

Approved by:

Mrs Pat Kerton Chair of Governors

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SUPPORTING PUPIL AT SCHOOL WITH MEDICAL CONDITIONS

&

**CARE OF BOARDERS WHO ARE UNWELL,
including:
the safe administration of medication, first aid,
care of those with chronic conditions and
disabilities, dealing with medical emergencies
and the use of household remedies (5)**



High Close School

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1. Introduction

Promoting the physical, emotional and social developmental needs of the young people placed at High Close School is a fundamental responsibility of all staff. The effective administration of medication,

provision of first aid and knowledge of all aspects of the expected care provision for young people who are unwell or injured is therefore crucial.

The school provides appropriate training and guidance to relevant staff to ensure that those responsible for the provision of first aid and the administration of medication are competent to do so. All staff must ensure that they are aware of the contents of this policy and understand their responsibilities relating to their role, ensuring that their practice reflects policy and their training.

Staff must also take personal professional responsibility for raising any issues or concerns with their manager if they are unsure about the requirements of any aspect of this policy or their training as failure to comply could result in disciplinary action for the worker, but is also potentially catastrophic for the health of the young person concerned.

In September 2014 (updated December 2015), The Department for Education provided the statutory guidance '[Supporting Pupils at School with Medical Conditions](#)' which this policy reflects. This policy is due for update. The review was due to Autumn 2017 however there have been no updates to this guidance since August 2017. High Close's policy is in line with the guidance whilst we wait for further updates and/or revised guidance from the Department of Education.

[The professional guidance on the safe and secure handling of medicines](#) from the Royal Pharmaceutical Society of Great Britain provides professional pharmaceutical guidance for staff (although is intended for healthcare professionals). This policy is based around advice from a consultant pharmacist in conjunction with this guidance. Staff are provided with regular training and staff with direct responsibility for handling medicines should refer to the following documents for further information and guidance: [NICE guidance on Medicines Management in Care Homes](#) (March 2014) and [The Royal College of Nursing's guidance on medicines management](#) written in conjunction with the Royal Pharmaceutical Society. (This resource is intended for registered health care professionals. Some of the principles are likely to apply and be of value to health and care professionals who work or advise on medicines management in social care settings and the non-registered workforce).

[NICE guidance on integrated service delivery for disabled children and young people with severe complex needs](#) (in particular pages 62-64) which focuses on training for practitioners across health, education and social care to allow for consistency of approaches/understanding of how their roles fit with others in allowing all children to access all opportunities including education and get the best possible outcomes regardless of their needs.

This policy is written in line with Barnardo's policy regarding medication (providing medical and personal care policy) and staff should find the up-to-date versions on Inside Barnardos if they need further information.

Medicines and treatments are used to cure or prevent diseases, or to relieve symptoms and never to punish or control behaviour. Staff must ensure they are aware of their statutory responsibility to safeguard young people in line with The Department of Education's guidance [Keeping Children Safe in Education](#).

2. Encouraging young people's participation and involvement in the promotion of their own health and wellbeing

Young people placed at High Close School will be supported in understanding their own health needs, how to maintain a healthy lifestyle and to make informed decisions about their own health. This

includes the right of a pupil deemed by their GP (or other trained and experienced healthcare professional) to be “Gillick Competent”¹ to give or withhold consent for his/her own treatment. Where deemed competent to do so, their wishes and feelings about health issues are taken into account and staff will advocate on their behalf if necessary due to levels of understanding / confidence in expressing their views.

We provide and encourage opportunities for young people to participate in a range of positive activities, follow a healthy diet and access external support if appropriate or required. This whole school culture is based around healthy living – physically and emotionally, coupled with our Waking day curriculum which aims to support the young people in making informed decisions about their health and well-being. This is in line with the good practice promoted in the [Healthy Child Programme: from 5 to 19 years old](#) which sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing from the Department of Health published in 2009.

If staff cannot answer a query about health care / medication they will help the young person to get advice from a medical or pharmaceutical practitioner. All young people prescribed Controlled Drugs will need to attend the GP (or CAMHS where appropriate) for medication reviews, keyworkers must take advice from medical professionals on how regularly these medication reviews should occur and this will be indicated on the young person’s individual health plan.

Self - Administration

Where appropriate and feasible, young people should be given choice in relation to their medication, their medical care and access to services, including the opportunity to self-administer their medication. However, giving choice to one person could prove risky for others (i.e. allowing a young person to self-administer/store their medication if they are not competent to carry out this responsibility safely). Therefore, staff must ensure that one person’s choice does not adversely affect others.

Each situation must be assessed for risk balanced against choice and must be discussed and agreed with Managers, and as appropriate, with the young person’s parent/carer. If self-administration is deemed safe and appropriate, then adequate storage facilities must be made available for the medication.

A comprehensive risk assessment must be completed on a general risk assessment form and will consider factors such as what the medication is, what controls are in place to prevent overdose, an assessment of the young person’s competency in administering their medication e.g. their understanding of the importance of correct dosage and timings for example. The young person must be aware of this, contribute as appropriate, and undertake a keyworking session to show their competency. They may move to self-administration in stages via moving from staff administration, to staff supervising/watching administration (e.g. staff storing the medication for the young person, but the young person coming to administer own medication) to slight prompting/checking that medication has been taken. Staff will complete an amended version of the MAR sheet with the young person to record administration/witnessing administration. If a controlled drug, staff will complete the controlled drugs register with information about witnessing or checking on administration.

Careful planning should be given to self-administration in the case of a young person on a Work Experience placement, at College etc and these plans discussed with Line Managers before being put

¹ Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. A child will be ‘Gillick competent’ if he or she has sufficient understanding and intelligence to understand fully what is proposed

into action. Leavers who have ongoing prescriptions should be given advice / guidance by their Keyworkers on how to order and manage prescriptions in preparation for leaving school.

In specific life-threatening cases (i.e. Chronic Asthma, Severe Allergies) young people may hold their own emergency supply of medication. This will only be the case having assessed the young person is competent to do so and a risk assessment for this will be in place. Staff will be advised by the GP or Individual Specialist concerned. All staff will be made aware of a young person holding their own medication and the reason why. It is the expectation that staff will support and monitor the young person involved. Any concerns about young people carrying their own emergency medication should be referred to the Leader of Care.

Please see also [NICE guidance on managing medications in care homes](#) (specifically [1.13](#))

3. Confidentiality

Preservation of the dignity and privacy of young people should be a paramount consideration in relation to medical and health issues. Staff should be tactful and discreet, for example, not asking young people questions about their health in front of other young people.

If a young person needs to have medication or treatment administered, then this must be done in a way that respects their dignity and privacy. Young people will be asked on admission their preferences regarding medication administration and appropriate actions will be taken to facilitate this within our guidelines. This will be recorded on the young person's individual health plan and will be amended in line with the young person's wishes if and when they change.

Medication in the morning tends to be given at breakfast time (depending on when the medication needs to be administered); if a young person did not wish to have their medication administered at breakfast in front of others then a plan would be discussed with the young person, parents/carers and medical professionals to ensure medication can be safely administered whilst respecting a young person's wishes wherever possible.

All records relating to medication and health issues must be stored securely to ensure that only relevant staff have access to these and in line with GDPR.

4. Working with parents/carers

High Close School works with parents/carers/social care to agree responsibilities and processes for the medical care of their children whilst in the school's charge.

Parents/Carers are required to provide medical and health care information relating to their child (and any relevant updates). They are also required to give consent for staff to administer medication, and consent for the school to take action in the case of a medical emergency. This should be done prior to any overnight stays for residential pupils, on arrival for any day visits and at the admissions meeting. These signed consent forms will be stored on the young person's Integris records. Staff will ensure that they discuss health issues with parents/carers as they arise, and any staff member accompanying a young person to a medical appointment will feedback the outcome and any agreed treatment to the person holding parental responsibility and others as agreed by the person/people holding parental responsibility. Wherever possible parents/carers should attend medical appointments with young people to ensure they can make decisions as they have parental responsibility.

Those with parental responsibility must be clear that staff are bound to act in an emergency and if they cannot contact the person/agency with parental responsibility, the school will always give priority to the safety and welfare of the child in these circumstances.

