the child should have their care plan and a medication consent form with all the relevant information on it. After rectal administration of the solution, diazepam is absorbed rapidly into the blood stream. The effect of the medication occurs within a few minutes of rectal administration. Diazepam is a sedative drug and has a calming effect on the brain, which can stop a seizure.

This medication must be administered with the correct PPE on and only at the specified time on the protocol. Emergency services and parents should be contacted. Monitor the child checking for a change in their breathing pattern until medical assistance has arrived. Allow the child to rest (preferably in the recovery position) and stay with that child until the seizure is over. The child may be sleepy after having diazepam and should be allowed to sleep if they want to.

Auto injectors

Staff are trained annually on how detect when an allergic reaction is occurring and how to administer auto injectors. Anaphylaxis is an acute severe allergic reaction and is a medical emergency. If a child requires an auto injector they will have a care plan which outlines signs, symptoms and treatment this should be sent in alongside the medication consent form. An allergic reaction usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours.

An auto injector (EpiPen, Jext and Emerade) are preloaded pen devices, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An auto injector is safe, and even if given inadvertently it will not

do any harm. It is not possible to give too large a dose from one device used correctly in accordance with the Care Plan.

Auto injectors should be readily accessible for use in an emergency. Some pupils may be able to carry the injector themselves but this will be assessed according to our knowledge of the pupil's ability and an informal risk assessment by staff at the time. It should be stored at room temperature, protected from heat and light and be kept in the original named box. It is parent/carers responsibility to ensure that the injector is in date. Expiry dates and discolouration of contents should be checked termly and parent/carer have responsibility to replace it as necessary.

If the injector is required then the protocol must be followed and immediately after the injector is administered, a 999 ambulance call must be made and then parents notified. The used injector must be given to the paramedic. It is the parent/carer responsibility to renew the injector before the child returns to school.

Over the counter medication

In line with the decision by the CCG not to allow GPs to prescribe medications which are available over the counter such as paracetamol we have amended our approach accordingly to non-prescribed medications. Over the counter medications (specified in the list below) need to be in the original sealed packaging so manufacturer's dosage is clear. Medication also needs to have a clear label from the parent/guardian with the child's name and dosage request which must correspond with the manufacturer's dosage. If we are administering the medication at school parents need to indicate via telephone, Dojo or home/school book the most recent dosage given at home. If in doubt staff will make contact with parent/guardian before administering any medication.

On day one only can we accept a written note in the diary or Classdojo. From day two we need to have the completed administration of medication form back in school for us to refer to. There should be separate medication administration form for each ailment, eg, toothache, period pain, even if the same medication is being used. This will help with keeping track of what the medication was given for.

Over the counter medication which can be administered in school:

- Paracetamol tablets or paracetamol in suspension or fast melts.
- Ibuprofen tablets or in suspension.
- Anti-histamine either in tablets, suspension or cream.
- Sudocrem antiseptic healing cream
- Bepanthen nappy care ointment
- Metanium nappy rash ointment

We will not give:

- 'Alternative' remedies, i.e. medication that are an alternative to standard medication, for e.g. herbal remedies
- Medications sourced outside the UK or over the internet
- Medications that are contrary to the best advice that we have received as a school and / or in respect to an individual child. Currently that includes cannabis oils.

What if?

The wrong child receives the wrong medication?

- Own up to your mistake immediately
- Seek medical advice from GP/111
- Inform parent/carer
- Observe the child for side effects
- Call for an ambulance if you become concerned
- Document the mistake using an incident report

The child refuses to take their medication?

- Don't force the child to do so
- Make a record and advise the parent/carer at the time if possible
- If a medical emergency arises call 111 or an ambulance

A child vomits or spits out part of the dose?

- Do NOT repeat the dose due to the uncertainty of how much medication has been absorbed
- Make a record and inform the parent/carer at the time.
- Should a medical emergency arise call 111 or an ambulance

School Emergency Procedures

As part of general risk management processes the school has arrangements in place for dealing with emergency situations. Pupils should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need. Each class has a 'procedure for dealing with a medical emergency' displayed on their wall and a copy of this in their medical matters folder.

Only in exceptional circumstances should staff take a pupil to hospital in their own car or school transport; it is always safer to call an ambulance. If parent/carer is unable to accompany their child, a member of staff must always accompany a child taken to hospital by ambulance and should stay until a parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parent/carer is not available. Basic medical information about the pupil, identifying data and contact details should be provided by health staff and taken to hospital by school staff.

First aid

Trained staff and First aid procedure

The school has designated first aiders who are trained every 3 years to stay up to date with the latest training and guidance. First aid is provided throughout the school day and out on school trips. When at school it is important to ensure that there is a first aider contactable at all times. If a first aider is not present and a medical emergency arises then a first aider can be contact via the walkie talkie, channel 6 calling 'Code green + location – first aider required'. The response should then be 'the name of the first aider and on my way'. Medical rooms are locked during the school day when students are present however all first aiders have access to keys to allow them get into the medical room when needed. No student is to be left alone in the medical room. At Highfield Ely the First aid room is not locked and is accessible during the day.

