



Medical needs and medication Policy

Priestley Smith Specialist VI School

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Reviewed by: Health and Safety Committee

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AIMS AND RESPONSIBILITIES

1. AIMS

Priestley Smith School is committed to the rights of the child as outlined in the UN Convention and is working towards Rights Respecting Schools Gold award. This belief influences everything the school does and impacts upon all our policies.

Article 3 The best interests of the child must be a top priority in all things that affect children.

Article 23 A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community.

Article 24 Children have the right to the best health care possible.

The Board of Governors and staff of Priestley Smith School wish to ensure that pupils with medication needs receive appropriate care and support at school. The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so or where such action has been identified on a person's job description. It aims to equip staff to support students in order that they can access a broad, balanced, and enriching curriculum.

Please note that parents should keep their children at home if acutely unwell or infectious.

Education staff will follow guidance/policies set out in:

- Supporting students at school with medical conditions – Statutory guidance DFE December 2015 updated August 2017 [Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/624222/supporting-pupils-with-medical-conditions-at-school.pdf)
- Every Child Matters – The Children Act 2004
- S.E.N.D code of practice – Sept 2014
- Code of Ethics
- Safeguarding Policy
- The Administration of Medicines in Schools and Settings Birmingham Feb 2018
https://www.birmingham.gov.uk/download/downloads/id/9462/medicine_in_schools_feb_2018.doc

2. NEW ENTRANTS

The decision to offer children a school place is undertaken by the school. It is done on the understanding that the school can meet a child's needs. Where a child has complex health needs, advice and information should be actively sought from the relevant healthcare staff. This should be done during the admission process by emailing the Special School Nursing service bchnt.stocklandgreenssnteam@nhs.net and before a final offer of a place is made. The health care team will follow up on any medical concerns and inform the school of any medical support needed (e.g., training, equipment etc). The health care team will ensure that medical care plans are agreed with parents and school and in place before the students starts their placement.

The leadership of Priestley Smith Specialist School are responsible for informing health staff of their decision to offer a child or a school place. This needs to be done as soon as possible after the decision is taken so that the process of understanding the child's health needs can be commenced.

School is responsible for completing children's profiles and obtaining basic but necessary medical information from parents for their own school records. This will enable teachers to understand the basic health condition/needs of a child or young person. The profile is usually carried out as part of the induction/assessment process and forms a part of the child or young person's school records which can be accessed by all authorised staff.

Nursing staff allocated to the named special schools will review the new entrant lists, with a view to identifying children who require a nursing assessment, care plans, medical equipment, and ongoing health support. The exception to this will be intervention and equipment provided by Therapy staff. The Nursing team will help lead on the development of necessary health care plans for use by both nursing and school staff and copies should be stored in both the health and educational files.

Priestley Smith Specialist School needs to be confident that they have sufficient information/relevant care plans in place prior to children starting. In particular where a student has a health condition that may require emergency interventions.

Children from Authorities outside of Birmingham will need to access the health services within their home authority to provide care plans and health support. Medical appointments, assessments and support must be provided by the home authority.

3. MEDICAL NEEDS

Parents/carers are responsible for providing school with full information regarding their child's health needs including allergies. Medication will be administered at home by parents as prescribed by their GP.

If it is not possible to schedule administration of medication outside of school hours, parents need to contact the school medical leads (Sonya Jennings, Secondary, Lisa Coyle, Primary) to make alternative arrangements. The school team will arrange with the Medical Lead will liaise with the class team to administer medication in class for the agreed period as needed.

Where a child requires medicines during the school day; parents/carers are responsible for providing the medicines. Consent for the administration of medicine by school staff should also be obtained. (see letter - Consent Form for School to Administer Medication)

Medication will be administered to students who have parental/carer consent by designated and trained school staff.

It is recognised that there may be individual circumstances which mean that a child will need to be supported in school by sub-contracted Care staff, eg a complex care nurse. The schools and nurses will work in partnership with the subcontractors to ensure that the child or young person's needs are met in a safe and holistic manner.

Where there are concerns about partnership working these should be addressed in an open and transparent way in discussion with all parties.

4. CURRICULUM

Priestley Smith Specialist School is committed to ensuring that children with medical needs have access to an appropriately challenging curriculum which is delivered, as far as possible, through the same experiences and activities as those offered to other children at their age and curriculum levels. The schools manage this within their overall systems for personalised planning, paying particular attention to:

- liaison with families and medical professionals to gain a clear understanding of individual needs
- identifying the impact of medical conditions on students' readiness to learn (e.g., some students may be drowsy or in pain)
- identifying the impact of mental health conditions on students' ability to face challenge
- providing activities which will encourage students to stay alert and participate actively
- adapting the content of lessons as necessary (e.g., using low impact activities in PE)
- making practical adaptations (e.g., planning the timetable around a tube feed)
- identifying and planning for risk (e.g., ensuring appropriately trained staff when taking students off site)
- being aware of signs that students are feeling unwell or in pain and supporting students to communicate to those around them
- being aware of possible triggers affecting conditions (e.g., certain lighting may trigger a seizure)
- where appropriate, including content which will give students an insight into their conditions and skills to manage them

