

Category	Health & Wellbeing		
Document Name	Health & Wellbeing of Pupils/Students Protocol		
Accountable Body	RADIUS Trust		
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Related Documents

Document	Reference
Health & Wellbeing of Pupils/Students Procedures	HW.P1.01
Safeguarding and Child Protection Procedures	SC.P1.01
Health and Safety Statement of Arrangements	HS.P1.T1
Behaviour Management Protocol	BM.P1.T1

Reference Material

Guidance
<p>Promoting children and young people's emotional health and wellbeing, Public Health England (March 2015).</p> <p>Keeping Children Safe in Education DfE March 2015</p> <p>Working Together to Safeguard Children DfE March 2015</p> <p>Gillick competency and Fraser guidelines NSPCC</p> <p>Residential Special Schools National Minimum Standards (Care Standards Act 2000).</p> <p>The Children's Act 1989.</p> <p>The Regulation of Care Act 2001.</p> <p>The Nursing and Midwifery Professional Code of Conduct.</p> <p>The Administration and Control of Medicines in Care Homes and Children's Services, (June 2003). Royal Pharmaceutical Society of Great Britain</p> <p>Guidelines for the Administration of Medicines (2002) Nursing and Midwifery Council, London</p> <p>Data Protection Act (1998)</p> <p>Access To Health Records Act 1990.</p> <p>Health and Safety at Work Act, 1974</p> <p>Health & Safety Executive (HSE) website.</p> <p>Control of Substances Hazardous to Health Regulations, 2002 (COSHH)</p>

Related Policies

Name	Reference
Health & Wellbeing of Pupils/Students Policy	HW.P1
Safeguarding and Child Protection Policy	SC.P1
Health and Safety Policy	HS.P1
Behaviour Management Policy	BM.P1
Data Security, Protection & Retention Policy	SY.P1



1. Promoting Health & Wellbeing

The environment in which pupils/students spend a high proportion of every week day has been shown to affect their physical, emotional and mental health and wellbeing as well as impacting on attainment. Relationships between staff and students, and between students, are critical in promoting student wellbeing and in helping to engender a sense of belonging to and liking of school.

Senior management are responsible for ensuring staff are trained to promote the school's ethos and values and deliver a curriculum and extended learning activities to support the Health & Wellbeing of pupils/students with respect to:

- mental & emotional wellbeing (e.g. targeted support reflected in personalised learning plans based on an individual's statement of needs/EHC plan, assessing and monitoring the impact of interventions).
- social wellbeing (e.g. anti-bullying, peer support/mentoring, anti-radicalisation, internationalism to support equality & diversity).
- physical wellbeing (e.g. sports and recreational activities, food & diet/healthy living and substance misuse).
- positive relationships (e.g. PSHE/Sex & Relationship education programmes).

Strong relationships and regular communication with parent/carers and an active pupil/student voice also contributes to the overall strategy for health & wellbeing.

2. Medical Records & Facilities

Security

It is essential that all medical records, medication and medical supplies are held securely within the school's medical room/surgery/treatment rooms and that only designated members of staff have access and this is recorded and signed for upon arrival. Controlled drugs are to be stored in an approved and locked controlled drugs cabinet.

During weekends and school holidays, all medical areas are secured by the designated member of staff and never left unlocked when unattended.

Pupils/students may only be granted access to these areas when accompanied by a designated member of staff and under no circumstances may a pupil/student use the surgery computer.

Electronic records are held securely on the school's Pupil Information Management System or restricted directories on the network. Parents requesting to access records are required to send in a written request and make specific arrangements with the school (Access To Health Records Act 1990).

Cleaning and Maintaining Standards

Household staff are responsible for general cleaning in the surgery, including sick bays, bathrooms, treatment room, office and sleeping accommodation.

School nurses are required to:

- ensure that all areas are tidy, beds made and medical information stored correctly and confidentially.
- carry out half-termly duties including the cleaning of clinical surfaces and cupboards, defrosting and cleaning the refrigerator and wiping the insides of locker drawers.
- ensure inhalers kept in the surgery are washed weekly.

3. Admissions - Assessments

Prospective pupils/students attend the school for an assessment and during this period the nurses are required to:

- Make verbal/visual contact with every child.
- Speak to parents/carers regarding past and current medical issues and medications.
- Reassure parents/carers by showing them medical facilities and ensuring they know how to contact the nurses.
- Assess the child's/young person's co-operation with medical treatments and medication.
- Note their attitude, self-esteem and confidence, possible speech, language and communication difficulties, mobility problems, general health, growth and development.
- Health surveillance, such as height and weight measurements, will be carried out if there are particular concerns. Such investigations, however, will not be carried out if it is likely to cause unnecessary distress or anxiety for a child/young person already struggling.
- Liaise with other school staff regarding medical issues.
- Communicate with the parents/carers if a medical issue, which could be rectified, is affecting the assessment.
- If a placement is offered, liaise with the parents/carers prior to the starting date regarding current medical needs.

