



HIGHFIELD LITTLEPORT ACADEMY
An Active Learning Trust School



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HIGHFIELD ACADEMIES

SUPPORTING PUPILS WITH MEDICAL NEEDS, MOVING AND HANDLING, FIRST AID MEDICATION POLICY

THIS POLICY WAS APPROVED:	AUTUMN 2019 COVID-19 ANNEX ADDED JUNE 2020
THIS POLICY WILL BE REVIEWED:	AUTUMN 2021
MEMBER OF STAFF WITH RESPONSIBILITY FOR REVIEW:	SIMON BAINBRIDGE

Supporting Pupils with Medical Needs

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.

Medication and First Aid

Medication administered in school should be sent into school in its original container or packaging which must be clearly labelled, with the child's name and dosage on a prescription label from Doctor or Pharmacist. In the event of the medication being in a bottle the prescription label should ideally be on both the bottle and box.

Staff are trained annually in the administration of medication and other awareness sessions such as anaphylaxis, asthma and gastrostomy. For any training that is pupil specific, for example gastro, or Buccal, then staff members' competency is assessed by a school nurse before they are 'signed off' to be able to administer this in school.

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.

If pupils are able to self-manage their medication this is acceptable as long as safe and practicable with our environment and on off-site activities where they take place. 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.

If medication is 'lost' through secretions, spitting out, etc. then we are not able to give an additional dose due to the uncertainty of how much medication has been absorbed into the young person's system. Parents or carers will be made aware of the situation.

All medication is kept in a locked first aid cabinet, either in class or in a lockable first aid cabinet in the first aid room, not accessible by pupils. Medication that is out of date will be sent home and it is the parents responsibility to ensure that up to date medication is sent back into school. Parents must give written consent via a medication form for staff to administer the required drug. This document must be signed and dated. A written record will be kept showing that the drug has been safely administered and by whom and at what time, counter signed by a second member of staff.

Medication must be administered by trained Highfield staff with the exception of Buccal Midazolam. This medication for the treatment of epilepsy seizures must be administered by an epilepsy trained member of staff. 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.

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 to non-prescribed medications. Over the counter medications (specified in the list below) need to be in the original 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 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. From day 2 we need to have the completed administration of medication form back in school for us to refer to.

Over the counter medication which can be administered in school:

- Paracetamol tablets either in suspension or fast melts.
- Ibuprofen tablets or 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

Moving and Handling

This policy outlines procedures which are followed throughout the school in circumstances when students need to be moved and handled by school staff. Pupils will never be handled unnecessarily. They will always be professionally supervised by Teachers and Teaching assistants. Safety is of paramount importance. The Moving and Handling Trainers are available to carry out Moving and Handling assessments on request, and to respond to any queries. The Moving and Handling Trainers receive an initial 4/5 days training in Moving and Handling which is updated bi-annually. The Moving and Handling trainers will train all staff including the key mover's team. Initially new staff will receive three hours training including Theory and Practical training before they can undertake any Moving and Handling in school. All other staff will receive three hours training including practical assessment and theory recap.

Assessment: All new pupils who require Moving and Handling procedures will be assessed by either the Moving or Handling trainers or 2 Key Movers as early as possible following their arrival at the school. This would follow referrals from class teachers. Pupils will not access 'out of school' activities e.g. Horse riding, swimming until an assessment has been carried out. Teachers will request assessments for new pupils and for any other pupils who need re-assessments. The Moving and Handling trainers will re assess the pupil each year unless there has been a change in the assessment prior to the year ending.

Lifting: All Moving and Handling procedures will be first assessed by a Moving and Handling trainer or a Key Mover. They will carry out a risk assessment and suggest appropriate procedures for each individual pupil. They will offer support and advice on the use of appropriate moves and hoisting procedures. The law does not say that staff shouldn't lift, but it does say where hazardous manual handling can be avoided then that is the first option.

Where manual handling cannot be avoided then an assessment must be done if the task falls outside the guidelines (see appendix in MHOR 1992 by HSE). Once the assessment has been done a safe system of work has to be devised to reduce the risk. It does not say eliminate the risk. In the assessment there is to be consideration of any existing health issues of individual members of staff, regardless of any other health and safety issues. We operate a NO LIFT POLICY at Highfield Academies meaning that if a pupil requires lifting but falls below the hoisted weight guidelines we will still hoist. This enables the pupil to become used to being hoisted and the staff to be used to the task. Each child that requires Moving and Handling with a hoist will have a quick glance passport in the relevant changing rooms with the necessary details on for hoisting. Each child's moving and Handling assessments are available to all staff required to perform the task. Staff are to sign a declaration to ensure that they have read all Moving and Handling assessments for pupils in their care.

The guidance notes above define lifting as '... any activity where the person has to lift, pull, push, turn, reach or move by bodily force.'

Placing and Positioning: Those children who need to be placed or positioned are seen regularly by physiotherapists and/or occupational therapists who instruct staff in correct positioning and handling. Gentleness and firmness are used with consideration for physical ability for the task. Staff ensure that pupils are correctly clothed for outdoor activities. Safety straps, restraining harnesses in wheelchair, buggies and minibus seats are always used.

Supervision: Supervision is the responsibility of the class teacher. Pupils should never be left unsupervised, either directly or at a safe distance. Good standards of behaviour are maintained at all times fostering a safe, stable and calm environment.

Control and restraint: Verbal control is used by all staff, varying pitch and force of command or request and using language appropriate to the pupil's comprehension. Physical restraint is only used when a pupil is in danger of injuring themselves, others, property or perhaps behaving aggressively or excitedly. Staff must remain calm and professional at all times. The strategies used by Team Teach must be applied during any restraint. All appropriate recordings of restraint must be completed in the incident book located in the Head Teachers office as soon as possible following the incident.

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.