5. STUDENTS WITH LIFE LIMITING CONDITIONS

Occasionally, Children at Priestley Smith Specialist School have degenerative or life limiting conditions. Any of these children can become seriously ill and may die during their time at school. Education for these children may not be preparation for adult life. Nevertheless, it should provide them with a range of interesting experiences, the opportunity to learn and a context in which to make positive relationships outside their family circle. Medical support will form a significant part of some of these students' daily routines. Educational and Health staff should work together to ensure that these students have access to activities whilst their medical needs are continued to be addressed.

Individual care packages will be developed around the student's individual needs by Health staff in collaboration with the relevant health professionals and educational staff.

6. SUPPORT FOR SCHOOL STAFF

School leaders recognise the impact of working with children with medical needs and life limiting conditions on staff. Staff are supported through appropriate training and information and through the opportunity to talk to a colleague or line manager when they feel under stress.

Following a bereavement, school leaders will ensure that staff are informed in an appropriate and timely manner, encouraged to support one another and to use the support available within school. In these difficult situations the schools may call on support from the emergency team within the Birmingham Local Authority. Staff and children will celebrate the child or young person's life in assemblies and through creating focus points such as memorial books or gardens within the schools.

The school has enlisted the support of a wellbeing coach. [About | Rounded \(roundedcoaching.com\)](https://www.roundedcoaching.com)

7. HEALTH REVIEWS

Priestley Smith Specialist School acknowledges that children with Health Needs may be required to attend numerous medical appointments and reviews. Parents/carers must inform the school of any medical appointments and/or reviews to enable the school to correctly record attendance. Parent/carers can inform the school by phone, writing in the home-school book or personally. If possible, students need to return to school following their appointment. Priestley Smith Specialist School acknowledges that this is not always possible due to practical arrangements surrounding appointments.

Priestley Smith Specialist School will work collaboratively with the Health care teams to reduce the amount of time taken off school to attend appointments and support their return to school following illness.

Examples of this are:

- nurse led reviews and interventions which take place on the school site where possible
- developmental reviews led by Community Paediatricians which take place on the school site
- therapy reviews and interventions which take place on the school site where possible i.e., Physiotherapy, Speech and Language Therapy, Occupational Therapy

A significant number of students attending Priestley Smith Specialist School are from authorities other than Birmingham. These students will need to attend appointments within their own local authority.

Children are reviewed by health staff and interventions carried out in accordance with their individual needs. It is the responsibility of health staff to identify children who require a health review and to decide where reviews are to take place on site in mutual agreement with school staff. School staff may refer concerns regarding a child or young person's health to the appropriate member of the health team.

Health staff are also responsible for obtaining the necessary consent from parents/carers and for providing them with feedback/outcome of the review/intervention carried out on the school site and to agree follow up appointments. School staff will participate in reviews and attend with the child and/or parent/carer if required

Priestley Smith Specialist School agrees to provide Health staff with a suitable working environment, which takes into consideration Health and safety regulations.

Health staff will be responsible for providing school staff with sufficient health information and guidance so that children's health needs can be jointly met i.e., feeding guidelines for children with dysphagia. Confidential medical information is not to be passed through external parties. Parents/carers may not pass medical information through bus escorts. School staff are to be encouraged to request that parents/carers speak directly with the nursing team where there are medical concerns. Schools and nurses will provide information to parents/carers on school health services when children start school.

8. FIRST AID

All professional staff have a duty of care in an emergency and the experience of staff on site at that time should be utilised. First aid for children and staff is the responsibility of the school and Priestley Smith Specialist School will identify and train appropriate numbers of staff to undertake this role during the school day and in respect of

- Lunchtime clubs
- holiday clubs
- children taken off site

Schools will record accidents on the Ongoing Story and staff will be aware of the process for informing parents/carers should an accident occur.

Children with life limiting conditions, complex and palliative health care needs should be discussed/referred to the nursing team.

Schools will purchase the necessary number of first aid boxes.

Staff should be cognisant of the health care needs of the child and when an accident/injury associated with a particular condition requires emergency treatment, eg Septo Optic Dysplasia may results in an adrenaline deficiency so medical help should be sought immediately should a more serious injury be sustained.

If in the judgement of the class teacher a child is not well enough to remain in school, s/he will discuss appropriate action with a member of the school leadership team.

In some cases, it may be necessary for a student to be supervised by an adult (following a head injury) or to remain at home for an extended period to prevent further infection spreading (vomiting and diarrhoea [Appendix 3.pdf \(publishing.service.gov.uk\)](#)). The appropriate action must be discussed with a member of the school leadership team, considering that some students may have taken medication at home. The appropriate letter will be sent home to inform parents. (see appendix 1 for examples of letters in staff common)

See First Aid policy for more information.