4. Intimate Care

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, physical difficulties or other special needs. It also includes supervision of children involved in intimate self-care.

When involved in any intimate care, the safety of the individual and the staff takes priority, as does promoting the child's welfare and dignity.

Examples of intimate care are as follows:

- Drinking and eating.
- Washing, dressing and toileting.
- Dental hygiene.
- Administering medication (including rectal medication).
- Changing medical equipment (such as colostomy bags).
- Applying topical medicines (e.g. sun creams, eczema creams).
- Examination of intimate areas of the body.
- Massage.
- Hand & foot hygiene.
- Care associated with toileting, washing or dressing.

Guidelines

- Safeguard the rights and wellbeing of the child/young person with regard to dignity and privacy, choice and safety (in accordance with RADIUS Trust [Safeguarding and Child Protection Policy](#)).

- Maintain open communication and obtain permission from the child/young person before touching or carrying out care (see Fraser competence definition below).
- Wear gloves and protective clothing when dealing with bodily fluids.
- Seek a chaperone for examination of intimate areas of the body.
- Record in medical records any treatment given and the name of person who chaperoned if they were required.

The key to 'Fraser competence' is in the child's understanding and intelligence. A child below the age of 16 can consent to medical and dental treatment *'if and when [s/he] achieves a sufficient understanding and intelligence to enable him or her to understand fully what is proposed'*.

Best Practice

- a. Staff who are asked to provide intimate care are expected to be trained to do so. This is in addition to Safeguarding and Child Protection training and includes guidance in best practice and information regarding the specific area of intimate care.
- b. Staff are trained to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty.
- c. As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children/young people, wherever possible.
- d. All children/young people are supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff encourage each child to do as much for themselves as possible, supporting those to develop their independence and self help skills.
- e. Children/young people who require regular assistance with intimate care have written individual Intimate Care Plans agreed by staff, parents/carers and any other professionals actively involved, such as a school nurse. Plans include:
 - a full risk assessment to address issues such as moving and handling, personal safety of the individual and the carer.
 - any historical concerns (such as past abuse).
 - staff ratios and procedures.
 - toilet arrangements and equipment (e.g. spare clothes and disposable gloves).
 - awareness of a child's discomfort which may affect learning.
 - the importance of working towards independence.
 - who will substitute in the absence of the appointed person(s).
 - strategies for dealing with pressure from peers (e.g. teasing/bullying particularly if the child has an odour)
 - methods of communication between home, school and medical service.
 - process of dealing with any concerns that may arise during intimate care.
- f. Where a care plan/medical treatment plan is not in place, parents/carers are informed the same day (in person, by telephone or by sealed letter) if their child has needed help with meeting ad-hoc intimate care needs.
- g. Every child's/young person's right to privacy will be respected. Careful consideration will be given to each child's/young person's situation to determine how many carers might need to be present when a child needs support or assistance with intimate care. Adults who assist children one-to-one are required to be employees of the school and hold a DBS certificate at the appropriate level.
- h. Where it is not practical for two members of staff to assist with an intimate procedure the carer is required to inform another member of staff when assisting a child with intimate care.

- i. Wherever possible the same child/young person is not cared for by the same adult on a regular basis; there is a rota of carers known to the child who take turns in providing intimate care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- j. Wherever possible, staff care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys as no male staff are available. This is safe working practice to protect children and to protect staff from allegations of abuse.
- k. The religious views and cultural values of families is taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- l. All staff are aware of the confidentiality guidelines within the Trust [Data Security, Protection & Retention Policy](#) and sensitive information is shared only with those who 'need to know'.

Safeguarding Children and Young People

Children/young people with special needs and disabilities are particularly vulnerable to all types of abuse. The Trust [Safeguarding & Child Protection Policy](#), related school procedures and inter-agency safeguarding and child protection procedures are accessible to all staff and adhered to.

From a safeguarding and child protection perspective it is acknowledged that intimate care involves risks for children/young people and adults as it may involve staff touching private parts of a individual's body. It may be unrealistic to expect to eliminate these risks completely but best practice is to be implemented and all staff are required to be vigilant at all times.

Where appropriate, all children/young people are taught personal safety skills carefully in accordance to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness, etc. or behaviour (e.g. more frequent wetting/soiling) they will immediately report concerns to a designated safeguarding & child protection lead.

If a child becomes distressed or concerned about being cared for by a particular member of staff, this is reported to senior managers where the matter is investigated and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing rota is altered until the issue(s) are resolved so that the individual's needs remain paramount.

In the event that a child makes an allegation against an adult working at the school, this will be investigated in accordance with the Trust [Allegation of Abuse Against Staff Policy & Protocol](#).

Medical Procedures

Children with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the medical treatment plan or care plan and will only be carried out by staff who have been trained to do so.

