



CLOUGHWOOD ACADEMY

Medication and First Aid Policy *Supporting Pupils with Medical Needs*

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N.B.: Throughout this policy, for 'parents' read 'parents, carers or guardians'.

1. Introduction

1.1 Regulations and directives from the European Union

In January 1999 an EU directive was published which created the responsibility to provide patients with printed information leaflets with all dispensed medicine.

TYPE	DESCRIPTION	LAW
Criminal Law	This legislation used by the state to enforce behaviour. If the defendant is found guilty he or she will be sentenced to imprisonment or a fine or community work.	Medicines Act 1968 Misuse of Drug Act 1972 Data Protection Act 1984 Health and safety at Work etc. Act 1974
Civil Law	Legislation that is used in dispute settlements i.e. in a claim for damages. The outcome if successful may be the payment of damages by the defendant and/or an injunction against them.	Duty of Care (management of Health & Safety at work Regs. 1999) Applicable in all instances that involve patient/client care. If you are an employer you may also be liable for any harm that comes to your staff while at work.
Administrative Law	This is when legislation is devolved from parliament to public bodies to allow them to regulate certain activities. Unlike criminal or civil law it generally does not result in a court case but will be dealt with by the public body e.g. loss of Care Home licence.	The Care Quality Commission Health and Social Care Act 2008
Ethics	The principal, accepted in any profession as the basis of proper behaviour/good practice. If these ethics are broken it may ultimately result in the removal of an individual's right to practise.	Nursing and Midwifery Council Code of Professional Conduct 2002

1.2 Background

It is the responsibility of each member of staff to ensure the successful and safe handling and administration of medication. Through this policy we will create an effective and comprehensive procedure that is implemented safely and regularly monitored.

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Most children at some time in their lives will have a medical condition that may affect their participation in school/residential activities. For many this will be short-term, perhaps requiring them to complete a short course of medication.

Other children may have a medical condition or medical needs that, if not properly managed, could limit their access to the education offered at Cloughwood. The pupils at Cloughwood with a diagnosis of medical need, for example ADHD, are able to attend school and are supported through the administration of medication.

It is the responsibility of parents as well as school staff to ensure that the young people's health needs are met.

1.3 Supporting Pupils with Medical Needs

In September 2014 a new duty for schools and Governing bodies to make arrangements to support pupils at school with medical needs was brought out. These guidelines are based on good practice and the aim is to ensure that all pupils with medical conditions, both physical and mental, 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.

At Cloughwood we have always requested this important information before a young person begins his school life with us, and in line with the new guidelines we have now introduced this updated documentation (Appendix 1).

2. Procedure for the Receipt of Medication

2.1 On admission

On admission to Cloughwood parents will complete medical information pro-forma, which inform school about any existing conditions, allergies, medications and all immunisation records. Parents are advised that they are responsible for the health and wellbeing of their children and the safe transporting of all medication sent into school. The following guidelines must be followed:

The medication must be handed to the taxi driver or escort who will hand it to a member of staff on arrival at Cloughwood, who will pass it to Roger Rayner, Carly Clarke or Tracey Jones. Alternatively, parents/carers can bring the medication into school and hand it to reception, Roger Rayner, Carly Clarke.

All medication sent in to school must be in the original packaging, have the young person's name on the packaging and clearly show the date of dispensing, frequency and dosage of the medication. If these guidelines are not followed, it should not be accepted. All medication received will be entered into the Register of Medicines and signed for by the Head of Care.

2.2 Regular monthly repeats, including checking the MAR chart.

It is the responsibility of both staff and parents to monitor the amount of medication in school and ensure that repeat prescriptions are given to the pharmacy in plenty of time to avoid running out of the young person's medication. Parents will be contacted by Roger Rayner or Senior Care staff (SCCA) to advise them that the repeat prescription needs to be handed in if more medication has not been sent into school. Any repeat prescriptions that Cloughwood are responsible for will be handed in to the doctor to be signed then collected and taken to **Rowlands Chemist, Chester Road, Hartford**, where the medication will be dispensed.