Parents/carers have a responsibility to ensure that their young person is fit and well enough to be at school and should refrain from sending them into school if they have concerns that the illness would

prevent them from being able to partake in normal day-to-day activities or is potentially contagious for other young people/staff. At the school, we have limited facilities to adequately provide the support and supervision for young people if they are bed-ridden for any considerable length of time.

Concerns about a parent's management of their child's healthcare and access to medication should be noted and staff should refer to and follow High Close School's Safeguarding Policy and procedures. Staff should work with parents and carers to address any medication issues. Concerns about medication administration should be referred to the DSL's.

Should parents/ carers or a young person be dissatisfied with the support provided in the medical care received by a young person they are able to discuss their concerns with the school. Parents/carers should contact staff within the young person's unit in the first instance to resolve these issues. If there is no resolution, please refer to the school's Complaint's Policy on how complaints should be dealt with.

Young people must be registered with a GP; this would usually be their home GP as this ensures continuity of care and access to other local agencies (i.e. CYPMHS etc). High Close works with a local GP practice in Wokingham and (as and when required) residential young people will be registered there as a temporary patient. Young people can access appointments during the week if necessary, as temporary patients.

Young people can be registered with the Wokingham GP if needed.

We are also able to access the urgent care centre at Brants Bridge which provides minor ailments care as well. Any issues that require emergency care not provided at Brants Bridge would require staff to take the young person to the A and E at Royal Berkshire hospital or Frimley Park Hospital.

5. Medicals

Annual medicals for Children in Care should be arranged by their local authority. If they are unable to attend this, the local authority can send the appropriate paperwork and fees to High Close School's local surgery or the Wokingham School Nurse service to complete on their behalf. The Wokingham School Nurse Service will charge the home Local Authority for this service. Please see [Promoting the health and wellbeing of looked after children](#) for more information

If there are any concerns with regards to a residential pupil, medicals can be arranged with the local surgery. Documents relating to this, including developmental checks, will be held on Integris.

Young people can choose where possible, the gender of the doctor who will undertake the medical. It is during the medical that staff may wish to discuss any medication or health issues identified.

6. The Safe Administration, Storage and Recording of Medication:

Staff are responsible for ensuring that all medicines are given safely and correctly, whilst maintaining the dignity and privacy of young people. Medicines prescribed for a young person are that young person's property and must not be used by any other person.

All medicines, (Controlled, Prescribed and Homely) must be kept in locked medical cabinets. Medicines should be stored individually for each young person.

Controlled Drugs must be separated from other drugs and locked in the Controlled Drugs cabinet. Medication must be stored in separate named sections for each young person. The Controlled Drugs cabinet must not be used for any other item other than prescribed Controlled Drugs and other drugs recorded in a controlled drugs register. Equipment required to administer controlled drugs may also be kept in the controlled drugs cabinet if required. High Close has chosen to record some other

medication in controlled drugs registers due to the significant impact these medicines have on the young person's ability to access their daily life.

Keys for both the Controlled Drugs cabinet and general medicine cabinet should be locked away when not in use and kept separate from each other and from any other keys in a separate key cabinet. The code for this key cabinet should only be given to staff who are trained in the Administration of Medication. The Unit Manager should retain a copy of both medication keys in case of emergency (stored in the key cabinet in the unit manager's office).

In the case of medication requiring refrigeration, the fridge must be in a locked room/office and where possible, the medication stored within the lockable box inside the fridge. Only medication can be kept in this refrigerator. During term time, when medicines are in storage, daily checks (excluding weekends when staff are not on campus) of the refrigerator temperature will be completed and recorded (using a maximum/minimum thermometer when medicines are in storage). When no medication is being stored, these checks should take place weekly.

The requirement to store medicines at 25°C or below can usually be satisfied by room temperature storage. [Guidance from the Care inspectorate regarding medication storage temperatures](#) advises that the requirement to monitor room temperatures is only an issue if the room appears to be "warm". We will measure the room temperature if the room feels 'warm' and if the room temperature is above 25°C, following advice in the above guidance, daily temperature readings are recorded for 3 months to ascertain if the temperature is consistently above 25°C. If the main storage area is found to be consistently above 25°C, measures such as the introduction of an air conditioner will be implemented in an attempt to control the problem. While some medicines will be unaffected at temperatures consistently above 25°C, others will not. The prescribing doctor or pharmacist can be contacted to offer advice on which medicines will be affected by consistent temperatures of above 25°C.

Homely remedies must be stored within the locked homely remedies/general medicines cupboard within the unit office. Each young person should have an individual section and the individual prescribed medications should be clearly labelled. A store of general medications may be kept for the use of the young people within the residential unit (please see approved list below) as long as they are individually stored (i.e. capsules, tablets in blister packs/separate wrapping). Staff should ensure homely remedies are recorded appropriately when administered to a young person i.e. on the back of the individual young person's MAR sheet. There is also a separate record to ensure all paracetamol products administered are logged. Staff should check for any contraindications before administering homely remedies/over the counter medications to young people and should also ensure they have checked the young person's MAR sheet prior to administration to ensure no overdosing of homely remedies.

Homely remedies (approved list)

Paracetamol tablets as directed on packaging dependent on age :

Paracetamol tablet dosing (500mg tablets) according to NHS

Adults and children 16 years and over: One or two tablets every 4 to 6 hours as required up to a maximum of 8 tablets in 24 hours.

Children 12 to 15 years: One to one and a half tablets every 4 to 6 hours as required up to a maximum of 6 tablets in 24 hours.

Children 10 to 11 years: One tablet every 4 to 6 hours as required up to a maximum of 4 tablets in 24 hours.

Children 6 to 9 years: Half a tablet every 4 to 6 hours as required up to a maximum of 2 tablets in 24 hours.

Paracetamol Fast Melts (or unbranded equivalent – use guidance on packet for dosage)

Paracetamol liquid – use guidance on the bottle/package for dosage
Head lice lotion

Items that can be kept for individual use by young people

Non medicated face washes

Vicks vapour rub

Karvol

Cream i.e. cocoa butter (non medicated)

Throat lozenges – non medicated i.e. Halls Soothers/Tunes etc

Staff are not permitted to administer any other homely remedy/ over the counter medication to young people unless prescribed by a doctor. In exceptional circumstances i.e. an issue arises outside GP hours, staff should take advice from 111 and may administer over the counter remedies as advised after checking with 111 whether this medication would counteract with any prescribed medications the young person may take. Staff should check with parents/carers before administering medication in these circumstances however this should not delay the young person receiving timely treatment.

Staff must not administer aspirin or medications containing aspirin to young people unless prescribed by a doctor.

Some GPs may refuse to prescribe certain over the counter medication (such as hay fever medicine). In these circumstances a letter/email from the GP/consultant should be sought stating that they would agree for the named over the counter medication to be administered, whether this medication would counteract with any prescribed medications the young person may take or with the listed homely remedies above. Delay in treatment should be avoided and advice can be sought from a qualified pharmacist or 111 if a letter cannot be obtained. All correspondence must be recorded and parental written/email permission be obtained.

Redwood, Oak and Rowan will not keep a store of homely remedies but can administer medication sent in by parents (that is on the approved list) as long as the staff have completed Administration of Medication training and they have received written/email consent from the parent/carer detailing the time that the pain relief, for example was last given. Medication required by a day pupil must be sent in daily as per the consent form and parents/carers must let us know the time and dose last given at home prior to coming into school. Any medications outside of the approved list must be prescribed by the young person's GP/consultant.

If parents and carers wish for residential young people to be administered vitamins/herbal supplements then they should request this in writing. Staff should check with the young person's GP that there are no contraindications/counteractions with any other medication the young person is prescribed or with the homely remedies we may administer as and when necessary, before administering any vitamins/supplements and record this within the doctor's appointments section within the young person's file. Staff will not administer vitamins/supplements etc to day pupils as this can be done before or after school.

Staff must ensure that any personal medication, either prescribed or over the counter is securely stored within a locked room that young people do not have access to. If a member of staff needs to take any controlled medications whilst at work, they should ensure they complete an Individual Risk Assessment and that the medication is stored in line with Controlled Drugs legislation.

