

Welburn Hall School and College



School Medical Policy

Policy Dated 9 March 2024

Whilst this policy makes reference to residential provision, the school has suspended this provision whilst essential building work takes place.

Related Policies:

Intimate Care & Physical Contact
Moving & Handling
First Aid Policy
Health and Safety
Child Protection Policy
KCSIE 2024

Review Period: Yearly
Next review Due: April 2026
Adopted by Governors: 9 March 2024
Reviewed: April 2025

Signed by Chair of Governors / Committee Chair

1. Scope of the Policy:

This policy aims to address the responsibilities of the Governing Body in relation to:

- The requirements of the Children and Families Act 2014.
- NMS 3; '*National Minimum Standards for Residential Special Schools*', (DfE April 2015).
- Further Education Residential Accommodation: National Minimum Standards September 2018
- DfE 'Supporting pupils at school with medical conditions' 2015 (Including Updates in August 2017).
- DfE 'Special educational needs and disability code of practice: 0-25 years'
- 2015 DfE 'Guidance on first aid for schools' 2000

It makes use of the NYCC Specialist Support draft document: 'Guidance for Supporting Children and Young People in Schools with Medical Conditions, (January 2015); any further guidance will be cited in the body of the policy.

Key to ensuring both compliance and good practice has been the Royal Pharmaceutical Society guide: 'The Handling of Medicines in Social Care', (2007), explicitly referred to within the NMS, (at 3.6). However, as of March 2018, this document is archived by the RPS because it contains "out of date guidance". On their website, the RPS advise use of the NICE guidance on: 'Medicines Management in Care Homes', (March 2014), which this policy utilises. The update in January 2018 and May 2020 has been factored into the policy with the changes made to the original guidance in March 2014.

A school does not feature as a "designated body" under the terms of the '*Controlled Drugs (Supervision of Management and Use) Regulations*' (2013), so is not directly subject to its restrictions and requirements. However, in pursuit of best practice, Welburn Hall acknowledges the National Institute for Health and Care Excellence assertion that:

'1.1.9 Non-healthcare settings, such as schools, should have systems and processes in place for storing, recording and transporting controlled drugs that belong to a person who is under the organisation's supervision'.

Controlled drugs: safe use and management, (NICE April 2016)

Therefore, process, guidance and protocol provided in this document will reflect our commitment to safety and security by setting practice at a high standard; which is consistent with the Regulations.

This policy is also intended to define the school's established ethos and practice in regard to student involvement in his/her own care and development, encouraging and enabling independence as far as is possible and safe.

The school is aware of issues around Gillick competency and will exercise due diligence in supporting students to consent to their own medical treatment. During such interaction with medical professionals, the school will provide support appropriate to a student's individual needs.

2. Responsibilities:

The Headteacher:

The Headteacher is responsible for overseeing all matters relating to the health and wellbeing of students at the school. He/she should keep apprised of all arrangements and be aware of the activities of the 'named person', (Residential & Safeguarding Manager). The Headteacher is also responsible for providing supervision and support to the named person.

The Residential & Safeguarding Manager, (RSM), should:

- Coordinate the implementation of this policy and NYCC guidance in the school.
- Maintain oversight of medical matters within the scope of the school.
- Be available to advise and support all staff as necessary.
- Support the School Nurse in developing and maintaining Individual Healthcare Plans.
- Conduct monitoring activity to ensure good practice and record-keeping in regard to practice, including medications and Individual Healthcare Plans.
- Oversee the delivery of basic training in regard to the administration of medications and any other areas of training deemed appropriate for 'in-house' provision.
- Oversee the Moving and Handling provision at the school, supervising the M&H Coordinators, ensuring high quality guidance, practice and individual assessment.
- Liaise with the School Nurse to identify and source any external provision to address training needs, (such as emergency medications/interventions or medical procedures), which are authorised and insured via NYCC.
- Liaise with the Inclusion Manager to ensure continued access to education during medical absences.

The Inclusion Manager:

The Inclusion Manager takes the lead in ensuring access to education in the event of medical absence and, in doing so, works closely with the Residential & Safeguarding Manager and teaching staff. Details of this role are included under 'Illness and Emergencies' below.

The Family Support Manager:

The Family Support Manager is responsible for supporting families to understand and engage with matters regarding the healthcare needs of their child. She/he will provide lines of communication and will, to some extent, represent the views of parents and carers in their absence. The role of the Family Support Manager is also important at times when the Individual Healthcare Plan is in need of review, either via the Annual Review process or in the interim.

Children and Young People:

The students at Welburn Hall should be encouraged to manage their own condition as much as they are reasonably able. As much as possible, they should be prepared for independence by taking on more of their own care as they mature, whilst building a realistic understanding of their needs and limitations.

Children and young people must be involved in decisions and arrangements made in regard to their care and should be supported to contribute by all relevant staff; but particularly Form Tutors and Key Workers. Gillick competency must be considered where students ask for confidentiality.

Parents/Carers:

The role of parents/carers is acknowledged to be valuable and the school recognises that they may sometimes be the main authority on the needs, abilities and strengths of their child in the context of their medical condition. Where appropriate and productive, parents/carers should be involved in advising staff, perhaps participating in training; but this cannot be in the absence of input from healthcare professionals.

Parents/carers must always be directly involved in the development and review of Individual Healthcare Plans. They will be responsible for carrying out any commitments made by them in the plan, or during the process of assessment; and must raise with the school any subsequent concerns they may have about medical arrangements or practice.

There is also a clear responsibility on the part of parents/carers to fulfil all expectations in regard to:

- Providing proper written consent for treatment whilst their child is at school.
- Providing written consent for each and every medication they wish the school to administer to their child.

- Understanding and following the school's policy on illness, which includes ensuring their child is not brought to school unwell.

The points above are all detailed in following sections and in leaflets provided to parents on induction and at other times.

The School Nurse:

The School Nurse works with all staff to provide support and advice on medical matters. Liaising closely with the Residential & Safeguarding Manager, the School Nurse is responsible for ensuring Individual Healthcare Plans are in place in regard to:

- Emergency procedures and medications.
- Relatively common conditions, (asthma, epilepsy, diabetes, allergies, etc.).
- 'Signing-off' such plans as the responsible healthcare professional.
- Notifying the school when a child/young person has been identified as having a medical condition which will require support and, wherever possible, do this before the student starts school.
- Keeping the Residential & Safeguarding Manager well apprised of events and issues regarding health matters.

As part of the induction process, the School Nurse is responsible for checking, at the beginning of each academic year, the medical needs of all children/young people at the school and will ensure that Individual Healthcare Plans are in place for those in need of one.

The School Nurse will also assist in the delivery of a rolling programme of training in interventions related to the more common conditions, (Epipen, Buccal Midazolam etc.).

Various health professionals are expected to work with the school and should be available and accessible to us. The School Nurse ensures that such important input, especially in regard to advice about individual conditions or needs is sought, documented and followed by the school. The School Nurse will, when necessary, ask external professionals to contribute to the Individual Healthcare Plan.

3. The Role of Staff:

The school looks to its staff to provide a high standard of care and consideration in respect to a student's medical needs. They are expected to take a positive 'can do' approach to such impairment and act as:

- Exemplar
- Advocate
- Teacher
- Supporter

It is the commitment of the whole team at Welburn Hall which is key to ensuring that the medical needs of students are met and, in all aspects of their practice, every member of staff must be aware of:

- Their obligation to follow relevant policy, guidance and procedure.