2.3 On return from hospital or other absence

If one of the young people returns to school following an illness or hospitalisation with medication, this will also be covered by our guidelines and will be dispensed accordingly.

3. Procedure for ordering of medicine

Roger Rayner, Tracey Jones and the Care staff are responsible for checking the balance of medication daily and through this regular daily monitoring they will be able to advise parents when a repeat prescription is required.

3.1 Prescriptions that are managed by Cloughwood will be dispensed by:

**Rowlands Pharmacy
Chester Road
Hartford
CW8 1QL**

Telephone: 01606 74261

Fax: 01606 74261

3.2 Checking which medicines are required

During the administration of medication, the staff will monitor the balance of medication (Appendix 2). Where the balance is low, this will be noted and Roger Rayner or Care staff will take responsibility for contacting parents to order the repeat prescription (Appendix 3).

3.3 Checking prescription details with the current MAR chart

On receipt of new medication, the staff will check that the contents, the name of young person, prescription, dosage and frequency are correct. Any discrepancies will be checked out with the GP and the pharmacist and parents will be informed. This will be checked against the information on the young person's current MAR chart (Appendix 4).

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This document must be kept up to date and signed by the staff member administering the medication.

3.4 Sending the prescription to the pharmacy

The repeat prescription will be taken to the named pharmacy by a member of the care team, who will collect the medication once it has been dispensed by the pharmacist. Alternatively arrangements can be made with the GP to post the completed prescription to the named pharmacy.

4. Procedure for recording medication

4.1 Receipt of medication

All medication brought into school will be handed to medically-trained staff whose responsibility it is to record any controlled drugs and other prescribed medications in the Controlled Drugs record book (which is leather bound with numbered pages and essential information columns) and on the individual's MAR chart e.g.:

Date	Pupil	Medication	Dosage	Signature
17/1/16	Joe Bloggs	(Equasym) 10mg tablets Methylphenidate (ADHD) 7X10mg received	1x10mg Am 1x10mg lunch 1x10mg 4pm	R. Rayner

The medication prescribed for all pupils should be handed to Roger Rayner, Tracey Jones or Carly Clarke and recorded into the controlled drug book and then transferred onto the individual MAR chart. Medication prescribed for pupils during the day will be recorded on the individual's MAR chart in the medical room by Roger Rayner, Tracey Jones. All medication recorded on the MAR chart must be written in red ink and a new balance recorded and signed by the staff member.

4.2 Disposal

Medication which is no longer required or out of date must be given to Carly Clarke for disposal in the medication destruction kit. The medication disposed of must be recorded on the MAR chart. Two members of staff sign for medication that has been disposed of in the individuals MAR chart.

Destruction kits are stored in the residential medical cabinet. Once the destruction kit is full or expired it is taken to the pharmacy to be destroyed.

5. Storage of Medicine

5.1 Ambient storage

5.1.1 Controlled Drugs [including prescribed non-controlled drugs]

Once receipt of the medication has been signed for by medically trained staff, it is recorded in the Controlled Drugs book and taken to the Medical room where it is stored in a secure double lock metal cupboard labelled 'Controlled Drugs'. The keys are kept in a locked metal key cabinet in the Medical Room. Only nominated and trained staff have access to the keys. All medication is placed in its original packaging in a container displaying the young person's photograph.

Storage of controlled drugs on the residence is overseen by medically trained care staff and the Senior Care staff.

5.1.2 Non-prescription Drugs

Over the counter medicines which are for general use are stored in a separate locked cupboard in the Medical Room labelled 'Non-Prescription Drugs'

5.2 Refrigerated storage

Medication requiring refrigeration is stored in the medical room which is kept locked. This fridge is not to be used for the storage of any food items - these will be stored in the normal domestic fridge. On the residence, medication requiring refrigeration is stored in the fridge in the staff bungalow and not in the domestic dayroom fridges.