All members of staff who are responsible for first aid are appropriately trained to the correct level. If an examination of a child is required in an emergency aid situation, where possible it is advisable to have another adult present, to ensure that due regard is given to respecting the child's right to privacy and dignity.

5. Protection From Infection

Immunisation for Pupils/Students

Immunisation protects children from some childhood diseases. The medical staff:

- sends consent forms for immunisation sessions and contact and advise parents/carers to make arrangements with their G.P. if vaccinations are refused.
- offers boarding pupils/students flu vaccinations (specifically encourage those with underlying health conditions). Day pupils/students are required to organise flu vaccinations through their own G.P.
- organises HPV vaccinations and Diphtheria, Tetanus and Polio boosters for all pupils/students.

Risk Management & Control Measures

Hygiene & Infection Control procedures ensure:

- that staff cover hygiene elements within their induction and complete food hygiene training if involved with handling food.
- children/young people cover aspects of general hygiene and food hygiene within the school curriculum.

The following general principles will significantly reduce the risk of contamination:

- Good hand washing techniques (see next section for medical areas). An alcohol-based gel hand rub can be used as an alternative to hand washing where hands are not visibly contaminated.
- Personal protective equipment (PPE) - Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face.
- Covering broken skin (cuts and lesions) with blue plasters and suitable gloves.
- No consuming of food or drink in areas where there may be risk of exposure.
- Suitable disposable gloves are worn when handling body fluids / tissue (further guidance can be obtained from the HSE website - powdered latex (rubber) gloves are not to be used because of the high risk of causing allergic reactions). The wearing of gloves does not replace the need for hand washing.
- Coughing and sneezing easily spread infections – Children/young people and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues and discourage spitting.
- Thorough cleaning of the school environment and equipment. Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. A child/young person soiled clothing should be bagged to go home, never rinsed by hand.
- Cleaning of blood and body fluid spillages - all spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit is made available for blood spills.
- Clinical waste - Always segregate domestic and clinical waste. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

- Sharps are discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.
- Hands must be washed thoroughly after any contact with animals such as day trips to farms.
- Staff are expected to not handle food if they have infectious skin lesions, vomiting or diarrhoea, a food borne disease or are coughing / sneezing.

Hand Washing Techniques in Medical Areas

Hand washing is the single most important means of controlling the spread of infection.

The micro-organisms on the hands are grouped into two categories - resident and transient flora. Resident floras are usually of low virulence and rarely cause infections except when introduced into the body through invasive procedures such as the introduction of a urinary catheter, or surgery. Transient flora may consist of many different pathogenic micro-organisms. They are not firmly attached to the skin and can usually be removed quickly and effectively with soap and water.

Hands should be decontaminated either by washing or using an alcohol hand rub

- After every patient contact.
- After using the toilet.
- Before and after cooking.
- After cleaning tasks.
- After emptying bins.
- After working outside i.e. gardening.

The purpose of hand hygiene and adequate drying in clinical settings is to remove transient microbial contamination that has been acquired during contact. Staff in medical areas are required to:

- Use dedicated hand washing sinks (preferably fitted with elbow operated mixer taps but if not available, then taps are turned off, after drying hands, with a clean, dry paper towel).
- Ensure equipment required is available – water at the correct temperature, liquid soap, paper towels, a bin with pedal operated lid.
- Get water to correct temperature, not too hot or too cold.
- Rinse hands before putting soap on.
- Use liquid soap dispensed from a wall mounted dispenser.
- Without putting hands underwater, perform the below hand washing techniques for 10-20 seconds:
 1. Palm to palm.
 2. Palm to dorsum, fingers interlaced – both sides.
 3. Palm to palm, fingers interlaced - clasping of fingers.
 4. Rotational rubbing of thumbs – both sides.
 5. Tips of fingers in Palm of hand – both sides.
- Rinse hands thoroughly – remove all traces of soap.
- Dry hands with paper towels dispensed from a wall mounted dispenser – especially between fingers (reduces the number of organisms subsequently released from the hands).
- Dispose of towels into bin using foot pedal – lids can become contaminated.
- Turn taps off – with elbows if elbow-operated taps or with a clean, dry paper towel.

Food Handlers

Food Handlers have a duty of care to report any knowledge or suspicion of disease or infected wounds to their line managers and are expected to:

- ensure high standards of hygiene at all times.
- be completely well and not work if suffering from diarrhoea or vomiting for at least 48 hours after symptoms have subsided in accordance with advice from Department of Health. If suffering from diarrhoea and vomiting, contact their GP who can take a sample for testing.
- report any illness whilst on or returning from holiday to their line manager and GP.

Spillages

A spillage bucket is provided in every area of the school, containing all the items required to clean up blood and other bodily fluids safely and effectively. There will be a nominated member of staff to check the contents of the spillage buckets monthly and report any required items.