- The individual needs of students, or know how to find these out in detail where necessary.
- Their responsibility to ensure that students with medical needs are able, as much as possible, to participate in learning, activities and all other aspects of the school community.
- Their duty to seek the advice of the School Nurse in all circumstances when correct procedure is unclear, or fresh concerns emerge about the care of a student with specific medical needs.

It must be remembered that the learning and development of students with medical needs should be treated as equal to all others and effort must be made to offset or mitigate any disadvantage caused.

Duties:

Any relevant member of staff may be asked to provide support to children/young people with medical conditions and all must take into account their particular needs when planning and delivering teaching or any other activity.

Residential Care Officers, (RCOs), and Advanced Teaching Assistants, (ATAs), are **contractually obliged** to:

- Administer medications where required, but may do so only with the appropriate training and authorisation, (as described under 'Medications' below), and in adherence to procedures provided by the school.
- Perform moving and handling tasks, strictly in line with established guidance and procedure, (ref: Moving & Handling policy).
- Provide intimate care to students in accordance with agreed needs and processes and in adherence to the school's policy: *'Intimate Care and Physical Contact'*.
- Undertake medical procedures for which they have been trained and for which suitable insurance is in place.

Assistant Residential Care Officers, (ARCOs), and General Teaching Assistants, (GTAs), are **contractually obliged** to:

- Perform moving and handling tasks, strictly in line with established guidance and procedure, (ref: Moving & Handling policy).
- Provide intimate care to students in accordance with agreed needs and processes and in adherence to the school's policy: *'Intimate Care and Physical Contact'*.

GTAs and ARCOs, whilst not obliged to administer medications, may be willing to do so. In circumstances when an ARCO/GTA has signalled their interest, they may be invited to be trained to participate in the administration of medications.

Teaching staff are not obliged to undertake the above, but may choose to do so. In such instances, teachers must have the same level of training and understand their duty to follow established procedures.

Supervised by the Residential & Safeguarding Manager, there are two Designated Medical Leads, (DMLs); one a volunteer ATA and the other the Senior Residential Team Leader. Usually, it will be one of these that will deliver training on the administration of medication.

Other staff, such as admin workers, if willing, may be trained to 'witness' level, meaning that they will be able to assist a designated person to administer medications. This provision is intended to provide flexibility and capacity at times when it may otherwise be difficult to find sufficient suitably trained people to administer medication. It is not to be used on a regular basis, nor should these members of staff be unduly inconvenienced.

The contribution of all staff is valued at the school and whilst some are not generally included in arrangements to provide care or medication to students, they are expected to raise any concerns they may have regarding what they see.

Any uncertainty about the above criteria must be raised directly with the Residential & Safeguarding Manager or School Nurse.

Training:

The school is committed to supporting and equipping its staff to provide a high standard of care in regard to health needs and acknowledges the importance of training in this respect. This is relevant to the following situations/scenarios:

- The delivery of regular medical care, (oxygen, feeding systems etc.).
- The administration of medications, whether prescribed or not; both regular and PRN, (as necessary).
- Emergency interventions, (Epipen for Anaphylaxis; Buccal Midazolam for seizure etc.).
- Regular intimate personal care, where there is an identified expectation based upon assessment of the child/young person's needs; as well as general practice expectations for unplanned intervention.
- Moving and Handling where there is an identified expectation based upon assessment of the child/young person's needs.
- Any other procedures or approaches identified as necessary for a particular student, as detailed in their Individual Healthcare Plan.

The School Nurse will, with the support of the Residential & Safeguarding Manager, deliver, or arrange, regular whole-school training on health matters. This, to ensure that all staff understand the context within which the school meets its duties to students with medical needs, know their own role in delivering appropriate care; and understand their duty to follow school policy and procedure. This training may also

include overviews of the more common medical conditions and syndromes and the school's management of them.

Together, the School Nurse and Residential & Safeguarding Manager will maintain the relevant sections of the Staff Handbook to provide valuable induction materials for new staff and continuing guidance for all.

It is essential that all relevant members of staff are able to raise any concerns or identify areas in which they lack confidence. The formal process of performance management will support them in doing this and line managers must inform the Residential & Safeguarding Manager of any emerging training needs. Meetings of the Senior Leadership Team will be used for discussion about the training needs of teams and patterns of need emerging from the performance management of individual members of staff.

Where 'specialist' training is required, (such as in regard to emergency medications), the School Nurse will respond to this need and keep the Residential & Safeguarding Manager informed.

In regard to training in moving and handling, the Moving & Handling Coordinator, supervised and supported by the Residential & Safeguarding Manager, manages regular sessions covering back care and arranges and delivers training specific to particular students as the need arises.

Support & Review:

Even outside of formal training, the School Nurse will be available to discuss with individuals or teams their concerns, ideas or questions. He/she will also be able, at times, to run small group support sessions to recap upon either policy/guidance or the needs of particular students as expressed via their Individual Healthcare Plan. In situations where the advice of medical staff is needed, the School Nurse may arrange for them to attend such meetings. In general, the need for support sessions should be highlighted by line managers.

Line managers will also be expected to raise any concerns with the Residential & Safeguarding Manager about general practice and the standard of care. In such circumstances, the Residential & Safeguarding Manager will be supported to assess the issue/s and report back on the recommended course of action. This kind of scenario may result in a support session, as described above or a complete re-visiting of an area of practice with whole teams.

The Residential & Safeguarding Manager will, across all settings, conduct regular monitoring of Individual Healthcare Plans and practice relevant to this policy. In order to do this effectively, she/he will need to observe practice, speak with staff and consult with line managers and other coordinators, (eg. Moving & Handling).

In the event of concerns being raised about the competence of a trained and practicing member of staff, the Residential & Safeguarding Manager must be informed and may instruct them to cease all relevant duties until their training needs have been addressed. This would be precautionary until all, including the member of staff and their line manager, could be sure of their ability to follow acceptable procedure.

Promoting student development and involvement:

Policy and practice in regard to medical needs must be consistent with Welburn Hall's ethos of student independence, development and involvement. All staff will be expected to facilitate, as much as possible, a meaningful engagement with the student which enables them to express their aspirations and concerns; as well encourages participation in the planning of their own care. At times, a student's limited understanding and ability to communicate will present challenges to this. Therefore, key members of staff, (eg. Form Tutors, Key Workers, Home/School Liaison Manager, Residential & Safeguarding Manager and School Nurse), will work collaboratively to mitigate any such disadvantages and it will be essential for them to consult fully with parents/carers.

4. Meeting the Needs of Students:

When a child/young person is enrolled into either school or college, it is essential to identify any medical needs they may have. Once these needs are known, the school can establish how they should be met. Typically, individual healthcare needs are recorded in a way which provides both information and advice to staff; and appear within:

- **Grab Files:** in all cases, including a Summary of Care Needs and details of medications.
- **Residential Care Plans:** if boarding.
- **Individual Healthcare Plans:** if the need is deemed significant.
- **Therapy Programmes:** as prescribed by Physiotherapists and OTs.
- **Intimate Care Plans:** to best inform staff as to specific personal care needs.
- **Moving and Handling Plans:** to be followed completely in all cases.

When the school becomes aware of healthcare needs:

As soon as any healthcare needs are identified, the School Nurse must be informed. The School Nurse may be able to gather information without difficulty, but may wish to hold a meeting which includes any/all of the following:

- The child/young person if appropriate.
- Parents/carers.
- Relevant healthcare professionals.
- The Family Support Manager.
- The Key Worker.
- The Form Tutor.