5.3 Key security

Medical keys are locked in a secure key cabinet in the medical room. On the residence the keys are kept in a secure cupboard in the staff bungalow. The care staff have key access to the cupboard; these keys do not leave the bungalow.

5.4 External storage

Storage of medication on educational trips or residential visits will be prepared by Roger Rayner and Carly Clarke. Medication leaving the school premises is stored in individual boxes clearly marked with the following:

Name, DOB, Medication name, Dosage, Frequency, Quantity.

The medication is kept with the staff member trained to administer the medication. The medication is signed out of school and the MAR chart is taken and signed by the staff in the normal way.

6. Procedure for administration of medicine

6.1 Staff Administration

The administration of medication will be carried out by staff who have been trained in the safe handling and administration of medication.

Billy Monteith	Vice Principal / DSL
Sue Carter	Senior Care (SCCA)
Carly Clarke	Senior Care (SCCA)
Val Callan	Care Associate (CCA)
Pete Hughes	Care Associate (CCA)
Roger Rayner	Motivational Instructor
Tracy Jones	Teaching Assistant
Adam Garrod	Teaching Assistant
Linda Wilding	Care Associate (CCA)

The list of trained staff is available in the Medical Room and the residential staff base.

Parents/carers will be called and advised before a pupil is administered non prescription medication.

6.2 Taking the MAR chart and medication to the individual

At administration times the staff responsible for administration will wash their hands, get out the MAR chart and check the name of the pupil against the box. At this time they will check that **the prescribed dose has not been administered by another member of staff.**

The medication will be placed in the named tub with Name, DOB, dosage and name of medication, and the balance will be recorded on the MAR chart. The medication will be taken to the pupil and administered. **Following administration the MAR chart will be signed and dated and the administration time noted.** The MAR chart remains in the medical room/staff bungalow: the tub must be locked securely in the drug cupboard and the MAR chart replaced on the shelf in the room. The medical room must be locked securely.

6.3 Non-administration

If a young person refuses medication this must be recorded on the MAR chart under "Refused" **(R)**. The member of staff must then record any comments and reasons, return the medication to where it is stored and inform the Head of Care / SCCA and parents. The same recording must be made if the young person refuses because they are unwell or will not co-operate with staff to take the medication offered. All non-administered medication must be recorded and the Head or Care or SCCA informed.

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Under no circumstances should staff coerce or compel a young person to accept any kind of treatment or medication. Non-administration may occur for the following reasons:

Refusal - any refusal to take the medication must be marked on the MAR chart as **R**. The Head of Care or SCCA must be informed and the medication should be returned to the pupil's medication box in the locked drugs cupboard.

Lack of co-operation - if the pupil refuses to co-operate at medication time and will not take the medication this must be marked as a refusal on the MAR chart as **R**. The Head of Care or SCCA should be informed. If this continues the pupil's parents must be informed. The medication should be returned to the named box and the cupboard and medical room locked securely.

Nausea - if the pupil is suffering from nausea, drowsiness or other illness and cannot take the medication offered, this must be noted on the MAR chart in red ink and the Head of Care/SCCA informed. They will contact the parents and inform.

6.4 Witnessing the Administration of Controlled Drugs

When administering Methylphenidate, for example, two members of staff will check the following:

- No one has already administered the medication
- Name
- DOB
- The dose
- The time
- The date
- The balance

Following administration both staff members will sign the MAR chart.

6.5 Action to be taken if an error in administration occurs

The following procedure must be followed as soon as an error in administration occurs:

1. Errors must be reported straight away.
2. The error is recorded straight away.
3. All facts relating to the error must be given to the doctor or pharmacist by telephone straight away and advice received/sought.
4. The staff member must be retrained in the administration procedure following the administration error.
5. An incident form must be completed.
6. The incident must be recorded on the MAR chart.
7. The individual and the parents must be informed of the error.