Any young person receiving prescribed medications (including Controlled Drugs) will require a second paper prescription to be used by parents/carers at home. Medications should not routinely go between school and home (apart from in the instance of medications such as the contraceptive pill where having two prescriptions would increase the risk of an error in administration occurring.). Staff should also request a second paper prescription. If GP's/consultants refuse to issue a second prescription all attempts should be made for parents/carers/social workers to bring in an adequate

supply for the half term. In cases of emergency (changes to home placement, change of medications etc) staff can arrange for the medication to be taken by an appropriate adult to the home placement and returned to school. This should be recorded fully on all the relevant medical documentation held by the school. This can be done to ensure the young person has access to appropriate medications at all times and when not doing this would mean the young person would be without medication within the school or home placement.

Staff should ensure this is for the minimum time possible and alternative arrangements are put in place as soon as possible for separate supplies of medication to be provided. Records should be kept to evidence attempts by staff to resolve the situation in contacts. The Leader of Care should be made aware of any such arrangements.

Staff should refer this to the Leader of Care for advice if there are any difficulties in obtaining appropriate medications.

Whenever medication is received, sent home or disposed of this must be recorded in the medication audit file and Controlled Drugs book where applicable.

When medication is received by staff, best practice would dictate that two staff should sign it in (i.e. two staff should be present to confirm that the correct number of tablets has been received, counted and recorded accurately). Sealed boxes/pots from the pharmacy/manufacturer should be opened to ensure that the number of medication stated on the box/label is what is present in the box. Excess medication should be re-sealed with sealed labels and placed in an overflow box to prevent staff administering medication from two different packets, thus making audit and counting of medication more problematic. Liquid medications should be measured in an appropriate measuring jug if they have been opened. If they have not been opened and have a short shelf life once opened, they should not be opened at the point of receiving the medication; however after the first administration and therefore opening of the bottle, the medication should be measured and any difference in amount noted.

Please see 'recording of controlled medication' for guidance on the frequency and protocol for counting medicines. A list of staff names, sample signatures, initials and job titles can be found in each area for ease of cross referencing who has administered, received and/or disposed of medication.

6.1 Administration of Medicines

Safe administration of medicines means that medicines are given in such a way as to maximise benefit and to avoid causing harm. Staff should refer to the risk assessment for [Administration of Medications risk assessment](#) to ensure they are following the correct procedure.

Wherever possible, staff should ensure that medication administration is discussed during handover and allocated on the shift planner for evening shifts to ascertain who will take responsibility for administration of medication on an evening shift. This does not remove the responsibility for all staff on shift to administer medication but rather gives a framework and also ensures people are aware of who should be administering medication. If there are issues on shift that mean the designated staff responsible for administering medication are unable to do it, staff should liaise with the other staff on shift and delegate the responsibility between the available staff. Staff may wish to set alarms on their phones to remind them about medication administration times or use other appropriate alarms where needed.

On morning shifts, if only two members of staff are on duty they share responsibility for administration of medication, if three or more staff are on this should be designated in the same way as an evening shift.

Only trained staff deemed 'competent' will be permitted to administer medication and can only administer medicines that they have been trained to give. When administering medicines, the member of staff will confirm that they have the following:

- Correct young person's name
- Correct medicine
- Correct date/day
- Correct time
- Correct dosage
- Correct route of administration
- Correct records are completed
- Right of the young person to refuse

If in any doubt, staff should check with the senior person on duty, and/or the GP or Pharmacist.

Staff should ensure that they read the label on medicines, checking that there are no special instructions, for example, to be taken with water or before food etc. They should also consult the MAR sheet at the same time and Controlled Drugs book where relevant.

In addition to the above, when administering topical medicines (creams etc) staff must also consider the importance of hygiene (use of gloves) and check expiry dates.

Liquid medications should be administered from a syringe to ensure accurate measurements of medication. Bungs should also be used with liquid medication to ensure medication is not lost on the outside of the syringe/more medication is given to the young person with excess on the side of the syringe.

Medication will be prescribed as:

1. Once daily
2. B.D. - twice daily
3. T.I.D. - three times daily
4. Q.I.D - four times daily
5. P.R.N - as required

Staff must ensure that when dealing with drugs given two, three or four times per day, (that do not specify specific times) that time between each dose is as equal as is possible. Staff therefore need to determine the times that the medication is given based on the age of the young person, prescription, advice etc.

Staff must always consult the Pharmacist/GP/[NHS 111](#) to confirm homely remedies can be given alongside any prescribed medications.

There is a set protocol staff must follow when collecting medication from the Pharmacy (displayed on door of controlled drugs cabinet/please see Appendix A) ID must be carried.

It is school policy that residential young people under the age of 16 are not permitted to collect prescriptions. It is school policy that residential young people under the age of 16 are not permitted to collect prescriptions unless they have completed work in line with preparation for self-administration processes. If parents/carers and medical professionals decide young people can collect medications whilst outside of school then this should be recorded on their IHP. In the case of Controlled Drugs, staff will collect these in every instance with valid ID. Please see [Controlled drugs - safe use and management](#) and [Pharmaceutical Services Negotiating Committee guidance on the Controlled Drugs Regulations](#).

Staff must be sensitive to the young person who is receiving the medication, taking into consideration the young person's need for confidentiality and do it a way that respects their dignity and privacy, following the school's Child Protection and Safeguarding Policy.

In the case of applying topical medications (creams/lotions etc) it would be good practice to ensure privacy for the young person, whilst having a second member of staff present to witness the application should staff need to do this. Wherever possible, topical medicines should be applied by the young person themselves.

Doses of prescribed medicines must not be varied without the GP's prior (and preferably written) consent. Under no circumstances may medicines that have been prescribed for one person be given to another person or used for a purpose that is different from the one they were prescribed for.

Having administered medication, staff will then record and sign the relevant MAR sheets and Controlled Drug book (where relevant) with witness signature if applicable. The member of staff administering should sign the MAR and controlled book as the administering member of staff wherever possible.

In the case of a young person refusing their medication, this must be recorded and the information passed on to senior staff, and to the next shift. Where appropriate, parents/carers should be informed of this and supporting documents (for example, Serious Incident Form if required) completed.

In the event of vomiting/diarrhoea after administration, this must be recorded in the young person's records and advice may be sought from the GP/NHS 111/pharmacy/senior on call regarding appropriate action. Staff should check the contraindications first for the specific medication. We have to record this for accuracy of records and information and the advice is sought to see if re-administration is required/further treatment or when to give next dose if this is not clear from the contraindications.

Any spoons/syringes/equipment used to administer medication must be washed after use. If young people require half a tablet (as directed on the pharmacist label) the tablet must only be cut with a pill cutter.

If any young person has difficulty in swallowing tablets/capsules, advice must be sought from the GP. Staff **MUST NOT** crush tablets or empty capsules without written permission from the prescribing consultant/GP and permission from their line manager. Crushing or emptying tablets/capsules may influence the effectiveness of the medication.

Covert medicating (hiding medication so young people are not aware they are taking it) is not acceptable. If parents/carers have been covert medicating and wish the school to continue this then staff should consult with their line manager/SLT about the appropriate course of action and we will seek appropriate medical advice.

Any young person requiring medication during the school day will be given this by staff trained in Administration of Medication (usually unit staff) at the specified time.

We do not routinely give PRN medication that is prescribed in a manner to effect behaviour. If this type of medication is prescribed as PRN, and staff feel this would be of benefit to the young person to help in preserving the young person's placement at the school for example, staff should consult with SLT. SLT will advise the specific circumstances/parameters that would be required to be set out by a consultant/prescriber to enable this medication to be administered on a PRN basis.

Overdose

Medical advice will be sought in the case of deliberate or accidental overdose. Incident reporting should follow organisational procedures including [Barnardo's Notifiable Events Map](#), also including Serious Incident recording on Sleuth, a safeguarding report on CPOMS, a Barnardos Incident reporting form (BIRF) and the Medication Discrepancy Book reporting.

Illegal substance/illicit medication/legal highs

Staff should refer to the school's document 'Responses to Alcohol, Smoking and Substance Misuse'. Staff can also refer to the Child Protection and Safeguarding policy for further information. If staff believe a young person is under the influence of an illegal substance/illicit medication/legal high they should seek medical advice and inform the DSL.