At such a meeting, it should be determined:

1. What the needs of the student are and how these will be met.
2. Whether an Individual Healthcare Plan is required.
3. What the Healthcare Plan should include.

The Individual Healthcare Plan:

In some cases, the healthcare needs of the child/young person will be met relatively easily and may be addressed via the Grab File and Care Plan but, where the following occur, a Healthcare Plan should be developed:

- There are medical procedures in place eg. management of feeding systems, tracheotomy etc.
- There is regular medication for an ongoing condition.
- The child/young person has a number of medical conditions.
- The student needs monitoring for emergency symptoms and there are emergency procedures in place.
- There is a registered health professional, (eg. Community Paediatrician, School Nurse, Specialist Nurse), who has identified a need for a Healthcare Plan.

Welburn Hall is committed to developing the Individual Healthcare Plan as soon as possible after becoming aware of a need for it, but health professionals and others have a clear responsibility to inform the school early of any healthcare issues; preferably in sufficient time for the plan to be put in place before the child/young person begins to attend.

The purpose of the Individual Healthcare Plan is to:

1. Provide the necessary information.
2. Clarify procedures for support and enable a consistent approach which can be followed by a number of staff.
3. Indicate who is responsible for each task.
4. Be very clear about what constitutes a health-based emergency for the student, and provide direct instruction on how to respond.
5. Clarify the training and resources required and who will arrange provision.
6. Ensure, as much as possible, that the child/young person is not excluded from activities or learning opportunities on or off site.
7. Seek, where appropriate, the views of students and maximise their involvement and independence in managing their healthcare.
8. Ensure that parental consent is gained and recorded.

In cases where the School Nurse has requested direct contribution to the Healthcare Plan, (external to the school, or from within); she/he will collate these contributions into the finished document. When the School Nurse has completed the Individual

Healthcare Plan, it will be read and signed by the Residential & Safeguarding Manager on behalf of the school. It will then require the agreement and signature of a parent or guardian.

Confirming the Individual Healthcare Plan:

All completed and signed Individual Healthcare Plans will be sent by the School Nurse to:

- Parents/carers.
- Risk Management, (as detailed below).
- Relevant healthcare professionals involved in discussions.

Copies will also go into:

- The student's main Healthcare File, (Main Office).
- The 'yellow' file in Surgery.
- The Student's Grab Files in both Residential and Education settings.

Insurance arrangements:

Welburn Hall School will ensure that all obligations in regard to insurance are met in the development of Healthcare Plans, which include:

- Gaining parental consent to share the Healthcare Plan with CYPS Insurance and Risk Management, (explaining if necessary that, without insurance, the school would be unable to undertake the medical procedures necessary for their child).
- Sending a signed copy via secure email to: insurance@northyorks.gov.uk, with a 'read receipt' tag to ensure that it has been received. Risk Management will check that school staff are covered by the NYCC insurance policy to undertake the procedures detailed in the plan.
- Acting upon any subsequent advice from Risk Management in order to provide suitable insurance cover, (Risk Management will only contact the school if they have a query, or if they think additional cover is necessary).

Implementing the Individual Healthcare Plan:

In some instances, implementation of the plan will be straightforward, (such as when the presence of regular medication has initiated the plan and the child/young person's condition is already well understood). However, for some students' needs it will be necessary for the School Nurse to ensure some or all of the following take place:

- Relevant training, specific to the child/young person, is arranged.
- Equipment or other resources are put into place as agreed.

- Discussions are held in the relevant teams; both school and residential.

The Family Support Manager will work with the School Nurse to provide parents/carers with the opportunity to feed back on the effectiveness of the plan and Key Workers and Form Tutors will help the student to express their own views and wishes.

In all instances, the procedures described in the Individual Healthcare Plan are to be followed fully and by all staff.

Unacceptable practice:

The school will at all times strive to maintain the highest standards of practice in regard to medical conditions and considers unacceptable all of the following:

- Preventing student access to medication.
- Assuming that every child/young person with the same condition/diagnosis requires identical support.
- Ignoring the views of the student or their parents/carers.
- Sending students home frequently, or preventing them from staying for normal school activities because of their medical needs, (not illness).
- Sending an ill child/young person to the Main Office or Surgery without suitable adult escort.
- Penalising students if their absence is related to their medical condition.
- Preventing children/young people from drinking, eating or taking toilet breaks in order to manage their medical condition.
- Oblige any child/young person to wear pads/nappies for the convenience of staff, rather than to address need.
- Requiring parents/carers to come into school to provide medical support, toileting or manual handling.
- Requiring parents/carers to accompany students on off-site activities as a condition of their being able to go.
- Administering medication without a witness (Exemption to this would be an asthma inhaler on a school trip, however these would need to be signed out and in by two members of staff) all medication requires two trained staff.

Review of the Individual Healthcare Plan:

Each Individual Healthcare Plan will be reviewed immediately following the student's Annual Review, based upon information gathered via the review process; which itself considers matters of health. In discussion with interested parties attending the

review, the Chair will ascertain their views as to whether there is a need to amend elements of the Healthcare Plan.

If it is agreed that the plan is in need of amendment, the School Nurse must be informed and will communicate with relevant parties to establish what change is necessary. The amended plan will be signed and distributed in line with the initial process described above.

Outside of the Annual Review cycle, any party may ask for a review of the Individual Healthcare Plan if:

- They have identified inaccuracies or contradictions in the plan.
- If the child/young person's needs have changed.
- If new medical needs have emerged.
- If the plan's agreed strategies have proved less effective than anticipated.

If the Individual Healthcare Plan is in need of review outside of the usual cycle, the School Nurse should ascertain whether a meeting is necessary, (sometimes minor changes may be possible via telephone consultation with relevant parties). This will depend upon the nature and importance of potential amendments to the plan.

Medications and Treatment: Standard Operating Procedure

Where this policy describes procedure, its requirements are not negotiable and all staff involved with medications must follow it completely. Any exceptions or alterations to accepted practice, whether contained within this policy or not, may occur only with the express permission of the Residential & Safeguarding Manager.

No member of staff may administer any medications until they have received the appropriate training, which has been ratified by the Residential & Safeguarding Manager, and have read in full the guidance contained in their Staff Handbook. In most cases, the Senior Team Leader or volunteer ATA, (DMLs), will deliver this basic training.

When the DML is satisfied of the member of staff's understanding and competence, (established via observation), they will inform the Residential & Safeguarding Manager; who may then authorise that person to administer medications.

No member of staff may administer emergency medications, (eg. Midazolam, Diazepam), until they have received specific training delivered by medical staff; even if they have been authorised by the Residential & Safeguarding Manager to administer medication. If emergency medications training has been given ahead of a member of staff receiving basic training, they are not authorised to administer emergency medications until such basic training is complete.

Agreement to Receive and Administer Medications:

Each of the requirements detailed below must be fully met before the school will agree to accept or administer medications to any student. Only the Residential &

Safeguarding Manager, (or Headteacher in his or her absence), may authorise deviation from one or more of these criteria, at which time they will ensure that proper record is made.