It is extremely important to create an atmosphere that encourages an error to be reported and recorded straight away so that any treatment required may be carried out

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immediately, but it also highlights the need for further monitoring and a review of training on the policy and procedures.

In some cases there may be a situation where disciplinary procedure needs to be implemented, especially if policy and procedures have been blatantly ignored.

Administration of medication will be monitored by other medically trained staff at irregular intervals to ensure the procedures are being carried out correctly.

6.6 Identification of side effects

It is important for staff to read the information sheet enclosed in the packaging of any new medication regarding side effects related to the medication. If the medication is new to the pupil staff must be aware and recognise unusual reactions e.g.:

- Rashes
- Breathing difficulties
- Swellings
- Nausea
- Vomiting
- Diarrhoea
- Stiffness
- Shaking
- Headaches
- Drowsiness
- Constipation
- Weight gain

It is very important that any of these signs are recorded and reported; early recognition of any of these signs can prevent an emergency situation arising.

If the individual has a severe reaction then medical assistance must be called immediately and first aid given to the individual. Parents must be contacted immediately with clear and precise information.

6.7 Provision of medication required during absences away from school

It is the responsibility of the parents to provide medication for pupils during absences from school.

6.8 Procedure for the administration and recording of homeopathic remedies

If a parent/carer sends in a homeopathic remedy for their child a letter must accompany the remedy. If this is in place of prescription medication, a letter from the GP must accompany the remedy acknowledging and authorising its use. This must be placed in the front cover of the MAR chart and a note must be written on the chart. The chart must be completed in the usual way. Unless these guidelines are followed, staff must not administer the remedy.

6.9 Procedure for the administration of emergency inhalers

In accordance with the Department of Health's 'Guidance on the use of emergency salbutamol inhalers in schools' (March 2015), Cloughwood Academy has put into practice new procedures for the administration of emergency salbutamol. A letter has been sent to all parents/carers of pupils with asthma and parental consent forms are filed with the Head of Care. A number of inhalers have been purchased which are stored in the Head of Care's office for emergency use only. The expiry date of these inhalers will be checked by the Head of Care.

7 Procedure for changes to dose of a medicine by a GP

7.1 Change in dosage

Following an ADHD consultation, medication may be increased or decreased. The paediatric consultant will pass the information verbally to the Head of Care who will pass the information on to the care staff and those responsible for administering medication. This verbal feedback will be followed up with written confirmation. A copy of this letter will be sent to the pupil's GP who will be responsible for issuing a new prescription. The Head of Care will receive written confirmation of any changes in medication and or dosage from ADHD clinic appointments which take place with the community paediatrician out of school.

7.2 New prescription

The parent/carer will be responsible for collection of the new prescription and delivering the medication to the school. Prescriptions that Cloughwood are responsible for will be sent to Cloughwood and the medication will be collected from **Rowlands Pharmacy in Hartford**. The Head of Care will be responsible for the repeat prescription and will ensure that the monthly medication order checklist is completed for each pupil whose prescription school is responsible for.

8. First Aid

8.1 First Aiders and Staff Training

There are 3 levels of training for First Aiders within the academy:

Tier 1 – Three Day First Aid and Work (FAW) – Minimum of 4 staff

Tier 2 – One Day Emergency First Aid

Tier 3 – Educare First Aid Essentials

All classroom based and residential staff have completed Educare's 'First Aid Essentials' training. In addition there are six qualified first aiders who have completed the 3 day FAW course which is valid for three years:

- Sue Carter Senior Care
- Val Callan Care Associate
- Roger Rayner Motivational Instructor
- Tracy Jones Teaching Assistant
- Michelle Brown Teaching Assistant (Paediatric First Aid)

The following staff members have obtained a one day Emergency First Aid Qualification:

- Chris Heptinstall
- Janet Dale (CPR & AED)
- Linda Pike (CPR & AED)
- Kelly Gebhardt (CPR & AED)
- Rachel Orme (CPR & AED)
- Lorna Lockhart (CPR & AED)
- Helen Parsonage (CPR & AED)
- Paul Coot (CPR & AED)
- Ian Barker (CPR & AED)
- Roger Rayner (CPR & AED)
- James Williams (CPR & AED)
- Dan Snowden (CPR & AED)
- Emma Bailey (CPR & AED)

Wherever possible, a Tier 1 trained First Aider should be called to deal with first aid situations, then a Tier 2 First Aider, then Tier 3. All staff are trained to know how to react and who to call in a situation which requires first aid.

A list of qualified first aiders is exhibited on noticeboards throughout the school and residential provision.

8.2 First Aid Practice/Pupils who become ill at school

All qualified first aiders can give useful and effective first aid to deal with everyday ailments and injuries such as abrasion, vomiting and bumps that may occur during the school day or residential stay.

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When a child's ailment or injury requires that they go home, parents/carers are contacted and asked to collect their child. When parents/carers do not have transport, a child may be taken home by two members of staff (if staff can be spared to do this.) A child is made as comfortable as possible until they can go home and can remain in the Sick Room if necessary. The decision to send a child home is made in consultation with the Principal or another member of the Senior Leadership Team.

If there is any doubt about the management of a disease, specialist advice will be sought from the school doctor or community paediatrician.

When a child needs treatment from a doctor or at a hospital, parents or, if necessary, other named adults, are contacted and asked to attend the treatment of their child.

When a child's ailment or injury needs immediate treatment at a hospital, a member of staff will dial 999 and ask for the ambulance service. Parents/carers will be contacted. A member of staff will accompany a child to hospital if parents are not at school when the ambulance arrives. The member of staff who accompanies a child to hospital will take the child's personal details to the hospital.

8.3 Emergency First Aid

In an emergency situation the school staff will make every effort to contact a parent or other nominee. It is recognised that a child may belong to a religious body which repudiates medical treatment. Parents/carers who have specific religious beliefs which have implications for medical treatment will be asked to make their views and wishes known to the school on entry so that these can be recorded.

8.4 First Aid Equipment

First Aid boxes are found in:

- Head of Care's office
- Residence x3
- Science Room
- English room
- CEG room
- Kitchen
- Art Room
- PE class
- Primary classes
- Gym
- MUGA office
- School vehicles

and accompany school cycle rides and similar expeditions.

First Aid Boxes are checked regularly by a designated member of staff. The need for replacements to the boxes is reported to **Roger Rayner**.

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The school has two defibrillators: one is located in the Main School Hall, the other in the community use changing rooms.

8.5 First Aid Records

Accident report forms for staff and pupils are stored in the Head of Care's office. When completed these are stored in a central file in the main office. Reports of head bump injuries are reported to parents on official letters. The letter informing parents about such injuries lists signs and symptoms to look out for which would indicate the need for medical attention.

Appendix 1 – Initial Medical Paperwork

Following the publication of the new ‘Supporting Pupils with Medical Needs’ guidelines, the initial paperwork given to parents has been changed by the Head of Care. This paperwork now reflects the new information required by schools on admission of pupils which will be transferred to the child’s Individual Health Care Plan.

Initial Information:

Pupil name:D.O.B. / /

Registered GP Details:

Name:

Address:
.....
.....
.....

Contact Number:
(Any change in GP please inform Cloughwood immediately)

Consultant Paediatrician ADHD

ADHD Clinic Address:
.....
.....

ADHD Specialist Nurse

Contact number:

Medication Details:

Name of Medication:

Dosage:

Frequency:.....

Administration Times:.....

Administration method:
E.g. with food etc

If medication is administered at home we request that parent/carer send spares into school in case of emergency, **we also request that this is in the original packaging clearly displaying, the name of the child the medication has been prescribed for, date of dispensing, amount of medication enclosed and frequency.** Hand to the Taxi driver or escort for the attention of the Head of Care.