9. STAFF TRAINING

Priestley Smith Specialist School is responsible for the training and competencies of their staff. Priestley Smith Specialist School will identify training for staff in the following areas which directly relate to the health needs of individual children :

- management of seizures
- use of Auto Immune Injectors (e.g., EpiPens)
- administration of insulin and blood glucose monitoring (e.g., Diabetes)
- administration of medicines
- administration of inhalers
- shallow suctioning
- use of enteral feeding pump

Schools may request training for the above from health staff for small groups. This will be an agreed number of sessions in accordance with student numbers and complexity and will be targeted at staff with designated responsibility for an individual child or young person.

Priestley Smith Specialist School will obtain training from Stockland Green School nursing team to provide specialist learning within areas, such as (but not limited to) Epilepsy, Asthma, Anaphylaxis and Diabetes.

Training may be face to face or online as appropriate.

HYGIENE/INFECTION CONTROL

All staff must be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to personal protective equipment such as gloves and aprons and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Also see Covid RA for dealing with symptomatic students and precautions following a positive case in school

SAFEGUARDING

- All staff will follow school Safeguarding policy and the KCSIE document
- Medical examination by a doctor, where required will only be requested by a Social Worker in accordance with the Safeguarding policy. School staff may not ask nurses to examine children, or nurses agree to do so.

MEDICAL PROCEDURES

10. ADMINISTRATION OF MEDICINES BY SCHOOL STAFF

Medicines stored and given at school should only be those prescribed and required during the school day or in an emergency. School staff designated to take responsibility for medicines, should be fully trained in the legal requirements around the safe storage and administration of medicines. For example:

- the storage of controlled substances
- storage of medicines within a locked medicine cupboard

Schools are responsible for ensuring that their staff have undergone appropriate training and instruction in the administration and correct recording of medicines. Further advice can be sought from the allocated nursing team.

Staff with medicine responsibility will agree to undertake the following:

- the safe storage of medicines required by students in a locked medicine cupboard
- to maintain a log of medicines received, dates times and balance in stock
- the administration of medicines required for children during the school day
- regular checks on the expiry dates for medicines
- All liquid medication must have a date opened. Unless otherwise stated these will expire in 3 months from the date opened.
- issuing reminders to parents regarding medicines which need replacing
- the return of medicines which have expired

Priestley Smith Specialist School will ensure lockable cupboards and fridges for the safe storage of medicines.

Priestley Smith Specialist School has a medicines fridge solely for the use of medicines or medical products which need to be refrigerated, e.g., oral antibiotics. The fridges will be located within the medical rooms in Primary and Secondary

Medicines should be checked and administered by 2 members of school staff where possible. When medicines are initially accepted into school they should be checked by two staff and signed for. Controlled drugs should **ALWAYS** be checked by 2 staff when administering. Staff will ascertain that they have identified the correct medicine for the correct child or and that it is in date, displays clear instructions and that they are aware of the main side effects as indicated on the prescription and cross referenced with the information on the child's care plan. All medicines will be administered according to instructions and recorded as given on a drug administration sheet.

Physical intervention or restraint will not be used for the purposes of administering medicines or for any other medical procedure, if the child or refuse medicines this should be documented, and parents/carers informed. Staff who know the child will support the designated person in their assessments of a child 's level of understanding and possible reaction to the administration of medicines. Both parties will agree when sufficient attempts have been made to administer medicines to a child so as not to cause additional distress to them.

If any concerns are raised e.g., medication expired, tampered with, the medication must not be administered. Parents/carers must be informed if medication that has not been administered and the reason. All actions to be documented on drug administration sheet.

11. RESPONSIBILITIES AND REQUIREMENTS

A significant number of students attend Priestley Smith Specialist School from Authorities across the region. In these cases, the student's Local Authority will be responsible for their individual care plans.

All permanent class staff and staff on long term supply must be aware of individual student's care plans in their class. Care Plans must be collated into a single file that is available to staff but not on public display.

11.1. INTAKE AND MANAGEMENT OF MEDICATION

All medication received must be signed in on drug administration sheet and signed out again when it is returned home. This may mean that some medication may be signed in daily whilst some may remain secured on site over a longer period.

A parental consent form /Care plan (Emergency medication) must be completed every time there is a request for medication to be administered. The following information must be included:

- Student name
- Date of birth
- Name, strength, and quantity of medication provided
- Clear dosage instructions
- Reason for the request
- Emergency contact names and telephone numbers
- Parent/carer signature

Request for new supplies of medicines should be made to parents/carers and documented when this request was made.

Changes to medication and/or dosage will only be accepted when received in writing. A fresh supply of correctly labelled medication should be obtained as soon as possible.

