

<b>Category</b>	Health & Wellbeing		
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### Related Documents

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

### Reference Material

Guidance
<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 &amp; Safety Executive (HSE) website.</p> <p>Control of Substances Hazardous to Health Regulations, 2002 (COSHH).</p>

### Related Policies

Name	Reference
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



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Brantridge School



Grafham Grange School



St Dominic's School

## 1. Policy Statement

The health & wellbeing of pupils/students is an essential element to the operations of the RADIUS Trust and each school. This policy aims to specify the arrangements to be in place at each school to uphold the highest standards of medical care and welfare for all in line with government recommendations and guidance from appropriate professional bodies.

Staff at each school with health related roles are expected to be fully qualified and trained and are offered advice and assistance when required.

To support the health and wellbeing of pupils/students, each school is required to:

- ensure staff are trained to promote health and wellbeing in the curriculum and extended learning activities and maintain strategies to build relationships with parents/carers and pupils/students.
- include drug education within the curriculum to raise awareness of the affects of substance misuse.
- have an effective a Physical, Social, Health & Economic (PSHE) and sex & relationship programme to support aspects of health & wellbeing.
- ensure all children complete a health questionnaire upon admission so that there is an awareness of any health concerns and immunisation status. Some children may be more vulnerable from disease than others and each school must be aware of any children with suppressed immunity.
- ensure any medical issues on a child/young persons Education, Health & Care Plan (EHC) are addressed and monitored including emotional, social and physical health.
- administer first aid, as required, contacting the emergency services as necessary.
- offer boarding pupils routine immunisations and all pupils any treatments or immunisations advised by The Department of Health or The Local Health Authority.
- provide facilities for the safe storage and administration of medication.
- invite the school nurse to take part in Personal, Social, Health & Economic education (PSHE), first aid and other curriculum topics as required and in agreement with the curriculum leaders.
- display health education posters and leaflets in the school surgery and refresh according to the season and current topics in the media.
- liaise with other school departments, parents/carers and outside agencies regarding medical needs and addressing any concerns.
- maintain confidentiality for all personal and medical information where possible.
- provide members of staff with intimate care guidelines.

## 2. Medical Contracts

Each school is required to:

- maintain medical contracts for each pupil/student to be reviewed and renewed annually with the local GP for weekly clinics and services (including dispensing medications) for residential pupils/students.
- make arrangements for residential pupils/students to receive regular weekly/bi-weekly visits to the school from a designated GP (School Medical Officer).

Residential pupils/students are required to be registered with the school's local GP unless the pupil/student lives locally to the school. Pupils/students registered with the school's GP may also see their GP at home as a temporary resident.



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### 3. Health Surveillance

To monitor the health and wellbeing of pupils/students each school is expected to ensure:

- all new pupils/students (day/boarding) have a medical with a school nurse on arriving/leaving school.
- all children are seen by a school nurse prior to their annual review and reviewed against the EHC Plan.
- children/young people with a chronic medical condition such as asthma or prescribed controlled drugs are formally assessed once a year by medical staff.
- children/young people are reviewed at other times if there are medical concerns from parents/carers, the pupil/student, other school staff or external professionals.

### 4. Medical Records & Facilities

This section complies with the Trust [Data Protection, Security & Retention Policy](#) and related statutory guidance.

#### Medical Records

Each school is required to maintain a medical record for every pupil/student, which includes:

- Personal details and parent/carer contact numbers.
- Parent/carer signed consent for emergency treatment.
- Parent/carer signed consent form for over the counter medication.
- Parent/carer signed consent for care staff to administer all medications in the residential areas for boarding pupils/students.
- Health surveillance details, medical reports and review summaries.
- Information of prescribed medication and up to date allergy list.
- Medical Administration Record sheets.

Medical information shared with other members of staff are on a “need to know” basis and is to be treated confidentially. For Safeguarding & Child Protection concerns the Trust [Safeguarding & Child Protection Policy](#) and related school procedures apply.

All medical records are legally required to be stored until the child has reached the age of 25 or for 8 years following a death.

#### Medical Facilities

Each school is expected to provide and maintain secure facilities for the safe storage and administration of medication. Further information is detailed in the Trust [Health & Wellbeing of Pupils/Students Protocol](#).

### 5. Communication

To promote health and wellbeing each school is required to display the following posters in the medical rooms:

- The Health and Safety Law Poster 2009.
- Control of Substances Hazardous to Health Regulations (COSHH).
- Know Your “Dangerous Substances”- Health Hazards - In The Workplace (The Chemical Regulations 1994).
- Electric Shock Emergency – Resuscitation.



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- Rules for Safe Lifting.

## 6. Professional Accountability and Development

### School Nurse

School nurses at each school are required to maintain effective registration with The Nursing and Midwifery Council (NMC), a recognised first aid certificate and keeping a professional portfolio. Appropriate study days and courses may be arranged through the school in-service training programme, or off site, using the budget for professional development, at the discretion of their line manager.

School nurses are expected to work in a professional manner according to the NMC Code of Professional Conduct and comply with Trust policies and follow the guidelines from The Royal Pharmaceutical Society, National Minimum Standards for Residential Special Schools and the school's local council. School nurses are advised to join an organisation that offers professional advice and support.

### Welfare of Children

The welfare of the children/young people in each school is paramount. School nurses are required to:

- be sensitive to the child's/young person's physical, emotional and educational needs and the child's/young person's age and understanding should be taken into consideration.
- only administer medical treatment where a child/young person has sufficient understanding (except in a medical emergency). It is for the doctor to decide, when present, whether the child is capable of giving consent. Where the child is not of sufficient understanding, the consent of the parent/carer, according to the school medical consent form, is to be sought. A young person over the age of 16 years is legally entitled to give his/her own consent.