- Written consent must be obtained from a parent or carer.
- The school provides forms for this purpose and only these, correctly completed, will be considered acceptable.
- One form per medication must be provided, and all medications unique to a particular student, prescribed or otherwise, must be accompanied by a form.
- Certain non-prescribed medications or treatments can be administered, but only if the form: 'Consent to Treatment' has been completed by parents/carers.
- The school considers that long-term use of non-prescribed medication carries the risk that whilst symptoms are addressed, the cause of illness is not. If symptoms persist, parents should be consulted and informed that medical advice is needed.
- In normal circumstances we expect that use of a non-prescribed medication will not last more than 24 hours. In all cases, we will not administer a non-prescribed medication for more than 48 hours unless under the instructions of a relevant medical practitioner. Key workers must ensure that parents/carers are contacted at or before the passing of 24 hours and informed of our policy.
- Under normal circumstances, only the Residential & Safeguarding Manager may add a new medication by preparing a student's medication sheet, or make alterations to dosages or times.
- In extraordinary circumstances, when the RSM is unavailable, both the Headteacher and School Nurse must be involved with making such additions or alterations. The sheet itself should then be signed by the Headteacher.
- All medications received must be in their original packaging, with any prescription labels fully readable.
- All medications must be received in good condition and within their 'use by' date.
- All medications must be handed 'adult to adult', with no responsibility on the part of the student. (Please refer to certain exceptions to this requirement under section 10: 'Medication and Independence').
- Any medications transported to the school must be in a suitable container.
- In the case of regular medications, the school provides special bags for this purpose, but any parent/carers sending medications outside of this arrangement is responsible for ensuring that the container is sturdy, clean and secure.

Storage of Medications:

All medications must be stored securely and the school's arrangements for this are as follows:

- Both the 'Surgery' and school 'Medical Room' must be locked when unoccupied.
- Within these rooms, all current medications must be contained within locked cabinets, which are opened only at times when medications are being administered or refreshed.
- None of the cabinets may be left unlocked if the Surgery/Medical Room is unattended, even for short periods of time.
- DMLs are responsible for ensuring that each student is allocated a distinct area of the relevant cabinet for their medications, and that each cabinet is kept as tidy as possible.
- Occasionally, medications will need to be kept refrigerated. In such circumstances, the DML must ensure that the fridge is locked and treated exactly the same as a medication's cabinet.
- Controlled drugs, (as defined under the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2000), must be stored in separate, locked and immobile cabinets.
- In the residential setting, access to the controlled drugs cabinet must be restricted to senior care staff, (RSM, SRTL, RCOs authorised to 'act up').
 - Such authorised persons will carry a key for the Controlled Drugs cabinet and remain in Surgery to participate in the administration of the Controlled Drug(s) in question; and ensure appropriate recording.
 - Authorised persons must retain possession of their key whilst on shift and never lend it to other staff. This means that, in the event of there being no other senior care staff available, a member of senior care staff in another area must be willing to oversee the administration of Controlled Drugs.
 - Controlled Drug keys must remain on site and be stored securely. When not on the person of the senior member of staff, they must be kept in the Duty Room safe.
 - An additional 'failsafe' key is kept in the main school safe, accessible only to authorised staff and covered by a CCTV camera.
- In the education setting, access to the Controlled Drugs cabinet is restricted to the DMLs, RSM and a limited number of staff trained to administer controlled medications by use of a separate key safe with a unique code. A 'failsafe' override key is kept in the main school safe.

- In all settings, the Controlled Drugs Record Book must be used to manage stocks and make record of all administration.
- Stocks within the controlled drugs cabinets must be kept to a minimum.
- Stocks of controlled drugs must not be kept anywhere other than in the controlled drugs cabinet.
- The Controlled Drugs Record Book must be regularly monitored by the Residential & Safeguarding Manager or DMLs.
- Standard records of the administration of medication must always be used **as well as** the Controlled Drugs Record Book.

Stock Management:

- The relevant DML is responsible for maintaining appropriate stock records for each individual medication.
- All care staff in receipt of medications must make appropriate record in the relevant medication sheet stock record, and place them in the appropriate locked cabinet.
- All care staff giving medications to parents/carers, transport operators or other staff going off-site must ensure that this is also recorded in the stock record for that pupil/student's medications, and any other records required by the Residential & Safeguarding Manager.
- The Residential & Safeguarding Manager is responsible for ensuring that good systems of recording are in place.
- Any medication which has ceased, or become out of date, must be disposed of by return to parents/carers.
- The receipt, disposal or any other management of Controlled Drugs must be recorded by a DML or other person authorised by the Residential & Safeguarding Manager. An authorised person from another area must be sought for assistance in the absence of the staff usually responsible.
- All medications must go home during school holidays.

Transfer of Medications On-Site:

When medications come into school from parents/carers or transport operators, or are returned to them, the following procedure must be observed by residential and education teams:

1. If medication is delivered to the school block, but is to be administered during residential time:

- The person receiving should ensure it is passed to the DML or those responsible for booking medications into the Medical Room.
- Medications must then be logged into stock records in the Medical Room.
- RCOs will be responsible for collection of medications for transfer to the House.
- Authorised members of the care team must then book the medication into stock on the relevant medication sheet. If the medication is new, it must be passed to the Residential & Safeguarding Manager as soon as possible.
- In the event of Controlled Drugs being transferred, all conditions set out under 'Stock Management' above must be followed.

2. To return residential medications to school/college at the end of the student's boarding period:

- The Senior Team Leader, ('acting up' RCO or RSM in their absence), must ensure that the medications are booked out and delivered to school/college staff between 15:00 and 15:15.
- School/college staff will then be able to supervise the transfer of the medications to parents/carers and transport operators.
- Any errors or omissions must be resolved quickly via cooperation between the teams.

Note: medications can never, under any circumstances, be left unattended at any point in the transfer process. If there is a significant delay in transferring Controlled Drugs between teams, or to parents/carers/transport operators, they must be stored in a Controlled Drugs cabinet and record made in the relevant Controlled Drugs Log in the usual way.

Mondays & Fridays:

Because of the absence of care staff at these times, it is necessary to have different arrangements for Monday mornings and Friday afternoons.

Mondays:

Once all medications bound for the Surgery have been collected from parents/carers and transport operators, the responsible person must:

- Book controlled drugs in as per procedure and place them in the Controlled Drugs cabinet at school.
- Deliver all other medication to Surgery and place in the secure cabinet.

On arriving on shift, the STL or other designated person should ensure that the medications in the secure cabinet in Surgery are booked in as appropriate.

At 15:15, the Senior Team Leader should meet with the DML or another designated member of the education team, collect and book out the Controlled Drugs and return to book them in at the House.

Fridays:

The STL or designated person must:

- Book out all medications in Surgery and store the non-controlled drugs in the secure cabinet for later collection.
- Deliver the Controlled Drugs to school and meet with the designated person to book them in and place them in the Controlled Drugs cabinet.

At the end of the school day, a designated member of education staff will:

- Collect the non-controlled medications from Surgery.
- With a colleague, book out the Controlled Drugs.
- Supervise the transfer of all medications to parents/carers and transport operators.

Any errors or omissions must be resolved quickly via cooperation between the teams.