- All medication to be handed in to the Designated Medical Lead upon arrival at school.
 - The designated medical lead must check that the medication is in a reasonable condition e.g., not tampered with/altered.
 - The designated medical lead will check if it is appropriate for the medication to be given in school. If it is deemed inappropriate the parent/carer should be contacted to discuss alternative arrangements.
 - Over the counter medications must not be administered in school unless as part of an agreed care plan and the medication must be labelled appropriately for an individual child.

Medication that is not appropriate to be given in school must be signed in and kept in the medical room until the end of the day and returned to parents/carers personally or via the bus escort. Parents need to be informed that the medication will be returned.

All medication should be returned to the parent/carer whenever:

- The course of treatment is complete.
- Labels become detached or unreadable.
- Instructions are changed.
- The expiry date has been reached.

A clear record of when medication has been returned should be kept on the drug administration sheet

- All medication needs to be clearly labelled by GP/Pharmacy with the following information:
 - Student name
 - DOB
 - Dosage and administration times
 - Expiry date
- The Medical Lead will keep an agreed record of all medication received and returned on Drug administration sheet
 - Medication Record to include:
 - Student name
 - Medication
 - Expiry date
 - Reminder of renewal letter

Medical Lead to ensure that medication is in date. Checks for expiry dates of all medication kept over an extended period on school sites must be carried out at least monthly e.g., emergency medications.

11.2. STORAGE AND DISPOSAL

11.2.1 STORAGE

Medication to be stored in a locked cupboard in the allocated storage space within each school (primary and secondary). The codes/key to storage spaces will be available to Leadership team and Medical Leads and those with responsibility for administering medication. All staff must be able to access emergency medication. (Additional school supplies may also be stored within these rooms).

- Medication that needs refrigeration needs to be stored within the fridge located in the medical rooms
- Medications may not be transferred from one container to another or kept loose.
 - All medication must be kept in the container it is supplied in. Tablets or pills must be in their original packaging and cannot be accepted or given to students if sent in separately.

Some children may carry their own medicines. This will be limited to inhalers and Adrenaline AutoInjectors. In each case a child will be assessed to determine their competency level and cognitive understanding. This will be a joint process between school staff and parents/carers. Following assessment, if it is deemed suitable for a child to carry medicines, then parents/carers will sign a consent form agreeing that their child is competent to do so and that parents/carers are therefore responsible for checking expiry dates and providing replacements.

A list of children carrying medicines will need to be maintained by the allocated Medical Lead. This list needs to be available with the student care plans.

11.2.2 DISPOSAL

There is no on-site facility within Priestley Smith Specialist School for the safe disposal of expired or no longer required medicines. Instead, these should be handed directly to parents or to parents via the transport escort. Parents are encouraged to dispose of medication through their local pharmacy.

12.3. RECORD KEEPING

All students who may receive regular medication on the school premises should have a signed consent form specific to the medication on file. Students who have emergency rescue medication must have an emergency care plan on file. A copy of these forms should be kept with the medication and be accessible to the member of staff administering medication. A consent form must be completed every time there is a request for medication to be administered.

Any medication administered to students should be recorded on drug administration sheet. Records should clearly state the date, time and dosage and be signed by the member of staff administering the medication.

Reasons for non-administration of regular medication should be recorded on Drug administration sheet and the parent/carer informed on the same day.

Administration of any Emergency medication needs to be recorded Drug administration sheet and the parent/carer must be informed as soon as possible and on the same day.

11.3.1 CARE PLANS

Students who may need emergency medication needs an up-to-date care plan. The care plan will be drawn up by the nursing staff in liaison with the parent/carer.

Emergency care plans will include the following information:

- Student name and DOB
- Information re: Medication (Name, dosage)
- Description of symptoms
- Procedure to be followed
- Emergency follow up
- Signed by the Parent / carer

Specialist guidance may be sought from the student's GP, Consultant or Specialist Nurse. Student care plans should be accessible to the appropriate staff to ensure that the students' health needs are met. They should not be on public display and information should be treated in a sensitive manner to ensure that confidentiality is maintained as far as possible.

Each class must have a folder with students' individual care plans included. This folder needs to be accessible by staff but not on public display.

All care plans need to be reviewed at least annually or as soon as changes have been made. Students' individual care plans need to be signed by parents as consent to administer medication. Nursing staff will gain provisional consent over the phone until the signed care plan are returned.

11.3.2 EDUCATION OFF SITE PROCEDURES

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be rare occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

Class staff are responsible to complete a written risk assessment for all visits and events off site. (See Educational Visits policy). The risk assessment should clearly state the medical needs of individual students. Any emergency medication that may be needed by individual students should be clearly stated as part of the student care plan within the risk assessment.

Staff who have completed the relevant training to address the medical needs within the group are able to accept responsibility for student medication when off site. The designated staff member responsible must be named clearly on the Risk assessment.

The designated medical lead (off site) will collect the medication from the Medical Lead or Leadership after the Risk assessment has been agreed and on the day of the trip. The designated medical lead (off site) will sign each student's medication out before the group leaves and back in once they have returned. (**Emergency Medication Signing Out Log**). The Medical Lead must check that all medication has been returned by the end of the school day.