Emergency Medication – Salbutamol Inhalers and Adrenaline Auto-injectors (AAI). (Please see Anaphylaxis Policy and Asthma Policy for further guidance)

The emergency salbutamol inhaler should **ONLY** be used by children;

- Who have been diagnosed with asthma **AND** are prescribed a reliever inhaler
- **OR** who have been prescribed a reliever inhaler
- **AND** for whom written parental consent for use of the emergency inhaler has been given.

The emergency AAI should **ONLY** be used by children at risk of anaphylaxis where BOTH;

- Medical authorisation is given (evidence of prescribed individual AAI pens),
- **AND** for whom written parental consent for use of the emergency AAI has been given.

This includes children at risk of anaphylaxis who have been provided with a plan confirming this, but who have not been prescribed an AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and a parent must be obtained.

6.2 Storage of Medicines

To ensure the safe storage of medicines, each unit has a lockable non-portable Controlled Medicines Cabinet and a separate Homely / Prescribed Medicines cabinet. Each unit also has a portable drugs box to ensure safe administration of medication. This should be used when medication is administered away from the office (please see [Administration of Medications Risk Assessment](#)).

In addition, for medicines that require cold storage, there are designated refrigerators which have a separate lockable box inside. Staff are required to check and record the temperature of the fridge on a daily basis (if there are medicines being stored) or a weekly basis (if no medicines being stored). This is during term time and excludes weekends when staff are not present on campus. These designated fridges cannot be used for the storage of any other items.

Medicines need to be stored so that the products are not damaged (by heat or damp), they cannot be mixed up with another person's medication, they cannot be stolen and to ensure that they do not pose a risk to anyone else. Medicines must be stored and administered from the container they were supplied in.

Staff should refer to the specific advice/information on every form of medication regarding appropriate storage, dosage, age, possible side effects/contraindications etc. A copy of this information relating to all medications used will be stored in the 'Medication Audit and Information File'.

In the case of homely remedies, only medication identified in the homely remedies consent form may be administered. Any medication outside of this should be prescribed by the young person's GP – see also 'The Safe Administration, Storage and Recording of Medication' above.

In the case of all medicines, regular checks should be made to confirm medicine is still within its expiry date during the half termly audit. Any out-of-date medication must be returned to the pharmacy for disposal.

All medication must be in its original packaging with clear labelling and directions for use. If it is not, then advice should be sought from the Pharmacist, who may advise a fresh supply via a GP

prescription. Parents and carers must be made aware of these expectations on admission to ensure they can supply correct medication initially.

Emergency Medication – Salbutamol Inhalers and Adrenaline Auto-injectors (AAI). [Anaphylaxis Policy and Asthma Policy](#) for further guidance)

The emergency medication should not be locked away. These are kept with First Aid Kits. Emergency use inhalers are located in Cedars, Oak, Rowan, Willows and Pinewood staff offices. There is also one in the main school staff room on a shelf on the wall opposite the internal door.

There are emergency use AAIs located in the main school staff room on a shelf on the wall opposite the internal door and in the main school kitchen in the cupboard with stairs in. There is also one in the Oak staff office.

The location of emergency medication is known to all staff, where staff have access at all times, but in which the medication is out of the reach and sight of children.

The emergency medication should be clearly labelled and stored separately from individually prescribed medication.

It is advised that, where possible, inhalers are stored upright.

6.3 Recording of Medication

Any treatment received by a young person must be recorded within the school's systems as below. These are separate to their NHS records. The standard of record keeping should ensure that records are properly completed, legible and current, providing a complete audit trail of medication. Each unit must retain up to date records of current medication prescribed for each young person. Within the records there will be a current sample signatures (including a sample of when signing with initials) of each member of staff deemed competent to administer drugs or who is able to witness administration.

MAR sheet (medication administration record)

Each time a young person receives any form of medication or treatment it will be recorded on an individual MAR.

The MAR will include:

- Name
- Date
- Time
- Medication/Treatment given
- Dose
- Route of administration
- Reason for medical treatment
- Any specific instructions for administration
- Refusals etc will be clearly recorded and explained on the back of the MAR
- Signature/Initials of staff member administering the medication/treatment
- The date any medication is stopped and, on whose instructions, will be recorded
- Any known allergies
- Frequency of dosage

If there are changes made to controlled drugs following a CAMHS appointment, a letter from the doctor must be kept on Integris for that young person and a note referring to this in the controlled drugs book.

Recording of Controlled Medication

In the case of Controlled Drugs (i.e. Methylphenidate Hydrochloride etc), a record will be maintained within the Controlled Drugs Register, the young person's individual MAR and on the Individual Health Plan.

Each time a controlled drug is administered; it must be recorded by the member of staff giving the drug and must be witnessed by a second member of staff in the Controlled Drugs Register. Both staff must sign the record book. If this is not possible, this should be indicated by recording L/W (lone worker) – please refer to risk assessment for administration of medication. Lone working should not be a regular practice and staff should ensure they exhaust all avenues in seeking a witness before lone working administration. The exception to this is when a single member of staff needs to administer when taking young people off site and staff who administer this must be trained and assessed as competent.

The member of staff who gave the medication must be the one to initial the MAR sheet. On day's that controlled medications are administered, it is also a requirement that daily quantity audits and stock control take place and this is clearly recorded by staff in the Controlled Drugs Register.

When medication is administered away from where the medication is stored (for example when transported in the locked container to the kitchen cupboard to be administered at breakfast) there should be two counts; one of an initial check of stock and the second when medication is returned. This will be represented by an initial of both staff and then each initial highlighted on the second count. Any discrepancies must be immediately reported to the senior person on duty. Excess stock may be kept in an overflow but must be opened on receipt and counted by two staff when it is signed in and a sealed label placed on both ends of the box with the amount of stock in the box and signed by the two staff who have counted it. The information on the sealed label will also include the date the box was sealed and will then be added to overflow box. Staff do not need to count what is in this box again until it is opened for use to administer from. Staff are not to cover over the dispensing label with the new labels. Two staff should also be present when opening the sealed box to check the stock in the box. Sealed boxes do not need to be counted each time medication is administered from the other open box.

Recording of Emergency Medication – Salbutamol Inhalers and Adrenaline Auto-injectors (AAI). Please see Anaphylaxis Policy and Asthma Policy for further guidance)

Use of the emergency inhaler or AAI should be recorded. This should include where and when the attack/ reaction took place (e.g. PE Lesson, unit, classroom), how much medication was given and by whom. In line with standard recording procedures written records are to be kept of medicines administered to children. Any use of the emergency medication should be recorded on the 'Record of Inhaler Use MAR Sheet' or 'Record of Emergency AAI Use MAR Sheet' and individual young people's MAR Sheets should be updated to reflect the administration of the emergency medication.

The child's parents must be informed in writing (as well as telephone contact) when they have had an asthma attack and have used the emergency inhaler so that this information can also be passed onto the child's GP. Staff should use the Emergency Salbutamol Use Letter to inform notify parents.

* Any person who has been given an AAI must be transferred to hospital for further monitoring. The child's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the child's GP informing them of the reaction.

7. Medication Errors and Discrepancies

Errors can occur in the prescribing, dispensing or administration of medicines. Examples would be the wrong dose is given (too much, too little), the medicine is not given, the medication is given to the wrong young person, or an error with recording. Most medication errors do not harm the individual, although some errors can have serious consequences. It is important that errors are recorded and the cause investigated so that we can learn from the incident and prevent a similar error happening in the future.

If there is an error with administration, advice should be sought from the senior member of staff on duty who may contact the Senior on Call and if necessary, a pharmacist, the GP or NHS 111 regarding appropriate action to be taken and must be recorded in the Medication Discrepancy Book. Further actions may include the completion of a Serious Incident Form (dependent on the circumstances), and parent/carers should be informed as appropriate and necessary. The LADO (local authority designated officer) will be notified of all medication discrepancies that have an impact on the health and wellbeing of a young person by the leader of care. A Barnardo's Incident Recording Form (BIRF) will also be completed and sent to the Safety Team.