Documentation

Any First Aid administered will be recorded in the school accident report duplicate book. A copy will be sent to the child's parents/carers whilst the duplicate copy stays in the book for school records. As well as the filling out the first aid book, it is important that all other relevant documents are completed. Depending on the nature of the incident/accident will depend on if a phone call home needs to be made. Any bump to the head requires a phone call to the child's parents/carers. All calls whether accepted or not are logged on SIMs. This allows the office to be aware of the nature of the call so if parents ring back they have the relevant information in front of them.

All completed documents regarding first aid are given to the campus business manager and health and safety representative. Depending on the nature of the accident/incident then will depend how the documents are stored. Accidents/incidents that fall within the RIDDOR framework are reported separately online.

The leadership team review all paperwork regarding accidents/incidents. This is done to look for patterns and to try and minimise on going risks. Any near misses should be logged and action taken under the health and safety policy. It is imperative that all relevant documentation has been filled out correctly, with factual evidence written on them.

Non-Accidental Injury

In all suspected cases of non-accidental injury an accurate record must be made stating: When, How, Where, Date, Time, witness etc. with a detailed description of the injury. All cases should be reported to the named Designated Safeguarding Lead and logged on My Concern.

In all instances, First Aiders will decide if 999 call needs to be made for emergency medical assistance. A member of the Senior Leadership Team should be made aware as soon as possible if 999 has been called.

Sickness/Diarrhoea

If a child vomits and/or has diarrhoea (not caused by medication) they should be isolated in the Medical Room as soon as possible to limit the spread of infection. A member of the Senior Leadership Team should be informed and parents/carers should be contacted to collect their child. Any child or adult with vomiting/diarrhoea should not return to school until 48 hours after

symptoms have stopped. Students and staff will not be allowed to take part in swimming or hydro sessions for 2 weeks after the last episode of sickness or diarrhoea.

A child's temperature should be taken upon arrival on their first week at school. Any staff member can take a child's temperature to allow them to find their baseline. This is the same as if a child is unwell, Any staff member can say whether they believe a child is to unwell to be at school however depending on the nature of the sickness a first aider may be required to attend e.g. bleeding, loss of consciousness etc, It is then brought to the attention of the senior leadership team and it is their decision as to whether the child should be sent home. A member of the SLT must be consulted for agreement before sending any child home, once agreed parents can then be contacted.

Bumped head

If the child suffers a blow to the head, a Head Injury Information letter will be sent home with the child giving information on the signs and symptoms of minor and serious head injuries, this is in addition to the First Aid slip. The child will be continuously monitored when at school at the parents/carers will be contacted. If the Head Injury is assessed as being serious an ambulance will be called.

Common First Aid

On a day to day basis first aiders maybe required to deal with many different things. The most common are cuts and bruises. It is imperative that all first aiders are in unison on how the deliver first aid. Please ensure before administering a plaster that the child has permission, each first aider has a card with the children who are exempt from having plasters. There are limitations to what first aiders are able to do. First Aiders are NOT medical professionals therefore cannot diagnose only advise, in this instance first aiders can try and prevent the problem from getting worse and will contact parents regarding seeking medical advice.

Stock

It is up to each first aider to keep their own bum bag replenished. There is a list of what should be in each first aid bag on the wall in the medical room for first aiders to refer to. All stock is reviewed annually however If stocks are getting low in the Medical Room, an inventory list is available to mark what items need to be replenished.

Annex 1 to Policy in View of COVID 19

Renewal of Paediatric and First Aid at Work Certificates

If paediatric first aid certificate requalification training is prevented for reasons associated directly with coronavirus (COVID-19) or by complying with related government advice, the validity of current certificates can be extended by up to 3 months. This applies to certificates expiring on or after 16 March 2020.

Social Distancing

Staff and pupils groups to be consistent during their time in school and to social distance as a group (bubble). Avoid contact with other groups at all times. Each bubble is to be assigned a First Aider. First Aiders will be issued their own First Aid Record book to record incidents. First Aiders to respond to medical incidents in their allocated bubble. If assistance is needed within bubble by class First Aiders are to call member of SLT via radio.

Use of PPE

Staff or pupils with medical needs have been assessed and relevant consents are in place. Staff have been trained in the use of medications and increased level of control applied, to include the use of PPE. All in school staff have completed Donning and Doffing training prior to extended opening. Relevant PPE has been stocked in each bubble area to allow staff to attend to accidents and incidents safely. First Aiders to update Medical Coordinator on stock levels weekly to ensure sufficient stock is in place.

Training Provided by Nursing Service

Awareness training where there is no competency assessment required by the School Nursing Team is being delivered on site when necessary using a combination of power point and online training during this period.

Protocol for Staff and Pupils exhibiting any symptoms of COVID 19

If anyone, staff or pupil, becomes unwell with a new continuous cough, a high temperature or other symptoms during the day in the school, they will be sent home and advised to follow the stay at home and testing guidance. Anyone presenting Covid-19 symptoms to be isolated according to school protocol awaiting collection. Ideally in a well-ventilated room (the Medical room has been allocated for this).

If a distance of 2m cannot be maintained PPE including an appropriate facemask should be worn by staff caring for the child. If the child awaiting collection requires personal care disposable gloves, a disposable apron and a fluid resistant mask should be worn by the supervising adults. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.

After use ensure cleaning of the room, following government advice with first warm soapy water, usual disinfectant cleaner and a disposable as wearing gloves and an apron. The First Aider should ensure that all used first aid items and or cleaning items including PPE are double bagged and stored for 72 hours or until negative test result received and then put in normal waste.