Medications during Off-Site Visits:

All procedures detailed in this policy regarding the handling and administration of medications apply fully to school trips. However, conditions will not often be the same as at school, and any person administering medications must attempt to ensure that both safety and privacy are properly considered, and adhere to the following:

- Any paperwork for the off-site visit must include full details of the medications to be taken.
- The relevant Medication Sheet should be photocopied and taken on the trip. It must be used in exactly the same way as usual.
- Particular members of staff must be designated as responsible for the carriage and administration of medications.
- In the case of controlled drugs, the designated person/s must be authorised by the Residential & Safeguarding Manager and fully understand that the medication must not leave their possession at any time. Lockable bags are provided and must be used to ensure security and another member of staff should have the backup key.
- As mentioned above, medications must be properly booked in and out through the relevant stock record in medication files **and** the Controlled Drugs Record Book.

- As much as possible, a separate place should be found whilst off-site, in which the designated members of staff can administer the medication in a manner in-keeping with the school's procedures.
- On return to school/college, the photocopy record should be placed in the student's medical file and a record made on the original sheet, with the code for 'administered off-site'.

Medications which need to be with the Student:

Either on or off-site, sometimes a child/young person's medication needs to be very close at hand. This is the case in circumstances when emergency medication is to be given immediately on the presentation of particular symptoms.

For such circumstances, the school has a number of lockable medication bags which, in the case of emergency medications, must always be used. As with off-site activities, the lockable bag must remain in the care of a designated member of staff, who must never allow it out of their possession.

In some instances, it will be acceptable for one designated person to pass the bag to another designated person if the student/pupil is to be supervised by them. It is **essential** to hand over the key to the bag at the same time.

The second, backup, key for that bag must be in the possession of another member of staff, who will be able to deliver it quickly in an emergency.

Administering Medication:

The administration of medication requires care and concentration. Sufficient time must be taken in a controlled environment, with no interruptions.

Any doubts or uncertainties about these guidelines must be discussed with the Residential & Safeguarding Manager, but in normal circumstances they should be followed entirely and without deviation.

For reasons of consistency and general safety, relief members of staff are not included in the administration or management of medications. A relief member of staff must not be put in a position where support from trained staff is absent or would take an unreasonable time to arrive.

The following principles are non-negotiable:

- All medications must be administered and recorded by two members of staff, (with exceptions only if a student has been assessed and sufficiently safe to participate themselves, ref: 'Medication and Independence' below).
- In the residential setting, both parties must sign the front sheet to record that they have completed the medication 'session'.
- Another authorised person must then check the records and sign the front sheet. The person checking the record must raise **immediately** any potential errors or discrepancies with those involved in the medication's session.

- Any unresolved or serious discrepancies must be reported immediately to the Residential & Safeguarding Manager, who will determine any appropriate actions. In the absence of the RSM, the Headteacher must be consulted.

The process of administering medications is set out below. Although one will be administering and the other witnessing, both members of staff have responsibility to ensure safety and must fully participate. A dialogue should be maintained throughout, for example; one-person states aloud the dosages, strengths and quantities and the other checks and repeats aloud.

The process:

1. Make sure that medications are administered in Surgery or the School Medical Room with only you, your colleague and the student present.
2. Wash your hands thoroughly, and in accordance with procedure.
3. Count the medication **before** looking at the stock record.
4. Confirm with your colleague that you have the right student.
5. Ensure that the student knows why they are there and what to expect.
6. Read the student's medication sheet carefully. Check that:
 - The medication has not already been administered.
 - You understand the dose and method of delivery.
 - You are administering the medication at the correct time.
7. Find the medication in the cabinet or trolley. Check that:
 - It is in date.
 - It is in its correct container, as prescribed and dispensed.
 - It has the student's name clearly marked on the dispensing label.
 - It is of the same strength and method of delivery as that stated on the medication sheet.
 - You check the quantity necessary to match the dose on the medication sheet.
8. Administer the medication, being careful to:
 - Observe the student taking the medication and ensure that it has been taken properly.
 - Sign the medication sheet in the correct place, but only **after** observing that the medication has been taken successfully.

- Avoid any form of alteration of the record, such as:
 - Writing over the top of an error
 - Using correction fluid
 - Crossing out or obliterating errors
 - Drawing a line through an entry

Where a mistake has been made, follow the procedure below:

- a) Mark the error with an asterisk, (*); or two asterisks if it is not the first error on that page.
- b) On the next line, enter the date and time, then write in block capitals:

‘ABOVE ENTRY MADE IN IN ERROR, SHOULD READ:’

This must then be signed by both the person administering and the witness.

- c) On the line below that, make the entry as it should have been and sign and date as usual.
9. Record any events or circumstances which affect the normal administration of medication, using:
- The student’s yellow Healthcare file, (with reference made in the Surgery Log).
 - The medication sheet codes, which are on the reverse side of the sheet, (ref: Appendix 1).

IMPORTANT: If you have failed to administer the medication, (for example, if the student refuses to take it or has vomited), you must seek advice from senior staff and ensure that parents/carers are informed if no solution is found.

Non-Prescription Medications:

Non-prescription medications must be treated as seriously and carefully as those prescribed and the established process is to be followed in all instances.

The stock record must always be completed when a non-prescription medication is administered. Below is the guidance under which a member of staff trained and authorised to administer medications should proceed.

- You must always establish that consent is in place. Usually by checking that a signed ‘Consent to Treatments’ form is in the student’s yellow file; or by contacting parents/carers if it is not.
- You must always check if/when the student has had a previous dose, and consider the implications of this.
- You must ensure that continuous use of a non-prescribed medication continues for no longer than 24 hours.

- You may only administer non-prescription medications that have a stock record, (otherwise they have not been authorised for use and should not be in the cabinet).
- You must always include your signature and that of the witness.
- You should fill in all sections of the form and inform DML or RSM of stock discrepancies as soon as possible.
- You must report immediately any problems, confusion or errors to the DML or Residential & Safeguarding Manager.
- If the medication has been given to a member of staff, you must record it fully in the usual way.

Medication and Independence:

A main function and principle of the College, in particular, is the maximising of independence in areas which will be useful in life. However, when these come into contact with issues of risk, duty of care and clinical need, a clear policy should be in place. It is the expectation of this document that a logical and gradual progression towards independence will be effectively managed by the team, in a careful and sensitive manner.

General Principles:

- Students should be given the opportunity to achieve as much independence as possible regarding their medication.
- Their rights, if deemed Gillick competent by a medical professional, must be safeguarded.
- Such responsibility should be afforded only after initial consideration of risk.
- Discussion and agreement with students must take place in a format or language they can understand and engage with.
- Existing, newly emerging and potential risk must be considered at all stages of the process towards independence.
- There must be regular review of each programme, the intervals of which being explicit in the document.
- All assessments must be individually tailored, with clear discussion and planning for each student.
- Methods/routines must have regard to adequate hygiene routines.

Method, (ref: Appendix 2):

- A full and individual assessment of need, motivation, understanding and ability will be made for each student, with their own participation as much as possible.
- The Residential & Safeguarding Manager or School Nurse will provide proforma for the resulting programme and risk assessment; and make themselves available to assist in discussion and planning if requested.
- The full team around the student, (care and education), will discuss that student's assessment and develop a programme only if it is agreed as appropriate.
- A highly individual programme will be developed for the student and shared with them and their parents/carers for approval before being presented to the Residential & Safeguarding Manager for authorisation.
- The programme will make explicit reference to the risks involved.
- When the programme is approved by the Residential & Safeguarding Manager and further discussed with the student, it may commence, but the RSM must be informed immediately of any problems or uncertainties.