In the case of an error relating to the recording of Controlled Drugs, staff highlight the error and record alongside the date, the error with two witness signatures. No Tippex can be used. In addition, the Medication Discrepancy Book must be completed by the Deputy/Unit Manager and appropriate action taken. This book is monitored by the Leader of Care. Staff identifying an error should inform their manager immediately so they can take the required action.

Medication discrepancies will be shared at unit manager meetings so that we can learn from the incident and prevent a similar error happening in the future.

8. Disposal of Medication

The situations where medicines might need to be disposed of include; a young person's treatment being changed or discontinued, the young person transfers schools (they should take these with them unless their parent/carer agrees to dispose of any that are no longer needed), the young person dies (medicines should be kept for 7 days in case the Coroner's Office requests them), or if the medicine has reached its expiry date.

To ensure the safe disposal of surplus, unwanted or expired medicines, a complete record needs to be made for auditing purposes. The normal method of disposal should be by returning them to the supplier/a pharmacy who can then ensure that these medicines are disposed of in accordance with current waste regulations.

In the case of Controlled Drugs, any surplus drugs must be returned to the pharmacy (or dispensing doctor) who supplied them at the earliest opportunity, and a record of the return should be made in the CD record book. It is good practice to obtain a signature for receipt from the pharmacist or dispensing doctor, staff should take the Audit sheet and/or Controlled Drugs book to the pharmacy to obtain a signature.

9. Medical Information contained within the care plan

Each residential young person will have an Individual Care Plan which is held in the relevant units/online. This will contain information and records relating to the young person's health. Some of the medical information is transferred directly to Integris including correspondence and accident

reports, superficial injury forms etc. Staff should record the outcome of any appointment relating to health in the care plan on the record of appointments (which will be archived onto Integris)

Consent forms signed by parents/carers for both emergency treatment and permission for the administration of non-prescribed homely medication will be held on Integris. Key workers are responsible for ensuring these files are maintained correctly.

Some day pupils have a medical section in their Hard Copy Main File. This will contain some archive information however consents, BIRF's/CSI's and any other medical correspondence is now stored on Integris. MAR sheets will be kept within the relevant unit to ensure safe administration of medication and will be scanned onto Integris annually.

Storage of this information must be in line with GDPR. On leaving school, these files should be returned to the main office to ensure that appropriate archiving takes place (see 22. Retention of Records).

10. Individual Health Plans

All pupils at High Close School have Individual Health Plans, which contain the following information:

- Medical history
- Current medical information
- Any necessary preventative measures
- Allergies or known adverse reactions to medication
- Dental Health Needs
- Hearing Needs
- Optical Needs
- Specific treatment, therapies or remedial programmes needed in relation to physical, emotional or mental health
- Preferences for taking medicines
- Health monitoring by staff (i.e. checking weight etc)
- Intimate care or bodily functions requiring staff help (staff at High Close School are not trained to carry out intimate care)
- The involvement of a child's parents or significant others in health issues.
- A recent photograph of the young person
- Emergency contact details

Please refer to the Department for Education document ['Supporting pupils at school with medical conditions'](#) for further guidance.

It is the responsibility of the young person's keyworker/link worker to complete the original Individual Health Plan and to ensure that these are updated when there are any medication or health changes and reviewed and updated at least half termly or when a change is made. When there are significant changes the young person's parent/carer/social worker should be sent a copy of their child's IHP. With every significant update each young person must have the opportunity to read and sign this. The signed copy must be stored in their care plan. A copy must also be uploaded to Integris.

11. Audit

All medications/drugs received into and leaving the unit will be recorded either in the Controlled Drugs Register and/or the Medication Audit and Information File as appropriate.

Each item of medication will be audited and an accurate balance of stock maintained and monitored for each medication and for each young person.

In the case of Controlled Drugs, an audit will be undertaken to confirm the balance of drugs at each administration and also on a regular basis. Staff should record that a medication check has taken place in the Controlled Drugs Register. Liquid medications are not required to be measured after each administration due to wastage that occurs when decanting from the bottle to the measuring cylinder and back again; however, this should be done on a regular basis – at least when the bottle is received from home (if open), when a fresh bottle is opened, when leaving for a trip and taking medication off site and on return from the trip and when sending medication back home. Excess stock may be kept in an overflow but must be opened on receipt and counted by two staff when it is signed in and a sealed label placed on both ends of the box with the amount of stock in the box and signed by the two staff who have counted it. The information on the sealed label will also include the date the box was sealed and will then be added to overflow box. Staff do not need to count what is in this box again until it is opened for use to administer from. Staff are not to cover over the dispensing label with the new labels. Two staff should also be present when opening the sealed box to check the stock in the box. Sealed boxes do not need to be counted each time medication is administered from the other open box.

Emergency Medication – Salbutamol Inhalers and Adrenaline Auto-injectors (AAI). Please see Anaphylaxis Policy and Asthma Policy for further guidance)

All emergency medication for specific young people received into and leaving the school will be recorded on the appropriate audit sheet. There are separate folders for emergency medications provided by the school and these are kept with the medication.

A monthly check must be completed ensuring emergency medication provided by the school is present, in working order, in date and sufficient doses are available.

Each location of emergency medication will have their own named person responsible for overseeing this.

12. Staff Training

Any member of staff providing support to a pupil with medical needs should have received suitable training; this need should be identified during the referral process and/or development of the young person's individual health plan and referred to their line manager to address. Training developments can also be identified via staff performance development review and supervision.

Prior to administering any medication, all members of staff will be required to undertake training in the 'Administration of Medicines' currently provided by an accredited training company.

No agency staff used by the project will administer medication (unless they have successfully completed the training at High Close School). However, agency staff may witness administration and recording of medication and can sign as a witness.

Managers/supervisors have received training in the Assessment of Competence in Administration of Medication. This training should be regularly re-visited to maintain standards (at least three yearly).

All other staff will receive regular updates and assessment to ensure that they are competent to administer medication – at least termly by managers/supervisors as trained as above.

Assessors will use supervision and Performance Development Reviews (PDRs)/performance management as well as ongoing monitoring to ensure requirements are met.

Any member of staff who is deemed 'not competent' will not be permitted to administer medication until training has been completed and a new assessment undertaken.

In the case of staff having to work with children with specific medical requirements (i.e. Diabetes, Asthma, Severe Allergies requiring the use of AAI, Epilepsy etc) training will be undertaken in these specialised areas by the staff working closely with the relevant young person.

Staff are not trained and do not carry out medical or nursing procedures such as catheter care, administration of oxygen, suppositories etc. In the event of a young person's needs changing and requiring this level of care, consideration would be given as to the continuation of placement as staff carrying out these procedures would require separate authorisation and training to do so.

To maintain a good level of care and meet the 'strong recommendation' of the HSE and in line with Provision for First Aid in Barnardo's staff should undertake First Aid training commensurate to their role, and also complete refresher training every 12 months through Barnardo's E-Learning.

13. Provision of accommodation for young people who are unwell

When a young person is taken ill whilst at school, Staff should care for them whilst appropriate advice is sought. If a young person has vomited/has diarrhoea they should return home until there has been 48 hours after the last bout of vomiting/diarrhoea. Staff should ensure advice is sought from the GP, or if more appropriate, by calling the NHS 111. Young people who are ill in bed should be monitored regularly by staff and have the means to summon staff if required. If in exceptional circumstance this is not possible, they should stay in their bedroom until they are able to be returned home to avoid infection of other young people. Staff should refer to [Health protection in schools and other childcare facilities](#) for further guidance on infectious diseases.

If it is clear that a young person is unwell and likely to remain so, or suffering from an illness which may be contagious, then that young person (preferably after consultation with the GP) should be sent home to parents/carers until fit to return to school. Parents/ carers should always be informed if their child is unwell at school.

Any young person with a specific medical condition which relevant staff should be aware of will have a separate Individual Risk Assessment completed. Staff will ensure necessary and reasonable adjustments are made for young people who have suffered an injury where they may be temporarily unable to use stairs etc so they can continue to access their education within the school buildings; however, a residential young person who is unable to access their bedroom would not be able to be resident whilst unable to use the stairs due to there being no provision for them to sleep downstairs.