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Medical information about your child:

Any conditions requiring medical treatment, including medication: Y/N
(If yes please completed the following complete a separate section for each condition)

Condition:

Date of diagnosis

Medication

Frequency

Dosage

Clinic dates are they monthly? Please ensure that contact is made with Cloughwood to advise us of clinic dates.

Triggers

Signs

Symptoms

Treatment

Self medicates (please inform school if your son self medicates)

Signature Parent/Guardian

Print Name

Record of previous illness

Has your son ever had any of the following?

Measles Y/N

Mumps Y/N

Chicken Pox.....Y/N

Ear ProblemsY/N (does this affect hearing and swimming?)

Allergies Y/N (how would we recognise the symptoms?)

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About your son

Does your son wear glasses Y/N (please ensure that he brings them into school daily)

When was the last optician appointment?

Name of optician

Address

.....

Does your son wear hearing aids? Y/N (please ensure that he wears them each day)

Name of Clinic

Address

.....

Immunisation

MMR and booster Y/N (MMR= measles mumps and rubella)

5 in1 Y/N (5 in 1 = diphtheria, tetanus, whooping cough, polio and HIB)

Meningitis x 2 doses Y/N

Permission to administer medication

Should your son have any medication other than his normal medication please fill in the request form below and send this into school with the medication for the attention of the Head of Care?

Please ensure that the medication is clearly marked with the following

Name of your son

Date of Prescription

Name of medication

Dose

Frequency

Duration of the course

Amount of medication

Do not send loose medication into school in envelopes etc as we will not administer medication that does not have the required information attached

I request that (Full name of your son) be given the following medication while at school:

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Name of Medication.....
 Dose
 Date Prescribed.....
 Frequency
 Duration of the course
 Reason for the medication

I understand that the medication **must be in the original box clearly marked with the above information. The medication must be delivered to school either by myself or the taxi driver or a responsible adult, and handed to a member of staff at the door.** I accept that this is a service which the school is not obliged to undertake and I will inform the school immediately of any change of medication. (Where possible please ask the doctor or paediatrician to copy school into the letter of medication change)

Signature.....Parent/Guardian
 Address Date.Request a new form for each new short course medication

Non Prescription Medication

At Cloughwood we have some non prescription medication, please indicate below which treatment we can use.

Under 12

Medicine	YES	NO
Paracetamol Suspension		
Antihistamine Tablets		
Strepsils		
Chesty Cough Syrup		
Travel Sickness Tablets (please indicate if this is usual for your son)		
Creams and Lotions		
Sun lotion		
After sun		
E45		
Savlon Cream		
Blisteze (Chapped Lips)		
Head lice Treatment (if required although you will receive a letter should your son have head lice)		

Over 12

Medicine	Yes	No
Paracetamol Tablets		
Antihistamine Tablets		
Strepsils		
Chesty Cough Syrup		
Travel Sickness Tablets (please indicate if this is usual for your son)		

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son		
Creams and Lotions		
Sun lotion		
After sun		
E45		
Savlon Cream		
Blisteze (Chapped Lips)		
Head lice Treatment (if required although you will receive a letter should your son have head lice)		

Consent in Case of an Emergency

In case of an emergency, please indicate what action you wish Cloughwood to take, apart from any immediate action we would take for example (transfer to hospital).
(If your son has epilepsy please include Epilepsy care plan)

In case of an emergency I would like Cloughwood to

.....

I give my consent to the administration of medical, surgical and aesthetic treatment to my son as may prove necessary.

Signature: Parent/Guardian
 Print name

Date

Please inform the Head of Care of any changes to the information above and complete a new form.

New forms can be requested from Mrs B Bird 01606 288090

Cloughwood Staff will endeavour to contact parents straight away, to enable us to do this we require an up to date emergency telephone number either for you or a nominated responsible adult.

It is vital that we hold up to date information from you so please remember if you change your numbers inform school immediately.