Equipment required for the spillage boxes

- Disposable apron.
- Disposable gloves.
- Yellow plastic bin liners.
- Yellow Mop and mop bucket.
- Disposable cloths.
- Paper towels.
- Disinfectant.
- Body spill granules.
- Carpet clean powder.

Procedures

- Spillages are cleaned up immediately and staff wear PPE at all times when dealing with bodily fluids.
- Staff and pupils/students vacate the immediate area covered in bodily fluid until it has been thoroughly cleaned.
- In situations where a communal/busy area is affected, staff present should contact the maintenance team to ensure the area is not used whilst the cleaning takes place.
- If any bodily fluids did come into contact with skin, eye etc the area should be washed immediately.
- In the event of an accident resulting in blood loss the staff or pupil involved should be taken to surgery during the school day if practicable or the first aider informed. Any bleeding limb should be elevated to reduce blood flow. The school medical team (or first aider in their absence) is contacted at the earliest opportunity.
- All accidents must be recorded in the accident book or Pupil Information Management System – refer to the Trust [Health & Safety Arrangements](#) and related school procedures.
- Any clothes affected by spillages are sluiced in cold water first then also be washed at 60°C in an individual wash. If taken to the laundry this must be in a polythene bag and the housekeeping staff informed.
- Any linen baskets/buckets etc. used in the transporting of soiled items are washed in hot soapy water and sprayed afterwards with Dettol spray, likewise if a soiled bed has a waterproof covering it should be cleaned in the same way.
- All soiled waste products are disposed of in the clinical waste bin in a yellow clinical waste bag.

Sending Children/Young People Home & Returning to School

Sick children should not be at school. If a child/young person becomes sick whilst at school whether a boarder or a day pupil/student:

- The local GP School Medical Officer (SMO), school nurse or senior care staff on the residential areas decides whether they should remain at school.
- The school maintains separate areas (such as the surgery) for the child/young person to be cared for away from others while waiting to be collected by the parent/carer.
- Standard procedures apply to signing pupils in and out of school in relation to any medical absence.
- The school (with advice from the school nurse) discusses with the parent/carer as to when is appropriate for the child to return to school if unwell or if they present a risk of infection to others (with reference to The Public Health England (PHE) – ‘Guidance on infection control in schools and other childcare settings’).
- Children returning with mobility or balance difficulties require a risk assessment on using the school site to minimise any difficulties on return to school. Staff involved may include the Health and Safety Lead, SMO, school nurse, residential staff, tutor, therapist and any other appropriate professional.
- Pupils too unwell or immobile to return to school may be sent a work package by the Form Tutor and the school nurse continues to liaise with the parents.

6. Administration of Medication

Essential Checks

- It is essential that the individual’s medical record is checked before the issue of any medicines to ensure that over issue is avoided and the medicine is appropriate for the pupil/student.
- Expiry dates are checked.
- Staff check for notices in surgery issued by the SMO regarding rules for specific medicines.
- Creams – are dated at time of opening: tubs are discarded after three months of opening and tubes are discarded after six months of opening.
- Eye Drops – are dated at time of opening and discarded after 28 days of opening.
- Insulin – are dated at time of opening and discarded after 28 days of opening.
- Liquid medication – are dated at time of opening and discarded after 6 months of opening.

Record of Administration

Medication Administration Record Sheets (MAR sheets) are to be provided by the school nurse each month.

- MAR sheets are printed before the start of the month and given to each residential area leader to check before the start of the month.
- Each MAR sheet is to be signed by the SMO. If additions or amendments are made during the month to the supplement or medication or their dosage, the SMO signs the chart when they visit the school.
- Staff administering medication are expected to initial in the correct box on the MAR sheet once the medication has been administered. The correct code is entered if for any reason the medication is not administered (codes are printed on the bottom of the MAR sheet).
- PRN medication and over the counter medication is written and signed for on the back of the MAR sheet.
- All care staff provide a sample signature and initials, to be kept in surgery with administration of medication training records as reference with a copy in the MAR sheet file in the residential area.

- All MAR charts are returned to the school nurse at the end of each month, to be checked by the SMO and then stored with the pupil's/student's medical records in the surgery in accordance with the Data Protection Act 1998.
- All records need to be clear and accurate as they are legal documents and may need to be referred to in the future. MAR sheets and any directions regarding pupils'/students' health and or medication is stored according to the Data Protection Act 1998 and confidentiality is required at all times.
- If the MAR sheet is signed in the wrong place the signature is crossed through with a single line and an asterisk added. The asterisk is documented at the bottom of the MAR sheet with an explanation e.g. 'signed in error' and a signature of the staff member.
- Black ink is to be used when completing MAR sheets and writing clear and legible. Correction fluid must never be used on MAR sheets as they are legal documents.

Administration of Medication - Competency Checklist

Prescribed medication is only issued to pupils/students (where parent/carer consent has been obtained) by designated members of staff who have demonstrated competency according to the checklist below. This checklist is held by school nurse.