Clarifications:

1. Where the student is to take their medication out of sight of staff, the programme will always be clear about how the process is to be monitored and checked.
2. All concerns about the student's programme, their ability to follow it or any other potential problems **must** be reported immediately to the Residential & Safeguarding Manager or, in her/his absence, the School Nurse.
3. Any change to medication will **automatically** result in the team reverting to general protocol, (staff administered drugs, in the Surgery or Medical Room), until a new programme is established.
4. Where it has been established that a student's skill and understanding is sufficient for them to take part directly in the administration of their medications, it will be possible for one authorised person to assist, (rather than the usual two).

5. School Trips:

The school will comply with the Equalities Act 2010 (including update Feb 2022) in conducting off-site visits and activities and plan in accordance with NYCC's '**CYPS Handbook for Educational Off-site Visits and all Adventurous Activities**', (September 2013). To do so, it is essential to make reasonable adjustments to ensure that children/young people with medical needs are included; and that effective risk assessment takes place.

Form Tutors and senior care staff should ensure that those organising trips consult with students if possible, and parents/carers in all instances about medical needs. They should also conduct any additional risk assessments deemed necessary in order to establish the safe conditions under which participation can go ahead.

If it is judged that the student is not able to attend the school trip, the reasons leading to this decision should be well established in terms of their individual difficulties and the school may choose to gain written advice from a healthcare professional to confirm this.

6. Illness and Emergencies:

The following information is provided to parents through the leaflet: ***‘When Your Child is Unwell at Welburn Hall’*** and constitutes school policy:

‘Basic Principles:

- In general, the health of a child remains the responsibility of their parents/carers.*
- The school’s core purpose is education and your child needs to be well enough to learn.*
- If your child is ill, they should be at home.*
- We have a duty of care to any child who is ill whilst at school.*
- We have a duty of care to the other children and staff at the school.*
- Some of our pupils are highly vulnerable to infections and viruses’.*

‘If your child is ill during the school day, we will contact you and ask that you arrange for them to go home as soon as possible. Sometimes, when an illness appears very minor, we may decide to wait and see if they improve, but this is rare and we will contact you to discuss the option first’.

‘Please ensure that:

- You contact us if you are unsure about sending your child to school.*
- We have your full and up to date contact details for emergencies.*
- It is easy to contact you in an emergency, (mobile phones switched on etc.)’.*

The leaflet also outlines the following elements of school policy:

Contagious Diseases:

Some illnesses are so contagious we are unable to have a child/young person back at school for some time.

The school follows: *‘Guidance: Health protection in schools and other childcare facilities’*, Public Health England, (updated May 2018), which stipulates the period a

child should be absent from school for a number of contagious illnesses, (PHE Exclusion Table at Appendix 3). We will always pass this advice to parents/carers where clarification is necessary.

In the case of any illness involving diarrhoea and/or vomiting, the school must be particularly careful. It is essential that all students and staff remain out of school for 48 hours after their symptoms have fully abated. Unfortunately, on this issue, Welburn Hall is unable to be flexible. If an outbreak of diarrhoea and vomiting is suspected Welburn Hall will always follow the Public Health England guidance known as Appendix 3, (Appendix 4 of this document).

When Boarding:

Generally, the principle that a child should go home if they are ill applies to boarding too. Their time in the residential setting also involves learning and should be as productive as sessions in the Classroom.

If during the night a child becomes unwell, the senior care staff on duty may decide to wait and see if they improve. They will always contact parents/carers to gain their approval in such circumstances. During the night, a student may be placed in Sick Bay, which is a well-equipped room next to the Night Station; where they can be monitored closely and cared for most effectively. If the student is still unwell by morning, parents/carers will be asked to take them home.

Defibrillators

- The school site has the automated external defibrillator (AED).
- The AED is stored on the wall at the sports hall on the school site. The code to enter the box is 1 and turn the handle.
- All staff members are aware of the AED's location and what to do in an emergency.
- A risk assessment regarding the storage and use of AEDs at the schools has been carried out.
- No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
- The emergency services will always be called where an AED is used, or requires using.
- Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight. Site Manager and Residential Safeguarding Manager will monitor expiry dates of pads and re-order as required as well as checking battery levels.

Adrenaline Auto-Injectors (AAIs)

- A Register of AAIs will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- Where a pupil has been prescribed an AAI, this will be written into their IHP.
- For pupils who have prescribed AAI devices, these are stored in a suitably safe and central location: the school office.
- Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- In the event of anaphylaxis, a designated staff member will be contacted via a walkie talkie.
- Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the pupil needs restraining.
- The school will ensure that parent(s)/carer(s) provide a spare AAI for use in the event of an emergency, which will be checked on a **monthly** basis to ensure that it remains in date and will be replaced when the expiry date approaches.
- Any spare AAI will be stored in the medical cupboard, ensuring that it is protected from direct sunlight and extreme temperatures.
- Any spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.
- Where a pupil's prescribed AAI cannot be administered correctly and without delay, a spare will be used if available.
- Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether (if available) administration of a spare AAI is appropriate.
- Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.
- Where any AAIs are used, the following information will be recorded on the

AAI Record:

- ✓ Where and when the reaction took place
- ✓ How much medication was given and by whom

- For children under the age of six, a dose of 150 micrograms of adrenaline will be used.
- For children aged 6-11 years, a dose of 300 micrograms of adrenaline will be used.
- AAls will not be reused and will be disposed of according to manufacturer's guidelines following use.
- In the event of a school trip, staff will take with them on the trip, the school AAI's held for any pupils at risk of anaphylaxis and the school will give consideration to taking a spare AAI (if available) in case of an emergency.

When a student is absent due to illness

The following is adapted from the NYCC protocol:

'Access to Education for Pupils with Medical Needs', (December 2015).

Welburn Hall School has the responsibility to ensure that pupils who are absent from school with medical needs diagnosed by a medical officer, have the educational support they need to maintain their education. This policy reflects the requirements of the [Education Act 1996](#). We adhere to the general good practice derived from [DfE guidance](#).

Good communication and co-operation between the school, home, medical professionals and the Local Authority are essential if good quality education is to be provided. The school's policy reflects the DfE's statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs' (January 2013, updated May 2013), 'Supporting pupils at school with medical conditions' (September 2014, last updated August 2017), the report from Ofsted published in November 2013 'Pupils missing out on education' and the North Yorkshire Policy Statement.

The key aims in regard to absence are:

- To identify students' medical needs early and to ensure that prompt action is taken.
- To provide continuity of high quality education, so far as the medical condition or illness allows.
- To reduce the risk of lowering self-confidence and educational achievement.

- To establish effective liaison and collaboration with all concerned in ensuring that pupils with medical needs have access to education.
- To ensure successful reintegration into school for pupils with long term or recurring illness or medical conditions.

In the event of student absence due to medical reasons, the Inclusion Manager will:

- Ensure that there is effective communication with other parties.
- Attend, or ensure attendance at planning meetings and reviews.
- Maintain, or ensure that communication is maintained generally between the student and the school, especially with regard to activities and social events that may enable the student to keep in touch with peers.
- Liaise with the School Nurse to monitor and/or develop the Individual Healthcare Plan.
- Monitor attendance of all pupils with medical conditions and for absences of 15 working days or less, that are not part of a pattern of a recurring illness, liaise with the pupil's parents to provide homework as soon as the pupil is able to cope with it and ensure continuity of learning.
- Liaise with the Prevent Service regarding all pupils expected to be absent from school for 15 working days or more (including time in hospital) and make a referral as soon as possible to the local behaviour and attendance Collaborative (secondary) or teacher in charge of the local EMS (SEBN) (primary) for support in making educational provision for the pupil.
- Co-ordinate with the PRS/EMS (SEBN) the education provision from the first day of absence for pupils who have disrupted patterns of attendance due to recurring illness or chronic conditions.
- Ensure that where a referral is made, access to the planning and assessments in all national curriculum subjects which the pupil is studying is made available to PRS/EMS (SEBN) staff within 5 working days and work programmes on a termly basis where appropriate.
- Liaise with the designated home/medical teacher regarding the action plan as agreed at planning and review meeting.
- Make available to the PRS/EMS (SEBN) staff Individual Education Plans, Personal Education Plans, Individual Health Care Plans and Risk Assessments where appropriate.