This form is important in case of an emergency and will save vital time should your son require hospital treatment.

Thank you or your support.

Mr Neil Gill

Head of Care

Signature of S.O.C. (Chemist).....

Appendix 5 – Biting Protocol

1. Introduction

At Cloughwood bites from students are relatively rare but they can become infected, injuries may also occur during fights between our students where teeth break the skin. Most of these bites occur on the fingers or hands. Bite wounds may be contaminated with pathogens even if there are no clinical signs of infection. If medical attention is delayed (e.g. for more than 12 hours after injury), localised infections may be present.

2. Aim

The aim of this guidance document is to ensure that appropriate, prompt advice, treatment and follow up is taken by individuals who have been bitten.

To ensure that appropriate measures are taken to protect those that are at risk as a result of a bite.

3. Initial assessment

Initial assessment should include assessing whether the bite:

- Has broken the skin;
- Documenting who was bitten and by whom;
- The timing and nature of the bite;
- Any known immunosuppression;
- Any known antibacterial allergies.

If the bite is particularly severe, the injured person may require urgent first aid treatment (e.g. to control bleeding) before a detailed report or risk assessment is undertaken)

Medical advice should be sought for human bites which break the skin.

The medical assessment of the area will be examined for signs of infection, foreign bodies, and damage to blood vessels etc.

In worst case scenarios should any part of the body be bitten off it should be stored in a plastic bag, wrapped in clean tissue and surrounded by ice for transport to hospital, although management may not include reapplication of the removed tissue. Ice should not be in contact with the removed tissue.

4. Initial Wound Care

Where the bite has broken the skin the management of the wound should:

- Encourage the wound to bleed, unless it is bleeding freely;
- Irrigate the wound thoroughly with warm running water;

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- Cover the wound with a water proof dressing;
- **Seek medical attention;**

If the bite is on the hand the arm should be elevated.

If the biter has blood in their mouth they should swill it out well with tap water and spit it out (do not swallow).

Seek attention from the local Accident & Emergency department, or the local Walk in Centre where appropriate.

An accident and incident report must be completed as soon as possible following an incident with all relevant information and given to the **Head of Care**

- Time
- Date
- Who
- Where
- Witness
- A&E attendance (if not why not)

Taken from Health Protection North West Guidance for the Management of Human Bite Injuries

Appendix 6 – Sunsafe Policy

1. Protection– providing an environment that enables pupils and staff to stay safe in the sun.

The protection of the young people in the hot weather is an ongoing process, which Cloughwood Academy takes seriously and the following guide lines should be followed.

Shade:

- When the sun is strong we will encourage the students to sit/play in the shade where it is available.
- There is a 'Jumbrella', in the quad by the all-weather pitch which can be put up if and when required.
- Cold drinks of water should be made available.

Clothing:

- When outside in the sunny weather, children are required to wear their Polo shirts and must not take them off.

Sunscreen:

- There will be a supply of sunscreen in the medical room and the Head of Care will issue this when required or asked by staff.
- On outdoor educational trips sunscreen must be taken with the medical information cards.
- Apply the sunscreen as directed and re apply when required.
- The young people will be issued with colour changing wrist bands to wear in the hot weather.
- If a child arrives in school with sunburnt skin please ask the Head of Care for after sun. The Head of Care will inform parents/carers about the dangers of sun burn.

2. Education – learning about sun safety to increase knowledge and influence behaviour.

- The dangers associated with over exposure to the sun will be covered in the classroom environment during PSHE.
- Parent/Carers will receive copies of the sun safe policy.

3. Collaboration – working with parents, governors and the wider community to reinforce awareness about sun safety and promote a healthy school.

- Parents and carers will receive copies of the guidance issued to schools.
- The Head of Care will encourage them to promote the use of sun screen with their children.
- Directors and academy staff will be encouraged to promote safety in the sun throughout out the academy in their interactions with the young people.