This protocol has been implemented to ensure safe handling of medicines under section 87 of the Children Act 1989 and in accordance with the Department of Health Guidance Volume 5.

Checklist

- a. Drug cabinet keys are collected from the security cabinet in the appropriate area dependent upon the school.
- b. On entering the school surgery check the list of pupils on medication, the prescribed dose and times of administration.
- c. Wash hands and gather every thing required (Medication Administration Record sheets, pots, water, beakers, etc).
- d. Collect the pupils who require medication.
- e. Admit only one pupil at a time into the surgery.
- f. Unlock the drug security cabinet.
- g. Check the container for the pupil's name, dose, frequency of administration and expiry date. Compare this with the pupil's individual medication record.
- h. Be aware of any indications and side effects of the medication to be administered.
- i. Withdraw the correct dose from the container. Update the medication audit to show the number of doses remaining in the container.
- j. Enter dose, time and sign the pupil's individual medication record.
- k. Controlled drugs are to be signed out and witnessed from the controlled drugs register. Controlled drugs are audited on a daily basis.
- l. Return medication to the security cabinet. Ensure that the cabinet is closed and locked.
- m. Ensure any specific instructions are followed such as 'to be taken with food'. Encourage pupils/students to take medication with water (especially enteric coated medication).
- n. Administer the medication to the individual for whom it has been prescribed, ensuring that the pupil fully consumes the medication.
- o. In the event of a pupil refusing to take medication this is recorded on the pupil's individual medication record with the reasons stated fully and clearly. Medication that has been taken from its container is not returned to the container but placed in the empty container. The dose and description of the

medication is recorded on the disposal register. The container is returned to the pharmacy as necessary.

- p. If successfully administered, sign the individual's MAR sheet.
- q. When the medication and recording has been completed return the drug cabinet keys to the security cabinet.

Record of Staff Approved to Administer Prescribed Medication

The records are required to state:

"Staff listed here have satisfactorily demonstrated their competency to issue medication according to the criteria laid down in the competency check list."

The following data is recorded:

- Name.
- Job title.
- Signature.
- Opus Expires.

Administration of Medication - Procedure

- Administration of medicine must be carried out by two staff that have completed their administration of medicines training. In the absence of two trained staff a senior manager who has undertaken administration of medicines training or school nurse may act as the second person.
- Staff should not under any circumstances administer any supplement or medication, or supervise pupils/students taking inhalers if they do not feel fully informed, or are not confident to do so for any reason, but should seek further advice from the school nurse who will either advised or administer the required dosage.
- If for any reason medication is not administered (e.g the pupil/student is at home, school excursion, no stock, etc) the right code highlighting the reason is to be entered on the MAR sheet. If a pupil/student regularly refuses their medication the strategy to manage this situation is included in a medical treatment plan. Some pupils/students may accept their medication if offered again or if offered by a different member of staff.
- As a general rule there should always be four hours between medication doses.
- Pupils/students are to be encouraged to be actively involved in remembering to request their supplements and medication at the appropriate times.
- Where emergency medication and written protocols are supplied, it is the care staff's responsibility to ensure that these are taken with the pupil/student on any trips off the school site in the evenings. This includes antihistamine tablets, inhalers and Epipens. Care staff are also required to ensure that they have received training in these areas and that they are confident and competent to administer if required.

Supply of Prescription Medication or Supplements

The supply of medication is restricted to the schools local GP pharmacy or an alternative recommended by the GP.

Reasonable notification is required (e.g. one week) by care staff to request prescription supplements (including food obtained via a prescription such as bread, pasta or supplement drinks) and medications to allow for processing of the prescriptions for boarding pupils/students. Staff within the residential areas are responsible for ensuring there is adequate stock at all times.

For day pupils/students who are administered medication during the day, parents/carers are required to bring in the medication personally and hand to the school nurse or send a paper prescription which can be dispensed at the local pharmacy or local GP surgery with the agreement of the SMO by registering the pupil/student as a temporary resident. Medication must not be sent into school via the pupil/student.

Over the Counter Medication

The following protocol applies:

- The school nurse provides the residential areas with over the counter medication required. This will be documented in the over the counter medication stock book and signed in by a member of staff and the school nurse.
- Copies of parent/carer consent forms for every pupil/student are held in the surgery and in the residential area. The consent form is checked before any over the counter medication is administered.
- During the school day the school nurse will administer over the counter medication required and document in the surgery records.
- In the evening, care staff who have completed the administration of medication training to administer any over the counter medication required inform senior care managers on duty of their intention to administer over the counter medication. Staff also check the PRN section of the individuals MAR sheet to ensure adequate time between each dose of over the counter medication.
- Any over the counter medications administered to pupils/students are documented on the individuals MAR sheet and the over the counter stock book resulting in a running total of stock for each separate medication.
- Any over the counter or PRN medication administered by the school nurse is communicated to the care staff during hand over.
- Any over the counter medication or PRN medication administered by the care staff is communicated to the school nurse (e.g. via email) before the start of the school day.
- Any over the counter medication administered to day pupils/students by the school nurse is communicated to the pupils'/students' parents/guardians.