Parents/carers should be asked to keep children who are showing flu like symptoms/vomiting, diarrhoea at home for 48 hours after all symptoms have disappeared. Pupils who become sick at school should be returned home if possible. It is acknowledged that transporting such pupils presents a problem in itself and where possible parents/carers should be encouraged to pick up their own child from the school. In the interim period staff should care for the young person in their room and obtain advice from the GP/NHS 111

14. Care of and Supporting young people with medical conditions (including chronic conditions and disabilities)

For many young people with chronic (long term) conditions, the aim of treatment and care is to manage their illness in such a way that they are able to enjoy and achieve fully in their lives, and make a positive contribution.

In line with the statutory guidance, '[Supporting pupils at school with medical conditions](#)', young people with medical conditions should be properly supported so that they have full access to education (including trips and physical education). This guidance should also be read in conjunction with the

[SEND Code of Practice](#). The School Principal and Leader of Care will have overall responsibility for ensuring the implementation of the requirements stated below. Please see the High Close Equality and Diversity policy for further information.

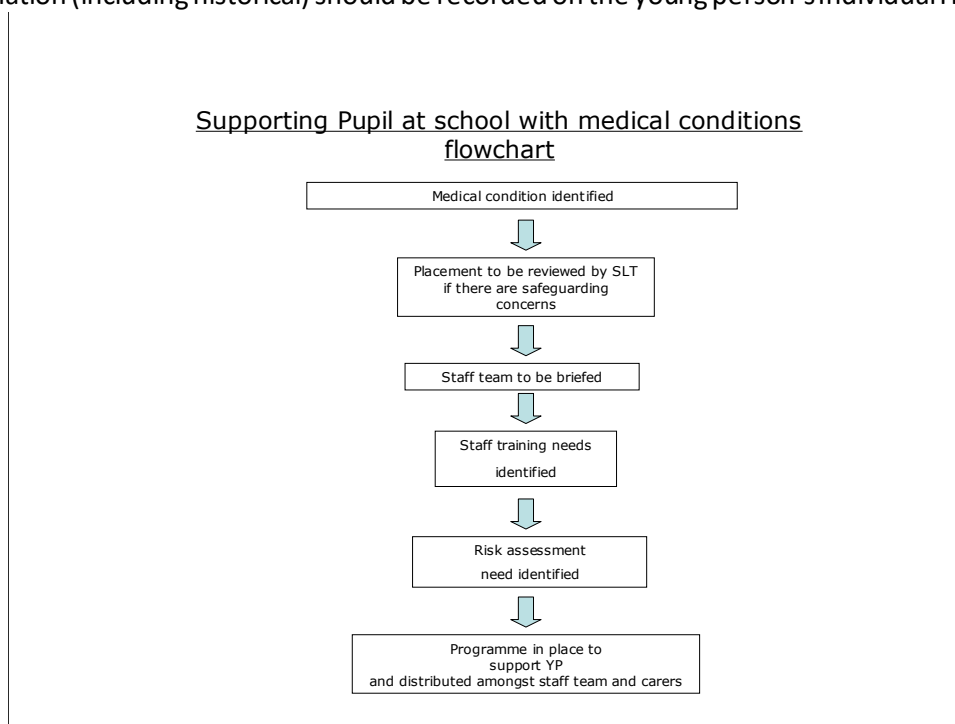
Arrangements should be put in place to ensure that such young people can access and enjoy the same opportunities at school as any other young person. Consideration of the school's ability to meet these needs will be made prior to admission, or as diagnoses are made. This may involve providing staff with additional training, to complement their standard training to ensure appropriate care for the young person with the chronic condition.

When medical conditions are identified, appropriate and relevant information should be passed onto the staff team and supply staff as and when appropriate. In situations of staff absence there should be a plan in place to cover any additional support normally given to a young person to ensure their needs continue to be met.

Staff will also ensure that any necessary additional risk assessments or care plans are circulated to ensure that relevant staff are able to provide effective and consistent care to meet the young person's needs. Staff will work closely with parents/carers and involved medical professionals to ensure that our standards of care and provision are continually reviewed and maintained to ensure the ongoing welfare of the young person.

Staff should support young people in ensuring they have access to any required additional medical advice, treatment and support including psychological and psychiatric advice, support with eating disorders etc. This should be discussed with Managers, the young person, their parents/carers and involved professionals.

All information (including historical) should be recorded on the young person's Individual Health Plans.



15. Dental/Optical Health

Key/link workers are responsible for liaising with parents and carers about any dentistry/optical needs young people may have and for keeping a record on the Individual Health Plan when appointments have occurred. Parents and carers are primarily responsible for the organisation and facilitation of appointments; however, for residential young people, unit staff in exceptional circumstances and with prior consultation will endeavour to support to ensure these appointments are facilitated.

16. School trips and outings

In the case of a young person requiring medication whilst away from the school, the medication will be given to a trained, designated and competent member of staff. They will be given clear directions regarding the administration of the drug. It will be this member of staff who will record on the child's MAR sheet and/or in the Controlled Drugs Register, with a second witness signature if this is the case.

It will be the designated member of staff's responsibility to ensure that all medication is kept safe and secure, including ensuring that there is adequate lockable provision for the storage of Controlled Drugs. A second member of staff will be identified in case of sickness/absence for the trip and they will be given the appropriate information.

If a young person is prescribed a Controlled Drug, a form containing the details of the controlled drugs register should be taken on trips away and completed by relevant, trained staff and witnessed by a second member of staff where possible. Staff must sign in and out medication at the start and end of the trip in the controlled drugs book and audit file. This will ensure that the medication can be administered from the original box in line with this policy. The form used on the trip will then be stored in the envelope in the Controlled Drug register and staff will transfer their recordings onto the current page of the controlled drugs register.

For PRN medications that are to be taken on trips in the case that they are needed whilst out, these will be signed out of the audit file and are the staff members responsibility to look after and sign back in at the end of the trip. If they are administered whilst on the trip, the records will be updated to reflect this. A store of administration slips will be taken on trips with PRN medication to ensure they can be recorded if administered whilst out.

17. Dealing with medical emergencies including Incidents, Diseases, Infections, Infestations, Pandemics and First Aid

INCIDENTS

If an incident occurs, staff are expected to follow and complete their tasks in accordance with all relevant Barnardo's Policy and Guidance: however, in an emergency situation if contact with the person with parental responsibility or consultation or relevant advice cannot be accessed the staff member must act with due diligence in line with their first aid training.

Doing nothing is not an option if a child or young person is in need of a critical or life-saving intervention. Where a staff member is faced with an unanticipated medical emergency where immediate consent to treatment cannot be provided by the person with parental responsibility, they must contact the emergency services (dial 999). The emergency call handler should give advice on what to do. The staff member should make the child comfortable if safe to do so and stay with the child. They are not expected to make independent decisions about a child's medical care but are able to agree to necessary medical treatment as advised by the health professional.

Staff are responsible for dealing with medical emergencies including calling an ambulance, informing the parent or person with parental responsibility and for passing on necessary information on the child's condition to the ambulance crew. All current medical needs will be identified in their Individual Health Plan and this should be passed to medical professionals in an emergency.

If the person with parental responsibility cannot accompany their child going to hospital, a member of staff must accompany and remain with the child or young person until the arrival of someone

with parental responsibility or their nominee. Parents/carers/Local Authority representatives should be made aware of the expectations to take over care of the young person in an emergency at admissions/if care placements change.

Health professionals are responsible for decisions about medical treatment when the parent or person with (delegated) parental responsibility is not available. Barnardo's workers or carers must not make the decision about when not to intervene or not seek medical treatment.

Staff should at the earliest opportunity record what occurred including reasons for any decisions they have made and complete forms e.g. Child superficial injury, incident reports etc. Where possible, staff should make notes whilst with a young person in a medical setting to ensure accurate records can be transferred to the young person's file.

Staff are covered by Barnardo's insurance for medical care/emergencies but need to be able to demonstrate that they have acted reasonably and following direction/ guidance from their line managers and/or the Senior on Call. Insurance details can be found on Inside Barnardos.