- Supply PRS/EMS (SEBN) hospital teachers with background information on the child or young person and liaise to ensure that work set at an appropriate level for long and recurring admissions to hospital.
- Organise part-time attendance at school in combination with alternative provision if appropriate.
- Monitor provision, progress and reintegration arrangements.
- Ensure that pupils who are not able to attend school because of medical needs have access to public examinations.
- Ensure that the views of pupils and parents/carers are taken into account.
- Ensure that arrangements are in place to comply with procedures set out in the '*SEND Code of Practice: 0 to 25 years*' (2014, last updated January 2015) where applicable.
- Promote equality of opportunity for pupils with medical needs having due regard for their duties under the Equality Act 2010.
- Keep the child on the school roll.
- With the Residential & Safeguarding Manager, review this part of the policy annually.

Medical emergencies at school:

All staff should encourage children/young people to speak up about their health issues and understand what constitutes an emergency; the simple advice being to tell a member of staff straight away. In many instances, though, it is immediately apparent to those around a student that they are in or approaching crisis and, if they have an Individual Healthcare Plan, it should be well understood what to do.

In emergencies, it may be judged that there is insufficient time to consult with parents. In such circumstances, staff must always take the most cautious course of action. If very concerned about a child/young person, the responsible person must contact Doctors or Emergency Services in the first instance, and then inform parents/carers of the situation as soon as possible.

In all cases it is important to follow the advice and instruction of medical personnel in the management of a medical emergency, but in most circumstances staff should not transport students to hospital themselves; an ambulance should be called. When phoning an ambulance, staff should be ready to provide:

- Their own name and position.
- The telephone numbers.

- The location, including postcode, (for ambulance navigation systems).
- The child/young person's location within the school, which would be the best way to it and where they will be met by a member of staff.
- The name of the child/young person.
- A brief description of their symptoms and any relevant events.

Sometimes, the ambulance service will want to remain on the phone until the ambulance arrives, so it is important to have enough members of staff available to facilitate this.

If possible whilst waiting for the ambulance, someone should be tasked with gathering all information that would be useful to Paramedics in providing quick intervention; or to take with the student to hospital if necessary. This includes:

- The student's Grab File, with Individual Healthcare Plan where it exists.
- Details of all current medications, (photocopies of Medication Sheets would suffice).
- The medication itself if it is likely to be needed at any time over the following 24 hours.

In the absence of a parent/carer, a member of staff should accompany the student to hospital and stay with them until a parent/carer arrives. No member of the school's staff is able to give any form of consent, however, and health professionals must make all decisions regarding medical treatment when parents are unavailable.

Any member of staff accompanying a child/young person to hospital is responsible for providing medical staff with any information or advice necessary and for keeping the school appropriately informed. Once parents/carers have arrived, the member of staff will need to contact senior staff to make arrangements for their own transport back to school.

Minor accidents and First Aid:

All children and young people have the right to feel safe and well, and know that they will be attended to with due care when in need of first aid. To ensure this, Welburn Hall is committed to:

- Administer first aid to children and young people when in need in a competent and timely manner.

- Communicate students' health problems to parents when considered necessary.
- Provide supplies and facilities to cater for the administering of first aid.
- Have a sufficient number of staff members trained as Designated First Aiders, (having attended a three day 'First Aid at Work' course and subsequent refreshers) in both school and residential settings.

In order to achieve this, we ensure that:

- All staff are trained in basic first aid, (some delay may be likely for newly appointed staff).
- A suitable room will be available for use at all times, where a good supply of basic first aid materials is stored. (Medical Room office in school, Surgery in the house).
- First Aid boxes will be kept at known points in the school and in the boarding facility and staff are aware of these locations.
- A supply of proprietary non-prescription medication is available in a locked medical cabinet in Surgery.
- Daily treatment of minor injuries is undertaken by staff on duty who may call for a Designated First Aider if advice is sort.
- More serious injuries, including those that require parents to be notified, or it is suspected that they made need to be seen by a doctor, require a Designated First Aider to be directly involved.
- All illnesses or injuries that occur during break or lunchtime to be reported to class tutor.
- The staff witnessing and recording the accident/incident to be responsible for informing parents/carers either through the home/school diary or, if deemed necessary, via a telephone call home.
- Any injuries to a child's head, face, neck or back must be reported as soon as possible to their parents/guardians and other staff; particularly at times of transition between school and residential settings. Particular care must be taken to observe a child/young person following even a minor head injury.
- All accidents and cases of work-related ill health are to be recorded in the accident book, kept in the locked cabinet in the Games Room.
- All staff will be trained in the management of blood spills and protective disposable gloves will be available for staff use.

- For any child or young person who has to go to hospital or see a doctor as a result of an accident or injury considered to be more than 'minor' a report must be compiled.
- The Headteacher is responsible for reporting accidents, diseases and dangerous occurrences to the NYCC CYPs Health and Safety Section.
- All teachers and senior care staff have authority to call an ambulance immediately in an emergency. If the situation and time permit, a teacher or senior care officer may confer with others before deciding on a course of action.
- The Health & Safety Officer is responsible for the ordering of and maintenance of first aid supplies, first aid kits and ice packs etc.
- All staff using First Aid boxes are responsible for recording what has been used on every occasion and informing the Health & Safety Officer.
- At the beginning of each academic year, a request for updated medical and first aid information is sent home with reminders to parents of the policies and practices used by the school to manage first aid.

Current locations of First Aid boxes:

2nd Floor Bathroom, Night Station, Kitchen Wash-up Area, Surgery, PE (Hall), Science Room, Craft Room, Food Technology, School Staff Room, Physiotherapy, Bungalow and on each Minibus.

Current Designated First Aiders are:

During the school day:

Jane Windress
Teresa Wood
Jenna Kendall
Helen Ward-Jackson
Jane Rimmer-Boyes
Janice Wilson
Martha Callaghan

7. Complaints and Feedback:

Welburn Hall School will take seriously all observations regarding its provision of support to students with medical needs.

In the first instance, any concern, however received, should be brought to the attention of both the Headteacher and the Residential & Safeguarding Manager. It is possible that simple discussion with the person raising the concern will resolve matters and the Headteacher will need to decide whether he/she or the Residential & Safeguarding Manager should do this. If it is apparent during such discussion that the person wishes to make a complaint, it will be dealt with at the 'informal' stage of the: 'Welburn Hall School General Complaints Procedure'. Under this, the Headteacher may choose to gather information and have discussions with the complainant, or ask another senior member of staff to do so and report back. Should the matter be unresolved, the complaint will proceed according to policy.