Controlled Medication

Some of pupils/students are prescribed controlled medication. Controlled medication is controlled under the misuse of drugs legislation which is in place to prevent drugs being misused, being obtained illegally and being abused or causing harm.

The following protocol applies for controlled medication:

- Recorded and signed into a controlled stock book or secure electronic file immediately when received into school. A record is made and tablets counted every time controlled drugs are administered, returned, disposed of or leave the drug cupboard (for example on school trips).
- The controlled drug stock book has a running balance of stock and any discrepancies must be reported to the school nurse/head of care immediately.
- When transferred to one of the residential areas the controlled drugs is counted out of the surgery controlled drug stock book and signed into the residential area controlled stock book by the school nurse and a second member of staff.
- Can only be collected from the pharmacy by the school nurse or in their absence a staff member with identification and proof that they are employed at the school.
- If any controlled drugs are to be returned to the pharmacy as a single tablet (e.g if dropped or refused) they are stored in a separate bag with clear labelling including name of pupil/student, medication, amount and date until able to pass to the school nurse for return to the pharmacy. The total in the

stock book should include these drugs until passed to the nurse so that the total in the cupboard still matches the total in the stock book. Denaturing kits may be used for the safe disposal of unused drugs.

- Once a week there is a stock check of controlled medication stored in the surgery carried out by the school nurse and a staff member who has completed their administration of medicines training.

Receiving Medication

Medication received into school is checked against the Medication Administration Record sheet to ensure it corresponds with the labels on the medication boxes and the following information recorded:

- Name of the pupil/student.
- Medication.
- Dose.
- Time to be administered.
- Amount received.
- Expiry date - the expiry date on all items within the residential areas must be checked regularly. If any dates have expired more stock is requested. Prescription medications not in sealed blister packs are to be replaced 6 months after the opening date e.g. inhalers. The date of opening therefore needs to be recorded on the box, or directly onto the inhaler in indelible ink.

Refer to section on Controlled Medication regarding the additional protocol on receiving and maintaining records for these drugs.

Storage of Medication

The school nurse is expected to ensure:

- all medication is stored within a locked drug cupboard, within a locked room (in the surgery and residential areas) and remains within its expiry date (including inhalers and EpiPens and other PRN medication).
- controlled drugs are kept in a separate drug cupboard from other prescribed medication.
- topical medication is stored on a separate shelf within the drug cupboard.
- creams and lotions have the opening date written on the box and disposed of within 6 month's unless indicated otherwise on the information leaflet.
- prescription medication is stored within the original packaging with the original label indicating the prescribing doctor's instructions.
- supplements and over the counter medication supplied from home is clearly labelled with the pupil's/student's name in indelible black ink and documented on the Medication Administration Record sheet.

Staff must check expiry dates of medications to be stored within a fridge (with a reading between 2°C and 8°C) and pass to the school nurse to dispose of any medication out of date. Fridge temperatures are checked and recorded daily.

Food products obtained via a prescription can be stored in the school kitchen, the surgery or within the residential areas.

Medication From Home

Any medication brought into school by pupils is required to be in its original container clearly showing the pupil's name, description of medication and dose on a pharmacy label.

This MUST NOT be administered until a check has been carried out with the pupil's/student's parent/carer. This check must be recorded on the pupil's record and be signed and dated by the member of staff who carried out the check. The quantity of medicine and dose is also recorded on the pupil's record.

Medication Going Home

Any medication that needs to return home can be sent via an adult escort, or with a pupil/student who is considered sufficiently responsible and has permission to travel alone, subject to the agreement of the parent/carer in advance. The following procedures apply:

- When the telephone call has been made with the parent/carer the outcome is recorded on the pupils' individual medical record.
- If a controlled medication is sent home then the signature of the receiving person must be obtained and the controlled drugs register signed / witnessed.
- A separate record is also kept of all medications returned home in order to account for all medications kept in the school.
- A paper prescription is obtained from the school GP for any medications that are regularly prescribed for home administration. This will be either handed directly to the parent / carer or mailed via recorded delivery. The parent / carer must be contacted and informed and the outcome recorded on the pupils' individual health file and / or electronic record.
- If a member of staff is unsure whether to send medication home or not they must consult senior managers or the school nurse.

Changes in Medication

School nurses are required to:

- Only accept verbal and telephone instructions regarding medications from the named SMO and followed by the instruction in writing.
- Implement changes made by consultants only when received in writing.
- Once written confirmation is received, make changes to the MAR sheet and obtain a signature from the SMO at the earliest convenience.

Annually parents/carers are sent a medical update form to complete highlighting any changes in medical circumstances including changes in medication. This is important for day pupils/students that are not registered with the SMO to ensure up to date information.