Staff involved in an Accident (who are injured or are completing a record on behalf of a young person/colleague) should complete a Barnardo's Incident Report Form. Staff can seek further guidance by referring to the Incident Recording [procedure](#).

Managers should complete page 3 of the Barnardo's Incident Report Form. Staff who are witness to an Accident are required to complete the form Witness Statement.

A record of First Aid treatment given following an accident must be completed on a Barnardo's Incident recording Form (BIRF).

Superficial injuries must be recorded on a [Child Superficial Injury record](#) (This form is for children and young people only NOT staff) and should only be used for minor injuries, i.e. bumps, bruises, grazes etc which do not require any first aid other than washing it or providing a cold compress. This document includes a skin map. Anything more serious needs to be recorded on a Barnardo's incident report form (accident form). On completion of the Child Superficial Injury record, staff should pass this information to the administrative staff responsible for CSI's so that the information can be entered onto a database. The form will be signed by the Principal and uploaded to the child's file room/Integris record. In addition, staff completing this form should ensure that they inform the relevant unit that a form has been completed. Staff who are required to record injuries on Safeguarding records via CPOMS that have NOT occurred whilst the young person is in the care of the school should record this on the body map within the CPOMS record not on a Child Superficial Injury form or Barnardo's Incident form. An existing injury form should be completed.

In the event of an accident, the young person should be offered treatment by a recognised, qualified First Aider in the first instance. If the child requires further medical treatment, an ambulance should be summoned, or the child taken to hospital and the young person's parent/carer should be informed immediately. The parent/carer should attend the hospital and give consent in the event of medical treatment being required (although all young people have signed parental consent for emergency medical treatment, completed on their admission to school). If the parent/carer cannot attend hospital immediately, the young person should be accompanied to hospital by a member of staff until the parent/carer can get there.

It is a requirement to ensure that details are obtained from third parties who have accidents on site or whilst participating in Barnardo's activities at other locations and taking details of witnesses to the incident.

All Incident (Accident) Forms are held centrally in the Main Office in staff/pupil files in line with GDPR requirements.

Accidents resulting in 'major injury,' 'dangerous occurrences' or absence from work for more than seven days are subject to statutory reporting procedures. Staff should refer to the area of Content Server entitled [Reporting of Injuries, Diseases and Dangerous Occurrences](#) for more guidance. A member of SLT will complete a RIDDOR form where required, managers/staff should ensure SLT are aware of any incidents that may require reporting.

Asthma and Anaphylaxis

In 2014 schools were allowed to purchase and keep emergency inhalers and adrenaline auto injectors for use in emergencies when young people are unable to access their own inhalers or injectors. Outlined in this policy (under the relevant sections above) are the guidance with regards to administration, auditing and storage of these emergency medications. This should be read in conjunction with the Anaphylaxis Policy and Asthma Policy.

Fractures

In the event of a suspected fracture, an ambulance will be called and the young person will be assessed and treated at hospital. Following on from this, advice will be sought from medical personnel as to the best course of action regarding the young person's care and safety. It is likely that the young person may be sent home to the care of their respective parents / carers. Alternatively, and if agreed the young person could be returned to school as long as a comprehensive Risk Assessment is undertaken, and the specific risks relating to the individual young person and the environment have been fully discussed and considered with senior staff, and if necessary, Barnardo's Safety Team and Insurance.

Serious incidents

Staff must inform a member of the Senior Leadership Team or any other staff member on call of the following issues/incidents as they arise.

1. Death or Serious Accident of a young person or staff member
2. Serious illness of a young person or staff member
3. A young person or member of staff having a notifiable infectious disease

On receiving the above information, the Senior Manager should clarify that staff have acted to ensure the safety and protection of all concerned. It is the responsibility of the Senior Leadership Team to make sure the relevant notifications are made, although they may delegate these tasks to other members of staff. Staff who are involved in any such incidents have a responsibility to ensure the Senior Leadership Team have all the appropriate and relevant information/recordings.

The Director of Children's Services for the South East Region and Chair of Governors should be informed of all incidents listed above. This should be initially by telephone and then confirmed later via email.

In the case of the death of a young person, a serious accident or illness (including notifiable infectious diseases) the school is also required to make notifications to the appropriate authorities, for example Ofsted, Wokingham Social Care and the placing Local Authority.

Staff should refer to Barnardo's [H&S guidance on Reporting of injuries, events, diseases, dangerous occurrences and hazards at work](#). If there is any doubt whether or not a situation is notifiable, or other advice is needed, the appropriate authority should be asked for clarification of their requirements. Staff should refer to the Leader of Care/SLT about any notifiable disease. Notifiable diseases are reported to the Local Authority Consultant in Public Health and the UK health security agency.

A written record must be kept of the notification. A full record must also be kept that includes: -

- Details of action taken
- Outcome of action/investigation

This must be made available to inspectors at the next inspection.

A list of notifiable diseases and their exclusion periods can be found [here](#).

Self-Harm

Young people who self-harm may do so in a variety of ways. Staff should treat any injuries that result from self-harm as described in this policy and complete the correct forms i.e. Child Superficial Injury forms and/or body map on CPOMS.

Young people who persistently self-harm or have a serious incident of self-harm will be subject to additional controls within their Behaviour support Plan-Individual Risk Assessment. If young people are known to conceal objects/substances in order to self-harm then the risk assessment should detail expectations for staff to carry out regular health and safety checks on their rooms. Staff should ensure they receive advice from professionals regarding persistent self-harm and the appropriate controls and supports they can provide. Staff must ensure they use the appropriate safety equipment when searching rooms to reduce risk of harm to themselves. Each residential unit has two ligature cutters for emergency use that are kept in the sleeping in room and staff office, as well as specialist search gloves and a variety of other PPE.

Mental Health

Young people who attend High Close School sometimes have mental health issues which should be addressed in the same way that other health issues are. Young people whose mental health issues become apparent after admission to High Close should be supported to access the appropriate advice/medical professionals. Staff who are concerned about a young person's mental health should seek advice from their line manager/Senior Leadership Team/Therapy Team as appropriate.

Staff have a duty to ensure they maintain the safety of the young person and the other young people and may be required to carry out emergency risk assessments/dynamic risk assessments in order to maintain this safety. Young people who are not able to attend school for short term periods due to mental health issues will be provided with educational support until they are well enough to return. Staff should refer to the Mental Health section in Child Protection and Safeguarding Policy for more guidance.

The school has a head of therapy whom staff may seek advice and guidance from.

On admission, parents will be informed that access to emergency safety support from the Head of Therapy may be sought.

For information on staff mental health and wellbeing please see the High Close Wellbeing Policy and Barnardo's employee assistance programme.

DISEASES, INFECTIONS, INFESTATIONS AND PANDEMICS

Staff should refer to Barnardo's Health and Safety Guidance on [Diseases, Infections, Infestations and Medical Conditions](#) and must adhere to Barnardo's [H&S guidance on Reporting of injuries, events, diseases, dangerous occurrences and hazards at work](#) . Staff should notify their line managers/senior

on call regarding notifiable diseases and events so they can make the necessary notifications to the relevant authorities.

In the event of a pandemic staff should refer to the Barnardo's Continuity of Service Planning Guidance and High Close Schools Business Continuity Plan.

FIRST AID

First Aid is the initial assistance given to a casualty for any serious injury or sudden illness, before the arrival of an ambulance, paramedic, doctor or nurse. The term also applies to the treatment of minor injuries or illness which would otherwise receive no treatment or which do not need an ambulance to be called or the casualty to have treatment from a doctor or nurse. First Aid should be used in the event of serious injury or ill health suffered by young people (or staff) until emergency services take control, medical advice is sought, or it is deemed first aid is sufficient. All individuals have the right to appropriate and prompt First Aid, they also have the right to refuse. In this instance it should be recorded appropriately.

Staff should refer to [Guidance on first aid in schools](#) for more detailed information.

First Aid should only be administered by a qualified First Aider. Designated staff are trained in the use of First Aid and first aid boxes are provided within each of the residential units and the school.

Staff administering first aid must only do so to the extent of their training. They should never attempt to give first aid for which they have not been trained.

A list of all Qualified First Aiders is available in each building and this indicates who is qualified and to what extent. Staff on duty should be aware of Qualified First Aiders on campus in case of emergency.