Students who have consent to carry their own medication are allowed to have the medication with them when off site. This needs to be clearly stated on the risk assessment.

A senior member of staff who accompany students on the residential trip must be allocated to take responsibility for all medications taken with the group. All medications must be signed out at the school and signed back in on return. The relevant paperwork re: administration and care plans need to be always kept with the medication and completed as necessary. Medical information and medicines must be clearly marked on the risk assessment before the trip is agreed.

Guidelines for Prescribed and non-Prescribed Medication

12. PRESCRIBED MEDICATION

Where possible parents/carers are encouraged to ask the GP to prescribe medication which can be given outside of school hours. Exceptional circumstances will be considered if or when it is not possible after consulting the students' GP or relevant health professionals e.g., prescribed dosage 4 x day or at a specific time during the school day. A parental consent form must be signed by the parent/carer before medication may be administered to any student. Verbal consent can be given over the phone on the initial day to a senior member of staff.

- All medication needs to be clearly labelled by GP/Pharmacy with the following information:
 - Student name
 - DOB
 - Dosage and administration times
 - Expiry date

All medication must be signed in by the Medical Lead and stored in the allocated storage spaces unless otherwise stipulated (see antibiotics). The medical lead must ensure that the medication has not been tampered with or expired. All liquid medications must have a 'date opened' note and will expire in 3 months from the date opened unless otherwise stipulated on the container.

Two members of staff must cross reference the relevant information when medication is administered, and counter sign the relevant form.

13. PAIN KILLERS (ANALGESICS)

The Administration of Medicines in Schools and Settings Birmingham Feb 2018

https://www.birmingham.gov.uk/download/downloads/id/9462/medicine_in_schools_feb_2018.doc allows children to be given analgesics when prescribed. Written permission must be given by the parent/carer beforehand. (**Consent form to administer medication**) Administration and recording procedures for prescribed medicines must be followed.

Priestley Smith Specialist School does not have a stock supply of pain killers but may keep individual supplies for specific students if needed. These should be labelled with the specific students name and cannot be given to other students.

Children under 16 should never be given medicines (including teething gels) containing aspirin or ibuprofen unless prescribed by a GP.

Where possible parents/carers are encouraged to give pain killers to students outside of school hours. Exceptional circumstances will be considered if or when it is not possible.

In some instances, pain killers may be prescribed by a GP for specific reasons e.g., tooth pain. In these circumstances school staff will contact the parent/carer before administering any medication to confirm that the child or is able to receive the medication within the prescribed time frame. Staff will record the time and dosage clearly in the student's home schoolbook to inform parent. The relevant documentation must be completed (administering medication).

14. METHYLPHENIDATE (E.G., RITALIN, METADATE, METHYLIN)

Methylphenidate is sometimes prescribed for young people with Attention Deficit Hyperactivity Disorder (ADHD). Its supply, possession and administration are controlled by the **Misuse of Drugs Act** and its associated regulations. Methylphenidates should be kept within locked storage and access to these drugs should be limited.

The prescription of Methylphenidates usually forms part of a comprehensive treatment program and under the supervision of a specialist in childhood behavioural conditions. As such a lunchtime dose may be required to support the student. Only named staff may have access to the medication.

Administration of Methylphenidates should follow the same procedures as prescribed medication. In addition to this all Methylphenidates must be recorded in the Controlled Drugs Recording Book. A separate book must be kept in each part of the school where Schedule 2 drugs are administered to students. The book must be stored in a secure and locked space with only allocated staff having access to the book.

The allocated member of staff administering the medication must ensure that the student has taken the drug before leaving their care. A second adult must be present to witness and sign the Controlled Drug book with the administering adult. Passing a controlled drug to another adult/student is an offence under the Misuse of Drugs Act. Additionally, it should be recorded when the medication has been received in school or sent home and the amount. These figures must allow for full reconciliation on a regular basis

15. ANTIBIOTICS

Where possible parents/carers are encouraged to ask the GP to prescribe antibiotics which can be given outside of school hours. Exceptional circumstances will be considered if or when it is not e.g., prescribed dosage 4 x day.

Antibiotics should be brought in and sent home daily. Ideally the first and second dose should be administered by the parent to enable the parent to confirm that the students is not allergic to the antibiotic.

Antibiotics will be stored in the allocated storage rooms within a locked cupboard. Antibiotics which need to be refrigerated (marked on the label) needs to be kept within the medicine fridge.

Procedures for Prescribed medications to be followed when administering antibiotics.

16. NON-PRESCRIPTION

Over the counter medication e.g., hay fever treatments, cough/cold remedies must be administered by parents/carers outside of school hours.

If it is deemed necessary to administer these medications in school, staff will follow the procedures for prescribed medication. Parents/carers need to seek medical advice should the symptoms persist. Other remedies including herbal preparations will not be accepted.