Errors in Administration of Medication

In the event of a medication error:

- The school nurse and the most senior manager is informed and medical advice immediately sought from the SMO, NHS direct, A&E or if required call an ambulance.
- A medication error of any kind is dealt with as a serious incident and never concealed.
- When calling for medical advice information on the pupil's/student's medical needs, medication they are prescribed and the wrong medication that has been administered is required.
- The senior manager and school nurse inform the parents/carers of the incident and the outcome of the incident.
- The events leading to the incident are recorded to ensure an investigation can be completed once the pupil's/student's needs have been met and medical advice established and followed through.
- Administration of medicines procedures are reviewed with the SMO, school nurse and senior care staff as part of the investigation to prevent any further errors occurring.

Returned Medication

Medication may need to be returned to the pharmacy for safe disposal if refused, dropped, no longer required or out of date. All staff take unwanted medication to the school nurse to organise the returns to the pharmacy which will be recorded in the surgery returns book and signed on receipt by the pharmacy staff.

In the event of a death of a pupil/student all medication must be retained in the school surgery or residential area for at least 7 days due to legal requirements.

If medication, supplements or over the counter medication needs to be disposed of that has been provided through the parents/carers these must be returned directly to the parents/carers for disposal.

Medication Out of School

Pupils/students may leave the school site for reasons such as day trips or going to external educational facilities. It is the responsibility of the supporting staff member to have carried out administration of medication training and to sign out medication from the school nurse. PRN medication and the individual's treatment plan are to remain accessible to the individual pupil/student when off the school site.

Following a risk assessment it has been deemed an unacceptable risk for stocks of 30+ controlled drugs to be taken out of a controlled environment due to the possibility of loss or theft.

Procedure

- a. A named staff member from the competency check list and the School Nurse place the required amount of medication in a self seal envelope labelled with:
 - Pupil's Name.
 - Name of Medication.
 - Date, quantity, dose and time of administration.
 - In the case of controlled drugs all of the above will apply but the container must be separate, secure and lockable.
 - All controlled drugs given to staff are entered into the controlled drugs register and the staff member receiving them and the school nurse will sign the register.
- b. The named staff member and school nurse sign the self-seal envelope.
- c. The quantity of medication issued is recorded on the central medication stock list.
- d. If neither of the above are taking part in the off site event, the authorised supporting member of staff (trained in administering medication) collecting the medication signs the drug chart to confirm they are taking responsibility for the medication.
- e. During off-site residential trips the administering of medication by the authorised member of staff:
 - checks the pupil's medication card for time and dose required.
 - signs for dose administered in the correct box on the Medication Administered Record (MAR) sheet.
- f. If any medication is refused by the pupil/student, the authorised member of staff will enter the relevant code for 'refusal' on the MAR sheet. And on return to school any unused medication is returned to the school nurse for disposal.
- g. At the end of the outing the final quantity of remaining medication is recorded on the chart and checked by the school nurse on return of the medication to the surgery.

Self-Administration

Pupils/students are supported to develop their skills and independence in all areas including administration of medication. Any pupil/student over the age of 16 is legally entitled to self medicate and staff will:

- assess the pupil/student as understanding the safety implications for themselves and others, able to identify medication and understand specific instructions before they can be enabled to self medicate.
- provide the pupil/student with a lockable locker within their bedroom if they board or within school if they are a day pupil/student.
- provide a clear goal plan for any pupil/student working towards self-administration of medication and a risk assessment developed to manage risks in this area.
- support the pupil/student to implement self-administration as a goal with multi disciplinary agreement, including approval from senior care staff and the School Nurse.
- maintain a strict weekly stock control and monitoring to make sure that pupils/students are self-medicating correctly.

Before speaking about a family's circumstances at reviews, case conferences, schools etc, staff are required to be alert to who else has the information and avoid inadvertently breaking confidentiality.

Association with specialised services or having a worker in a local authority specialised unit may instantly identify the family/individual with a medical condition. Therefore, caution is needed, for example in writing letters, sharing information or in making referrals to external services.

Communication

In addition to providing support and care for families and children living with HIV, staff have a responsibility to talk openly and sympathetically with all pupils/young people in their care about the risk of HIV infection. This implies having access to accurate information and being ready to discuss issues of personal, social, and sexual development in a professional manner and at a level appropriate to each child's/young person's ability and stage of development.

In situations where the parent has agreed to information about their HIV status being shared with their child, staff are required to be ready to provide the child/young person with clear information about HIV and the implications and be able to cope with any negative reactions.

Children are likely to need help to decide whom they can safely talk to about HIV outside the family or carer circle.

Children/young people facing the death of one or more members of their family and possibly their own premature death will be reassured if they know it is safe to talk about their fears. They will need consistent support from staff or carers through unpredictable and often long-drawn out illnesses. Staff will need personal and professional reserves to help sustain young people sometimes through a sequence of losses, meanwhile ensuring that the quality of life is as good as possible.