Other than complaints, parents/carers, students, staff or other professionals may wish to offer feedback on either the school's general approach to the meeting of medical needs or the support provided to an individual student. In such cases, the school, and the Residential & Safeguarding Manager in particular; will listen carefully and consider how fair criticism may be received positively and lead to improvement.

Appendix 1:

Codes for Use on Medical Sheets

Whenever medication is administered, the following codes must be entered in the relevant box of the Medication Sheet.

A	Medication administered with no problems
Pr	Medication administered with some problems/issues
Un	Medication unavailable
Ab	Student absent
Br	Part of a planned break in medication
I.	The student is too unwell to take the medication
Re	The student refuses to take the med
St	Student self-medication
Os	Off-site
Oth	Any other reason

Any occurrence regarding **Pr**, **Un**, **I**, **Re** or **Ot** **MUST** be recorded in the Student's Healthcare file **AND** reported to the most senior member of the care team present.

The Residential & Safeguarding Manager, (or ARSM in his/her absence), must **always** be made aware of all such issues.

**Thomas Owen**

01:08:2002

Author:

Designation:

Date of plan:

For review:

Karen Turner**Key Worker****10th December 2017****February 2018****1. Context:**

The aim is for Thomas to be competent and consistent in administering his own medication ahead of commencing work experience placement in January 2013.

Care needs to be taken to build skills safely and the following conditions apply:

1. Only Thomas's Methylphenidate is to be included.
2. Only the mid-day dose is to be included.

2. Identified risks:

The following risks have been considered by the team:

- Epileptic Seizure
- Incorrect dosage/method
- Forgetting to administer
- Dropping
- Losing the medication

Refer to Specific Risk Assessment overleaf.

3. Process:

Training to proceed in stages, each to be 'signed off' by the Residential & Safeguarding Manager before progression to the next.

All members of the team to be kept aware of the process, and be able to contribute to discussion/re-assessment of the programme.

All actual or potential problems to be reported to the Residential & Safeguarding Manager.

At Stage 3, a guidance card to be given to Thomas with his medication as a reminder of what to do, and for him to mark as a record.

4. Method:

Actions:

Success criteria:

Stage 1:	Actions:	Success criteria:
Stage 1:	Thomas to carry an empty container, (pot), until accustomed, and able to present it on request.	Complete consistency.
Stage 2:	Thomas to carry the pot reliably, with medication inside; then return to staff for administration. Staff to observe/support Thomas administering the medication himself.	Thomas presenting at Surgery at the correct time, with medication intact. Thomas to prove consistent in taking the medication.
Stage 3:	Thomas to carry the pot, administer the medication himself at the correct time and return the pot and card to a member of staff at an agreed time.	Thomas to be reliable in taking the medication at the right time and presenting the empty pot as agreed.

Thomas Owen
01:10:1993

Date of Completion: **8th Dec 2017**
Review date: **February 2018**

Situation/Activity: **Self-Administration of medication.**
(Methylphenidate; Mid-Day only).

Risk Identified: Level: Detailed Assessment/Advice:

Epileptic Seizure	LOW	NYCC Healthcare Plan
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Thomas's seizures are well controlled via medication administered by staff at other times of day.
The risk of seizure interfering with Thomas's capacity to self-medicate is very low.

Incorrect dosage/method	MEDIUM	Self-Medication Programme
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Thomas to be provided with the correct dose only and made to understand that he must take it all.
Thomas to use the instruction card provided as guidance and record of having taken the medication.

Forgetting to administer (Easily distracted)	MEDIUM	Self-Medication Programme
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Thomas to be given considerable verbal guidance and reminders, especially in the early stages of the programme; when this should be at the time at which administration is due.

Dropping (Impaired fine-motor skills)	MEDIUM	Self-Medication Programme
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Thomas to understand that he takes the medication directly by putting the pot to his mouth, not by transferring the medication to his hand.

Losing the medication	MEDIUM	Self-Medication Programme
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Thomas to carry the clearly marked pot as agreed, and in accordance with the programme; at the times stipulated.

Authorised by Residential & Safeguarding Manager:

Date:

Signature:

Date:

Aim: Thomas to carry an empty container, (pot), until accustomed, and able to present it on request.	Success Criteria: Complete Consistency.	Staff to reinforce: • Reasons for self-medication • Implications for his health • Implications of lost misplaced medication • The programme and how it will be operated
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Progress:

		Observations:	Initial:
Collect pot at am surgery			
Carry pot on his person until mid-day.			
Present pot to staff at mid-day meds.			
Carry the pot until evening meds, then return it to Surgery.			
Achieved on: Signed, (RSM): Date:			

Date:

Aim: Thomas to carry the pot reliably, with medication inside; then return to staff for administration.	Success Criteria: Thomas presenting at Surgery at the correct time, with medication intact. Thomas to prove consistent in taking the medication.	Staff to reinforce: • Reasons for self-medication • Implications for his health • Implications of lost misplaced medication • The programme and how it will be operated
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Progress:

				Observations:	Initial:
Collect pot, (with medication inside), at am surgery.					
Carry pot on his person until mid-day.					
Present pot to staff in Surgery at mid-day meds.					
Self-medicate under the observation of a member of staff.					
Achieved on: Signed, (RSM): _____ Date:					

Date:

Aim: Thomas to carry the pot, administer the medication himself at the correct time and return the pot and card to Surgery at an agreed time.	Success Criteria: Thomas to be reliable in taking his medication at the right time and presenting the empty pot as agreed.	Staff to reinforce: • Reasons for self-medication • Implications for his health • Implications of lost misplaced medication • The programme and how it will be operated
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Progress:

				Observations:	Initial:
Collect pot, (with medication inside), at am surgery.					
Carry pot on his person until time to take the medication.					
Take the medication at the correct time and use the guidance card to record that he has taken it.					
Return the pot and card to Surgery at the agreed time.					
Achieved on: Signed, (RSM): _____ Date:					

Appendix 3:

Health Protection for schools, nurseries and other childcare facilities

Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.

Appendix 3: continued

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

Appendix 4:

Health Protection for schools, nurseries and other childcare facilities

Appendix 3. Diarrhoea and vomiting outbreak – schools, nurseries and other childcare settings action checklist

Date Completed:			
Checklist Completed By (Print Name):			
Name & Tel No of Institution:			
Name of Head Teacher/Manager:			
	Yes	No	Comments:
Deploy 48 hour exclusion rule for ill children and staff			
Liquid soap and paper hand towels available			
Staff to check/encourage/supervise hand washing in children			
Check that deep cleaning, ie twice daily (min) cleaning and follow through with bleach/Milton/ appropriate disinfectant is being carried out, (especially toilets, frequently touched surfaces eg handles and taps and including any special equipment and play areas). Ensure that all staff/contractors involved in cleaning are aware of, and are following, the guidance			
Disposable protective clothing available (ie non-powdered latex/synthetic vinyl gloves & aprons)			
Appropriate waste disposal systems in place for infectious waste			
Advice given on cleaning of vomit (including steam cleaning carpets/furniture or machine hot washing of soft furnishings)			
Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys			
Suspend use of soft toys plus water/sand play and cookery activities during outbreak			
Segregate infected linen (and use dissolvable laundry bags where possible)			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing			
New children joining institution suspended			
Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers.			
Check if staff work elsewhere (restrict) and that all staff are well (including agency). Exclude if unwell (see above re 48 hour rule)			
HPT informed of any planned events at the institution			
Inform School Nurse and discuss about informing OFSTED, if applicable.			