



# CLOUGHWOOD ACADEMY

## Medication, First Aid and Welfare Policy *Including Supporting Pupils with Medical Conditions*

Version and Date		Author	Committee Responsible	Review frequency	Approval	Next Review Due
1.0	31.05.2014	Mrs R Williams	Community	Annually	Approved by the Community Committee on 10.06.2014	09.06.2015
2.0	01.05.2015	Mrs R Williams/ Dr J Swaffield	Full Board	Annually	Approved by the Full Board on 14.05.2015	13.05.2016
2.1	24/06/16	Mr N Gill	Full Board	Annually	Approved by the Full Board on 12.07.2016	11.07.2017
2.2	11/07/17	Mr N Gill	Full Board	Annually	Approved by the Full Board on 11.07.2017	11.07.2018
3.0	20/09/18	Miss C Clarke Mr R Rayner Mr B Monteith	Full Board	Annually	Approved by the full board on 25.09.18	24.09.2019
3.1	11/09/2019	Miss C Clarke	Local Governing Board	Annually	Updated prior to full review 24.09.2019 Updated 03.10.19 Approved	03.10.20
3.2	11.09.2020	Miss. C Clarke	Local Governing Board	Annually	Approved at LGB 24.09.2022	24.09.2023
3.3	24.11.2022	Miss. C Clarke	LGB	Annually	Approved at LGB 30.11.2022	30.11.2023
3.4	29.11.2023	Miss C Clarke	LGB	Annually	Approved by LGB 29.11.2023	29.11.2024

## **Contents**

### **1 Introduction**

**4**

1.1	Regulations and Directives from the EU	Page 4
1.2	Background	Page 4/5
1.3	Supporting Pupils with Medical Conditions	Page 5

### **2 Procedure for Receipt of medication**

**5**

2.1	On admission	Page 5
2.2	Regular monthly repeats, including checking the MAR chart	Page 6
2.3	On return from hospital or other absence	Page 6

### **3 Procedure for ordering of medication**

**6**

3.1	Details of the pharmacy supplying the medication	Page 6
3.2	Checking which medicines are required	Page 6
3.3	Checking prescription details with the current MAR chart	Page 6
3.4	Sending the prescription to the pharmacy	Page 7

### **4 Procedure for recording Medication**

**7**

4.1	Receipt of medication	Page 7
4.2	Disposal	Page 7

### **5 Storage of medication**

5.1	Ambient storage	Page 8
5.2	Refrigerated storage	Page 8
5.3	Key security	Page 8
5.4	External storage	Page 8

## **6 Procedure for administration of medicine**

**9**

6.1	Self administration	Page 9
6.2	Staff administration	Page 9
6.3	Taking the medication and MAR chart to the individual	Page 9
6.4	Non-administration	Page 9/10
6.5	Witnessing the administration of CD	Page 10
6.6	Action taken if an error in administration occurs	Page 10/11
6.7	Identification of side effects	Page 11
6.8	Provision of medication required during absences away from school	Page 11
6.9	Procedure for the administration and recording of homeopathic remedies	Page 11
6.10	Procedure for the administration of emergency salbutamol	Page 12

## **7 Procedure for change of dose of a medicine by GP**

**13**

7.1	Change in dosage	Page 12
7.2	New prescription	Page 12

## **8 First Aid**

**13**

8.1	First Aiders and Staff Training	Page 12/13
8.2	First Aid Practice	Page 13
8.3	Emergency First Aid	Page 14
8.4	First Aid Equipment	Page 14
8.5	First Aid Records	Page 15

## **Appendices**

**16**

A1	New 'Supporting Pupils with Medical Conditions' Initial Medical Paperwork	Page 16
A2	Monthly Stock Check	Page 21
A3	Monthly Medication Order	Page 22
A4	Medication Administration Record (MAR) Chart	Page 23
A5	Biting Protocol	Page 24
A6	SunSAFE Policy	Page 26

***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
<b>Criminal Law</b>	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
<b>Civil Law</b>	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.
<b>Administrative Law</b>	This is when legislation is developed 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
<b>Ethics</b>	The headteachers, 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 trained staff members, 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.

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.