7. Drug Education

Roles and Responsibilities

Role	Responsibility
Governing Body	Monitoring the quality and effectiveness of the drug education programme.
Headteacher / Principal	Monitor the drug education programme against the ethos and aims and objectives of the school. Provide designated staff with relevant training to ensure they have the skills, knowledge and resources to deliver the drug education programme effectively.
Drug Education Co-ordinators	Designated members of staff to coordinate the drug education programme and ensure there is consistency in the content and delivery of drug education within the PSHE programme. Review and implement drug education to ensure it reflects government policy and guidelines.
Staff	Ensure that drug education is relevant to the age and abilities of the pupil and is factual in content.

Multi Disciplinary Approach

- Invite parents/carers, pupils/students and purchasers to take part in a consultation process regarding the information shared with pupils/students on drugs. Thus enabling consistent messages from all supporting the individual pupil.
- The use of outside agencies to provide drug education is encouraged and implemented as a planned approach.
- Develop a good working relationship with the local police to ensure good inter professional working. Also, identify a named police officer to support the school with any drug issues. The police can be useful as a resource in delivering drug education but also to gain advice with drug related incidences.

Management of Drug Related Issues

- With all drug related incidences the care, welfare and safety of the child is paramount.
- Staff found to be in possession of or under the influence of illegal substances will be suspended, investigated for gross misconduct and referred to the police. Refer to the Trust [Disciplinary Policy](#).
- A pupil in possession or under the influence of illegal substances will need medical attention followed by exclusion pending an investigation. Safeguarding and Child Protection procedures are followed and police advice sought.
- Searching lockers, bags and the school environment is permitted and essential in some instances to promote safety for all pupils. Procedures for searching pupils who are suspected to be in possession of illegal substances are detailed in the Trust [Behaviour Management Protocol](#) in line with the DfE guidance on 'Screening, Searching & Confiscation'.
- Any illegal substances discovered are removed, locked in the surgery and managed as a controlled drug until they can be passed onto the police. Staff are required to seek a witness to this process to safeguard themselves.
- The school liaise with other agencies/professionals to ensure a multi disciplinary approach to drug issues.
- All drug related incidences are reported to the Headteacher/Principal immediately.
- Promote health and wellbeing to all students and pupils.

- Adequate precautions and every reasonable steps are taken to ensure that the students and pupils are not over exposed to the harmful rays of the sun.
- Provide education to students and pupils regards sun protection to enable them to develop their independence and self help skills in this area.

8. Sun Protection Awareness

Sun protection is essential for all children and adults during the warmer months, even on cloudy days when harmful sun rays can still affect the skin.

Protocol for Sun Protection

- The school nurse sends a letter to all parents/carers annually prior to the warm weather outlining the risks presented by the sun and how to protect their children from the sun. The exact date for this correspondence will be reassessed every year in the basis of climatic change. The standard letter requests that all parents/carers provide a high factor suncream, (SPF 15+) labelled with the child's full name for use within school.
- The pupils/students are encouraged to keep the containers in their schoolbags and to apply it themselves according to the instructions on the bottle 20 minutes prior to sun exposure during the course of the school day. Risk assessments are implemented where required.
- Pupils/students who board also need to apply the lotion prior to any outside early evening activities and in the mornings when appropriate.
- It is the responsibility of the classroom staff to ensure that all pupils/students have adequate sun protection between the hours of 9am and 4pm. Residential care workers are responsible from 4pm to 9am the following day.
- It is the responsibility of all staff to ensure that children/young people have a suitable sun protection cream or lotion available. In the first instance if this not the case, the Form Tutor or the Residential Area Leader advises the parents/carer of the need for this item to be provided. Parents/carers are informed if children/young people are reluctant to follow the sun protection advice given by school staff. In the event of this happening, a letter will be sent to the parents/carers by a senior care manager outlining any concerns regarding possible health and safety issues.
- The use of a high protection sun cream is always in conjunction with other measures including suitable clothing, adequate drinks and remaining in the shade as much as possible. Pupils/students are required to wear their shirts in the playground during the day and around the grounds during any evening activities.
- Organisers of school trips must ensure that all children/young people have adequate protection from the sun with a high factor suncream, suitable clothing including caps and a plentiful supply of cool drinks. Remaining in the shade as much as possible and frequent applications of suncream are essential. Any pupil/student not prepared to accept the advice of the trip organiser relating to these issues are subject to consequences such as not going on the trip.
- The school nurse is available to advise staff on health and safety guidelines, or to help children/young people apply their suncream appropriately.
- Sun protection education is provided within PSHE education to enable pupils/students to develop their skills and independence in this area supported to make informed choices regarding their health care.
- Medical attention is sought if pupils/students are affected by the sun i.e. sun burn/sun stroke. Staff are aware of any pupils/students that are prescribed medication that make them more susceptible to the effects of the sun.