In situations involving safeguarding & child protection issues, the school nurse requires sufficient information from the safeguarding and child protection lead, to offer the best possible care to that child, in line with NMC guidelines. In the case of difficulties senior managers should be consulted.

## 7. Intimate Care

RADIUS Trust is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times and to acknowledge that they are in a position of great trust.

Each school is required to recognise the need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers to share information and provide continuity of care.

The Trust [Health & Wellbeing of Pupils/Students Protocol](#) details the following:

- Definition of intimate care.
- Guidelines.
- Best Practice.
- Safeguarding Children and Young people.
- Medical Procedures.

## 8. Administration of Medication

The aim of this section is to ensure safe receipt, storage, administration and disposal of medicines and dietary supplements within the school and ensure practice is in line with current legislation and good practice guidelines.

The procedures for handling of medicines fall into two categories.

- **Prescribed Medication:** only issued by staff who have demonstrated competency according to the schools Administration Of Medication Competency Checklist (record held with designated medical staff). This policy 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.
- **Non-Prescription Medication:** supplied from the stocks approved by the school visiting School Medical Officer (SMO), carried in the surgery and stored in a locked cupboard. When it is necessary for staff to issue such medicines a *signed* entry is made in the pupil's individual record stating the name and dose issued and date and time of issue.

All parents/carers are required to sign a parental consent form to consent to staff at each school administering prescribed and over the counter medication to their children. The over the counter consent form also identifies which over the counter medication they approve for their child to receive as required. These consent forms remain in the pupil/student files, both in the surgery and in the residential areas, and adhered to by all staff administering medication.

### Competency & Training

Staff in each school are required to have completed their training on the administration of medicines to administer medication within school. This consists of:

- Internal training and completion of the competency check list which includes a one to one discussion with each school's designated medical staff.
- Medication training is updated on an annual basis to develop individual staff skills and acknowledge changes in legislation.
- Additional training on the use of PRN medications (such as Epipens, inhalers and Rectal Diazepam) and require updating on an annual basis.
- Evidence of training kept in the staff training file.
- In each administration of medicines file in the residential areas and within the surgery there will be examples of signatures and initials for all staff that have completed this training to be able to identify initials made on Medication Administration Record sheets.
- During the school day prescribed and over the counter medication is administered by medical staff. In their absence, two staff that have completed their administration of medicines training will carry out these tasks.
- Pupils/students that are residential during the week have their medication, dietary supplements and PRN medication administered by care staff in their residential areas. Staff should not administer medication if they are not competent and confident to do so or if they are unsure about any of the instructions. In this case, advice is sought immediately from the school's nurse or SMO.

The Trust [Health & Wellbeing of Pupils/Students Protocol](#) details the following:

- Essential Checks.
- Record of Administration.
- Administration of Medication – Competency Checklist.

- Administration of Medication – Procedure.
- Supply of Prescription Medication or Supplements.
- Over the Counter Medication.
- Controlled Medication.
- Receiving Medication.
- Storage of Medication.
- Medication From Home.
- Medication Going Home.
- Changes in Medication.
- Errors in Administration of Medication.
- Returned Medication.
- Medication Out of School.
- Self-Administration.

## 9. Drug Education & Other Substances

The aim of this section is to ensure high standards of drug education to the young people it is delivered to, promotion of good practice and consistency in this area and to ensure each secondary school is following government and local guidelines and expectations.

Each secondary school is required to promote consistency in the provision of drug education and to:

- share the schools view on drugs and their use.
- ensure consistency regards the schools response to drug abuse within school and promote good practice in this area keeping within safeguarding boundaries.
- promote healthy living and wellbeing.
- share knowledge and information on drugs including both legal and illegal substances including substances, effects and risks.
- help pupils develop the skills required to manage peer pressure, develop decision making skills and make informed choices.
- share knowledge on the social / economical impact of drug use.
- share information on the legal issues relating to drug use.
- ensure drug education is delivered within government and good practice guidelines.
- present drug education within a coherent, progressive and holistic programme of PSHE aimed at promoting pupils knowledge, understanding, skills and attitudes.

Further information on drug education is detailed in the Trust [Health & Wellbeing of Pupils/Students Protocol](#).

### **Alcohol**

Staff are not permitted to use alcohol at any time that they are on duty or supporting a child including when on school trips. Pupils/students are not permitted to drink alcohol as they are primarily under the legal age to buy alcohol. However if a student over the age of 18 wanted to drink alcohol this would need to be discussed, risk assessed and risk management strategies implemented.

### **Use of Solvents**

Solvents are not illegal substances but can present a risk to pupils/students if they were used in the wrong manner. Any chemicals used by the maintenance team or any staff member is required to be risk assessed, recorded and securely stored.

### **Smoking**

The school is a no smoking environment. Pupils will have education on smoking within the drug education programme and each school is required to comply with the Trust [Health & Safety Policy & Arrangements](#).

### **School Trips and Outings**

This policy applies during school organised trips and holidays including no smoking and no alcohol for both pupils/students and staff. Risk assessments are expected to manage the risks relating to these specific areas.

## **10. Sun Protection Awareness**

The World Health Organisation states: 'The rise in the incidence of skin cancers over the past decades is strongly related to increasingly popular outdoor activities and recreational exposure. Overexposure to sunlight is widely accepted as the underlying cause for harmful effects on the skin, eye and immune system. Experts believe that four out of five cases of skin cancer could be prevented, as UV damage is mostly avoidable.'

Each school is required to ensure pupils/students have adequate sun protection and both pupil/students and parents/carers are aware of the dangers in relation to UV damage.

Further information on the protocol for sun protection is detailed in the Trust [Health & Wellbeing of Pupils/Students Protocol](#).