The following medications may be accepted by the Medical Lead following a discussion with parents:

- Paracetamol
- Calpol
- Hay fever medication (not herbal preparations)

Parents must complete a consent form, which will be renewed annually, clearly stating the circumstances in which the medication can be administered. ((**Consent form to administer medication**)) It is the responsibility of the parent to inform the school if their child had medication before coming to school. School staff must follow up with the parent before administering over the counter medication during the school day to ensure that a previous dose has not been given at home.

All medication needs to be in the original packaging with the manufactures printed administration instructions included. Medication must be in date. (Liquid preparations will expire 3 months after being opened.)

Any medication given to a student must be documented and parents must be informed on the same day. (**non-prescription medication letter**)

If possible, all medication needs to be clearly labelled by GP/Pharmacy. Alternatively, the school must label the medication upon receipt with the following information:

- Student name
- DOB
- Dosage
- Expiry date

Over the counter creams, such as, nappy rash creams or E45 will be accepted without a prescription provided that they do not have any medicinal agents present.

17. GUIDELINES/ COMPETENCY GUIDANCE FOR MANAGING NASO-GASTRIC TUBES AND GASTRONOMY TUBES

A small minority of students at Priestley Smith Specialist School may receive their feeds and fluids through either a Gastronomy or Naso-Gastric tube. Class staff will receive appropriate training by the Nutrition Support Nursing team and/ to ensure that students' needs are met in a safe and healthy manner.

Care plans will be drawn up by the relevant Dietician or health professional and needs to be signed by parents. (**Care Plan – Enteral Feeding Regime**)

It is the responsibility of the parent/carer to ensure that the tube site is healthy and clean. Class staff need to raise concerns about the tube site with the parent / carer and/or nursing team.

The care and management of both Naso and Gastric tubes should be carefully monitored. The following concerns needs to be reported to a member of the nursing team for support and advice:

- Tube dislodgement/displacement

- Tube blockage
- Leakage around the Gastro Tube site
- Signs of an unhealthy stoma (inflammation, infection, granulation)
- Aspiration of any Naso or Gastric tubes may only be carried out by the Nutrition or School nursing team.

Class staff are not trained to replace or remove any feeding tubes and these concerns need to be addressed by a medical professional. The nutrition or school nursing team must be informed if there is a concern about the placement of a tube who will assess the situation and make a clinical decision to replace the tube or for the student to be taken to hospital to have it replaced. Parents/carers must be informed immediately if the tube has become dislodged, and in the case of a PEG or GJ tube, an ambulance called if parents are unobtainable, in order that it can be replaced quickly before the stoma closes. Parents/carers must accompany the student to the hospital to have a tube replaced.

Guidelines for Emergency Medication

18. EMERGENCY MEDICINES

Emergency Rescue medication, for conditions, such as, asthma, Anaphylaxis and Epilepsy must be readily available for children with an emergency care plan. Emergency medication must be accessible for staff during the school day whilst remaining out of the reach of all children. (See storage of medication). All medicines will be locked overnight. Students who are at risk of anaphylaxis will need to always have their emergency medication with them. An allocated adult in the class must ensure that the medication remains out of reach of students.

Children may carry their own medicines. This will be limited to inhalers and Adrenaline Auto-Injectors. In each case a child will be assessed to determine their competency level and cognitive understanding. This will be a joint process between school staff, and parents/carers. Following assessment, if it is deemed suitable for a child to carry medicines, then parents/carers will sign a consent form agreeing that their child is competent to do so and that parents/carers are therefore responsible for checking expiry dates and providing replacements. A list of children carrying medicines will need to be maintained by the medical lead.

Expiry dates of Emergency medication will be available on administration of drugs sheet and the Medical leads will receive a reminder. Request for new supplies of medicines should be parents/carers in a timely fashion and it is acceptable that this is requested by telephone and recorded

All staff must ensure that they know who is responsible for emergency medication in their school and the procedures to follow including the relevant Ambulance procedures. **(AMBULANCE PROCEDURES doc)**

Student's individual care plans must be kept with their medication with clear instructions of the procedures to follow. A copy of all care plans should be kept by the medical lead, the nursing team and in individual classes. A copy will also be uploaded onto Medical Tracker.

18.1. GUIDELINES FOR MANAGING ASTHMA

18.1.1 ASTHMA INHALERS

An Inhaler can only be administered by staff who have been trained through a recognized health professional or by attending a designated course. Training will be refreshed at least annually.

Schools are now able to hold Salbutamol inhalers for emergency use. Spare inhalers must be stored and recorded by the medical lead.

The emergency inhaler can be used by:

- Students who have been diagnosed with Asthma and prescribed an inhaler.
- Students who have been prescribed an inhaler as reliever medication.
 - Parental consent must be given for the use of spare inhalers.