44'

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 Conditions**

Section 100 of the children and families Act 2014, a new duty for schools and Governing bodies to make arrangements to support pupils at school with medical conditions was brought out. This is also based on the Department for Education statutory guidance on supporting pupils with medical conditions. 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).

### **Roles and responsibilities**

**Governors** The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical needs.

### **Headteachers**

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs

## Medication Policy

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will consider the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### **School nurses and other healthcare professionals**

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

### **Equal opportunities**

Our academy is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

## Medication Policy

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

### **Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

### **Individual healthcare plans**

The headteachers has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the DSL/HOC.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteachers and the HOC will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions

## Medication Policy

- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

### **Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs



## Medication Policy

- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

### **Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

### **Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteachers/ HOC . Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

### **Record keeping**

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of – HOC Office.

**Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

**Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the Headteachers/ HOC in the first instance. If the Headteachers/ HOC cannot resolve the matter, they will direct parents to the school's complaints procedure.

**Monitoring arrangements**

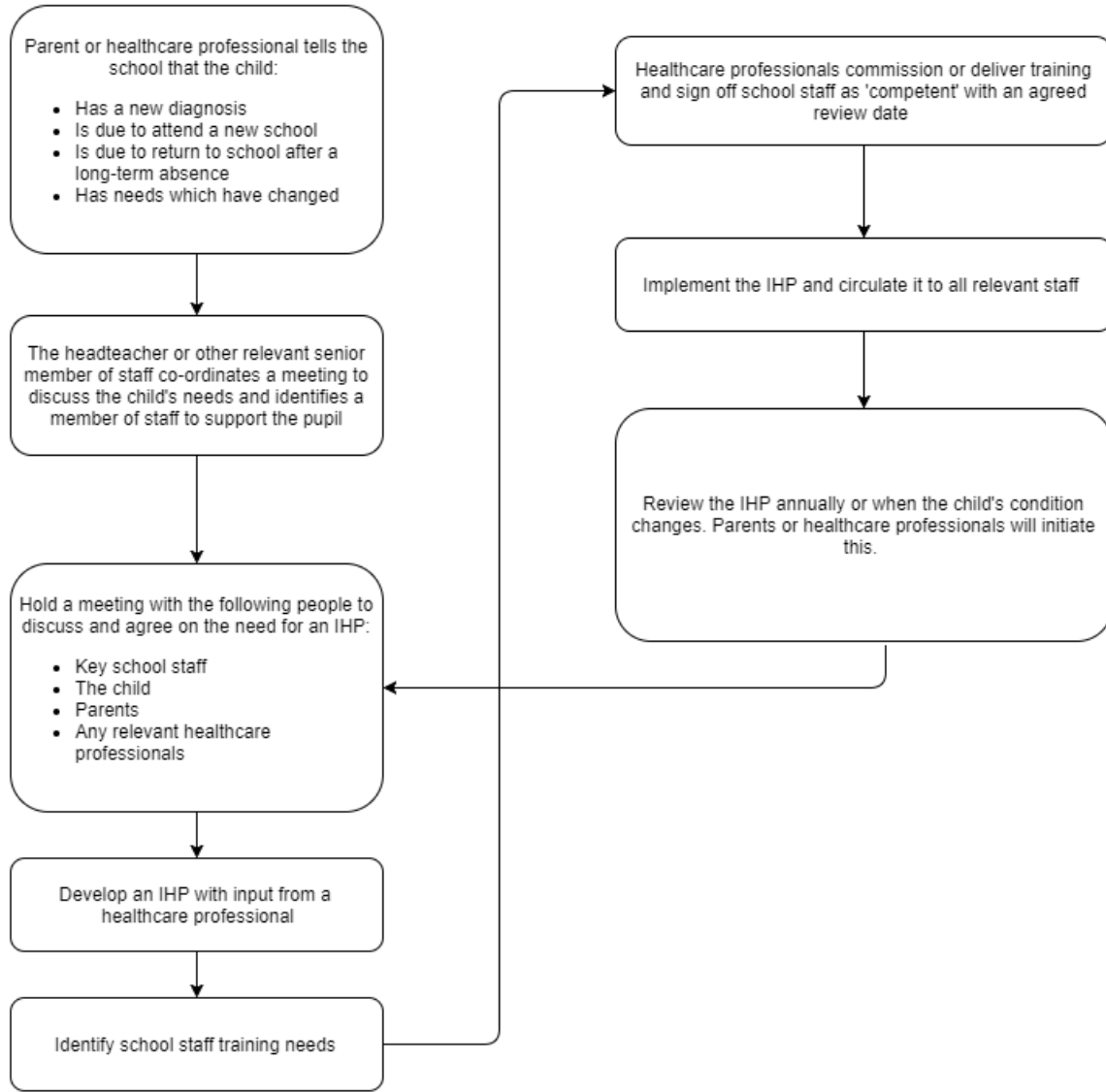
This policy will be reviewed and approved by the governing board annually.

**Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy

## Medication Policy



## **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 a trained member of staff. Alternatively, parents/carers can bring the medication into school and hand it to reception to be passed on to a trained member of staff.

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.

### **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 trained staff/ admin 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** (If available) 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**

All staff administering medication 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 staff administering medication 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). 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.:

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

The medication prescribed for all pupils should be handed to administration of medication trained staff 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 trained staff. 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 disposed of 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/ School 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.

## Medication Policy

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 DSL office.

### **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.

### **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 area. The care staff have key access to the cupboard; these keys do not leave the area.

### **5.4 External storage**

Storage of medication on educational trips or residential visits will be prepared by a trained member of staff. 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.

Samantha Howarth – Headteacher – Upper School

Carly Clarke – DSL/ HOC

Emma Bailey – SENCO

Chris Foreshaw

Sally Hollister – TA

Alison Jeavons – TA

Dee Perry – TA

Palvi Clarke – TA

Rebecca Duval – Teacher

## Medication Policy

Jane Thomas – Primary Lead  
Richard McEvoy – Pastoral Lead  
Tracey Jones – Safeguard Tea/ TAF Lead/ TA  
Sharon Tilley – TA  
Angela Brumby – TA  
Michelle Brown – TA  
Nichola Couch - Admin  
Val Callan - Care Associate (CCA)  
Pete Hughes - Care Associate (CCA)  
Linda Wilding - Care Associate (CCA)  
Hannah Marsden ( 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 SLT/ HOC 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 a member of SLT informed.

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 SLT/ HOC 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**. DSL, The SLT/ HOC 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 SLT/ HOC 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 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 number of inhalers have been purchased which are stored in the DSL's office for emergency use only. The expiry date of these inhalers will be checked by First Aid staff.

### **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. This 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. Staff responsible for administering medication 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**

Emergency First Aid at work;

- Carly Clarke – Expires 2025
- Linda Wilding - Expires 2025
- Peter Hughes - Expires 2025
- Val Callan - Expires 2025
- Alison Jeavons - Expires 2025
- Jason Whittaker - Expires 2025
- Emma Bailey - Expires 2025
- Martin Rivett - Expires 2025
- Richard McEvoy - Expires 2025
- Nicola Sharp - Expires 2025

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.

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 Headteachers 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:

- DSL's office
- Residence x2
- Science Room
- English room
- CEG room

## Medication Policy

- Main Kitchen
- Art Room
- PE class
- Primary classes x2
- Gym
- MUGA office
- School vehicles
- Maths

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 Carly Clarke.

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 DSL 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.

**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 Problems** .....Y/N (does this affect hearing and swimming?)

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

## Medication Policy

### **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:



## Medication Policy

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**

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

#### **Over 12**

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

## Medication Policy

son		
<b>Creams and Lotions</b>		
Sun lotion		
After sun		
E45		
Savlon Cream		
Blisteaze (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.**

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.

**Appendix 2 – Weekly Stock Check**



Date	Name	Name and strength of medication	Tablet capsule or liquid	Amount in stock	Tick date of receipt	Comments	Staff Signature



## **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;
- 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 **SLT**.

- 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 – Sunsafes 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 when required.
- On outdoor educational trips sunscreen must be taken.
- Apply the sunscreen as directed and re apply when required.
- If a child arrives in school with sunburnt skin please ask the first aid staff for after sun. This will be followed with a phone call to parents to inform them 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 PSHRE.
- 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.
- Cloughwood Academy staff 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.