The school will keep a register of students who have Asthma and who may need an inhaler as well as a copy of all up to date care plans. Inhalers must be available for students to use and must be taken with them during visits

outside the school community. Physical activity will benefit students with asthma, but their inhaler must be available during these times. If students are feeling unwell, they must not be forced to participate.

Some students may be able to keep their inhalers with them during the day. In each case a child will be assessed to determine their competency level and cognitive understanding. This will be a joint process between school staff, parents/carers, and nurses. Following assessment, if it is deemed suitable for a child to carry medicines, then parents/carers will sign a consent form agreeing that their child is competent to do so and that parents/carers are therefore responsible for checking expiry dates and providing replacements. Some students may use a spacer device with their inhaler. This needs to be labelled clearly.

(See Allergy Policy for more information)

18.2. GUIDELINES FOR THE ADMINISTRATION OF ADRENALINE AUTO-INJECTOR (AAI) BY SCHOOL STAFF

18.2.1 ADRENALINE AUTO-INJECTOR - AAI (E.G., EPIPENS)

An adrenaline auto-injector is a preloaded device, which contains a single measured dose of adrenaline for administration in cases of severe allergic reactions. Schools can carry spare adrenaline auto-injectors for emergency use. These must be stored and recorded by the medical lead. Parental permission must be given for the use of the school's emergency adrenaline auto-injectors, and this must be clearly stated on the students' care plan. Emergency adrenaline auto-injector's may only be used for a student where both medical authorisation and written parental consent have been provided for the spare adrenaline auto-injector to be used. This included children at risk of anaphylaxis who have been provided with a medical plan confirming this but who have not been prescribed an adrenaline auto-injector. In such cases, specific consent for use of the emergency adrenaline auto-injector from both a healthcare professional and parent/carer must be given.

*"From 1st October 2017, **the Human Medicines (Amendment) Regulations 2017** will allow schools in the UK to buy adrenaline auto-injector devices (known as AAI's) without a prescription to use in an emergency on children who are at risk of a severe allergic reaction (known as anaphylaxis) but whose own device is not available or not working. This could be because their AAI(s) are broken, or out-of-date, for example."* [Guidance on the use of adrenaline auto-injectors in schools \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/624247/guidance-on-the-use-of-adrenaline-auto-injectors-in-schools.pdf)

Clear records of all Emergency adrenaline auto-injector 's and their use must be kept by the medical lead. Each school must have an emergency adrenaline auto-injector kit available to staff.

The emergency adrenaline auto-injector kit must contain the following:

- 1 or more adrenaline auto-injector 's
- Instructions on how to use the device(s)
- A check list of injectors, identified by their batch number and expiry date
- Person responsible for replacing the injectors
- A list of students for whom the injectors may be used
- An administrator record.

An adrenaline auto-injector can be administered by any member of staff following the student's care plan and the instructions on the injector with or without training. Priestley Smith Specialist School encourages staff to complete training through a recognized health professional or by attending a designated course or a recognised online training. Training will be refreshed regularly.

Class staff need to ensure that the medication is out of the reach of students and in a locked storage facility. All staff in the class must be aware of where the medication is kept and how to access it.

ADRENALINE AUTO-INJECTOR 's and the students' care plan is to be always kept with the individual student. The medical lead will maintain a register of students who have an adrenaline auto-injector as well as up to date care plans.

In most cases an adult within the class will be responsible for the medication although some students may be able to take responsibility for their medication. In each case a child will be assessed to determine their competency level and cognitive understanding. This will be a joint process between school staff, parents/carers, and nurses.

(See Allergy Policy for more information)

18.3. GUIDELINES FOR MANAGING STUDENTS WITH DIABETES

18.3.1 TYPES OF DIABETES

Type 1 Diabetes develops when the pancreas is unable to make insulin. Most children have Type 1 diabetes. Children with Type 1 Diabetes will need to replace their missing insulin either through multiple injections or insulin pump therapy.

Type 2 Diabetes is most common in adults but the number of children with Type 2 Diabetes is increasing. It develops when the pancreas can still produce insulin but there is not enough, or it does not work properly.

18.3.2 TREATING DIABETES

Type 1 Diabetes is managed by the following procedures

- Regular monitoring of the students' blood glucose levels
- Insulin injections or use of an insulin pump
- Eating a healthy diet
- Exercise

All students with Diabetes must have a Care plan in place. This will be completed by the Diabetic Specialist Nurse or Doctor in liaison with the parent/carer and relevant medical professionals and will have a clear description of the protocols to follow. Any medication e.g., Insulin and Glucose kept in school must be recorded on Medical Tracker.

18.3.3 GUIDELINES FOR MANAGING HYPOGLYCEMIA

An emergency supply kit should be always available to the student. The emergency supply kit should contain the following:

Hypoglycaemia (low blood sugar levels)

- Quick acting glucose (glucose sweets or drinks)
 - Glucogel (most student will have this concentrated glucose gel preparation as well)
 - Longer acting carbohydrates such as biscuits
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18.3.4 BLOOD GLUCOSE MONITORING FOR CHILDREN

Any blood glucose monitoring can only be undertaken by staff who have been trained through a recognized health professional or by attending a designated course. Training will be refreshed regularly.

Students with Diabetes may require regular Blood Glucose testing which will determine if there is a need for Insulin. This can be done using either a Lancet Pen or an Insulin Pump. Some students can take responsibility for checking their Blood Glucose levels independently with adult supervision. Each student must have a means of recording their Blood Glucose levels. The administration of any insulin should be documented on the Medication Administration Record (**Record of Medication Administered doc**)

Lancet Pen

Blood Glucose levels are tested using the Lancet Pen to acquire a blood sample which is then transferred on a testing strip and entered into a Glucose monitor.

Pump:

Students who have an insulin pump must monitor the amount of carbohydrates they have consumed with adult supervision as this needs to be entered into the pump. A detailed record of this must be kept.

A sharps box must be available for the disposal of the needles and blood testing strip as this cannot be disposed with general waste.

18.4. GUIDELINES FOR ADMINISTRATION OF BUCCAL MIDAZOLAM

18.4.1 BUCCAL MIDAZOLAM

A number of students at Priestley Smith Specialist School have Epilepsy and may require the administration of Buccal Midazolam as Emergency Medication. Class staff will receive the appropriate training to enable them to support a student during a seizure. Each student must have an up-to-date care plan that needs to be reviewed at least annually. It is the responsibility of the parent/carer to inform the school of any changes to the care plan and to provide the school with a suitable supply of Buccal Midazolam (minimum of 2 doses) as prescribe for the individual student. Parents/carers must sign the care plan as consent for medication to be administered during an emergency.

The medical lead will keep an up-to-date register of all students within their school who have Epilepsy together with the most recent care plan. Parents will be informed in writing at least 1 month before medication will reach the expiry date. (**Medications expiring letter doc**) Once a new prescription of Buccal Midazolam has been received the old stock must be returned to the parent/carer. Clear records must be kept with the medication indicating when it has been received, when it is due to expire, reminder letters send, and medication returned to parents.

18.4.2 ON SITE RESPONSE FOLLOWING STUDENT SEIZURE:

- Class staff to monitor any seizure following care plan.
- Collect rescue medication from the medical storage.
- Any member of staff who have completed training to administer epilepsy rescue medication can administer the medication. A second adult must cross reference the medication and care plan with the adult administering the medication.
- Keep the containers until after the incident and give to the paramedics should they need to be called.
- Record of emergency administration of medicine to be recorded on **RECORD OF MEDICATION ADMINISTERED** doc
- The member of staff who administered the medication must stay with the student to ensure that they have settled and that the seizure has finished.
- The completed Emergency Administration Medicine Chart to be given to Medical Lead following the incident.
- Medical Lead to inform the leadership team and parents that medication has been administered.
- The Medical Lead will follow up on any concerns raised during the incident.

18.4.3 FURTHER CONCERNS RE: STUDENT

- If the student continues to have a seizure or the seizures return, class staff to contact the same member of staff who administered the previous dose as well as the Medical Lead or the leadership team.
- **Do not administer a second dose**
- Contact ambulance following Ambulance procedures (**Ambulance Procedures Doc**)
- A copy of the following information to be given to the Paramedics (Kept in information file)
 - Essential information
 - Epilepsy Care Plan
 - Rescue Medication Record

18.4.4 OFFSITE RESPONSE FOLLOWING STUDENT SEIZURE:

- Class staff to monitor any seizure following care plan.
- Trained member of class staff to administer medication as needed following the student care plan.
- Class staff to contact an ambulance once medication has been administered.
- Class staff to inform school immediately.
- School to contact parents
- One member of staff to accompany the student with the ambulance.
- Remainder of group to return to school.

A small number of students may have additional information that needs to be relayed to ambulance staff should they have a seizure. This must be clearly shown on their care plan.

APPENDIX

ALL LETTERS AND FORMS ARE IN STAFFCOMMON IN THE MEDICAL INFORMATION FOLDER.

ALL SPECIFIC INDIVIDUAL GUIDANCE FOR ASTMHA, DIABETES, ALLERGIES, SHUNTS. DIABETES ETC IS CONTAINED IN THE CARE PLANS, SUPPLEMENTED BY SPECIAL SCHOOL NURSE ALERT CARDS AND INFORMATION - THIS WILL BE IN FOLDERS ON THE WALL IN THE MEDICAL ROOMS

-  AMBULANCE PROCEDURES
-  CONSENT form to administer medication
-  Diarrhoea letter
-  EMERGENCY MEDICATION SIGNING OUT...
-  ENTERAL FEEDING REGIME
-  Head injury letter
-  Intimate Care Record
-  Medications expiring letter
-  non-prescription medication letter
-  RECORD OF MEDICATION ADMINISTERED
-  special school nursing form consent
-  Vomiting letter