The person providing the first aid treatment or who called the emergency services must inform the responsible manager so that the associated incident can be investigated where appropriate, and any necessary notifications made. Parents/carers should be informed of first aid administered to their young person.

Contents of the First Aid box

There is no mandatory list of items to be included in a first-aid container. As a guide from Barnardo's and St. John's Ambulance a minimum stock of first-aid items might be:

- 20 individually-wrapped, assorted sized, sterile adhesive dressings, (detectable type for food handlers)
- 2 sterile eye pads,
- 4 individually wrapped triangular bandages (preferably sterile),
- 6 safety pins,
- 6 medium (approx. 12 cms x 12 cms), individually wrapped, sterile. unmedicated wound dressings,
- 2 large (approx. 18 cms x 18 cms) individually wrapped, sterile, unmedicated wound dressings,
- 1 foil blanket (only where necessary),
- 2 pairs of suitable disposable gloves, (latex ones are best avoided because of allergy issues)
- 2 Resusci-aids,
- 2 disposable plastic aprons

The contents of first-aid containers should be examined regularly (monthly at a minimum) and restocked soon after use. Care should be taken to dispose of items safely once they reach their expiry date.

Equivalent or additional items are acceptable.

Any tablets, creams or lotions should be held in the locked medication cabinets in the units until needed.

The first aider or appointed person should examine the contents of the first aid containers on at least a monthly basis unless required earlier to check that everything needed is present and that any items with a past expiry date (or that are no longer sterile due to being opened) are disposed of appropriately. These checks should be recorded the H&S folder in each unit.

Medical checks after a physical restraint

If a young person has been held in a physical restraint, staff will carry out observation checks at 5 minutes, 30 minutes and 60 minutes after the restraint has ended.

During these checks staff will monitor the respirations/breathing of young person and note down any observations.

Staff will also monitor the colouring of the young person's skin/face/lips and again note down any observations.

All of these observations should be recorded on the relevant section on Sleuth and signed when this takes place.

If staff have any concerns with regards to the medical condition of a young person after a physical restraint has taken place, they should then seek advice from a medical professional at the earliest opportunity and inform a member of the Senior Management Team.

Use of defibrillator on campus

An automated external defibrillator (AED) is a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia (abnormal heartbeats) in a patient, and is able to treat them through defibrillation, the application of electrical therapy which stops the arrhythmia, allowing the heart to reestablish an effective rhythm.

With simple audio and visual commands, AEDs are designed to be simple for any person to use them regardless of training. The AED pack will contain appropriate scissors for cutting off clothing, a towel and a razor (in case there is chest hair) and will be checked regularly.

The AED is located in Cedars unit office. All residential units have a copy of the front door and office key to be able to access Cedars in an emergency situation. If staff are not in Cedars unit and access is required, then a master key can be sought from senior staff (including all unit managers) or another unit. For guidance please see the Health and Safety Policy and the following [resuscitation guidelines](#).

First Aid off campus

It must be recognised that the possibility of there being an accident or medical emergency while a group is engaged in activities, particularly away from the project cannot be entirely eliminated. The appropriate level of first-aid provision for any particular situation will be determined by the required risk assessment on the activities involved. Staff and young people must be aware of who are the Qualified First Aiders on any given trip.

Vehicle First Aid supplies

It is a requirement that a first-aid box is carried in vehicles. The equipment must be kept readily available for use, kept in good condition and be clearly marked. The school handy man should be informed of any use of the first aid supplies and is responsible for its replenishment.

ADVERSE DRUG REACTION REPORTING

Any actual or suspected adverse drug reaction (ADR) should be reported to the general practitioner and or the supplying pharmacist for the individual young person.

The person or authority with parental responsibility should be informed and the incident explained to the young person.

The medicine should not be given again without discussion and agreement with the general practitioner, the child's parents/carers and the young person themselves if of sufficient age and understanding and/or self-medicating.

The Health and Safety Advisor should be informed via a Barnardos Incident reporting form and consideration given to following incident reporting guidance. See link to [Barnardo's Notifiable Events Policy](#) (including the death of a child or young person).

General practitioners and pharmacists can report on to the Medicines and Healthcare Products Regulatory Agency and should involve staff and carers if they submit a report.

In the case of a young person appearing to have an adverse reaction to medicine and they become unwell, medical advice must be sought immediately.

18. Links with external agencies

The school maintains positive links with health agencies and has a GP surgery that we use generally.

In addition, we ensure that young people have access to any specialist services where appropriate. High Close has a Head of Therapy who oversees the school's Occupational Therapist and assistant, Speech and Language Therapist and assistant, and counselling service (ARC). The Head of Therapy also provides direct work with young people.

When the need is identified, referrals are made to Children and Young People Mental Health Services including Child and Adolescent Mental Health Services, Eating Disorders Clinics, and Substance Misuse and Sexual Health services. At admission, parents will have the opportunity to discuss the need for these services and the Senior Leadership Team take the availability of identified services into account when making decisions about potential admissions.

Staff Administration of Medication training is provided by an accredited training provider.

When external agencies visit young people on campus, normal security/ safeguarding procedures should be followed and this should be in line with Keeping Children Safe in Education requirements which can be found outlined in the school's safeguarding and child protection policy.

19. Infection Control

Staff should refer to Barnardo's Control of Body Fluid Borne Infections guidance. This provides guidance on the basic hygiene precautions which staff should employ to avoid infection, while dealing

with blood or other body fluids, providing first-aid and medical treatments, and when disposing of clinical waste. Staff should refer to the Local Safety Rules and the Personal Care and working with bodily fluids risk assessment to give guidance on appropriate disposal of clinical waste.

Staff and carers must be prepared for the fact that there are an unknown number of adults and children with undiagnosed blood borne illnesses such as HIV and hepatitis. Therefore, these good hygiene practices must be followed at all times, not just when there is someone known to have a blood borne illness.

The key elements of good general hygiene designed to control infection are:

- Avoiding contact with another person's body fluids and other potentially infectious materials including blood, nasal discharge, sputum, semen, vaginal secretions, faeces etc.
- High standard of cleaning especially in kitchens and sanitary facilities. Also, in areas where people will be barefoot or playing upon the floor.
- Careful disposal of clinical waste.
- High standards of personal hygiene.

One of the most vital aspects of preventing cross-contamination of infection between workers and service users is the use of appropriate personal protective equipment (PPE) and protective clothing. As part of the risk assessment consider whether to use non-disposable or single-use PPE. Remember that single use disposable items must not be re-used. This can, in certain circumstances, lead to the spread of infection between service users. Staff must refer to guidance on [Personal Protective Equipment at Work Regulations](#) from HSE. These procedures must be followed in all circumstances whether or not there is a definite, known risk of infection.

20. COSHH (Control of Substances Hazardous to Health)

An assessment is undertaken of all hazardous chemicals stored in the unit. This information will be maintained within the COSHH file. The information is updated on a regular basis. All staff should familiarise themselves with the contents of the COSHH file and must sign to confirm that they have done this. It is the duty of all staff to keep abreast of new or changed information.

21. Retention of Records

Any individual pupil records are kept by the Organisation for a period of 75 years after the date of birth of the child or are passed to the next school and a receipt obtained.

Staff should refer to the [Royal Pharmaceutical Guidelines on Keeping Patients Safe when they transfer between care providers \(getting the medicine right\)](#). All relevant information (including copies of their IHP) is transferred with pupils to their next school.

On leaving High Close School at the end of their statutory education, documentation relating to medical and health care must be kept for 6 years and then archived at Barnardo's Making Connections service (i.e. either hard copies kept or scanned onto Integris).

22. Insurance

As stated in the 'Department of Education's Supporting pupils at school with medical conditions (2014)' we must ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The school's liability cover is available in every unit staff office and the main school office.

The insurance policies provide liability cover relating to the administration of medication, Barnardo's staff are allowed to administer and undertake agreed medical procedures in accordance with the [Barnardo's policy](#), this policy follows these guidelines.

Staff should be trained in the relevant procedure by qualified professionals and this be recorded on their files accordingly, with regular refresher courses.

Appendix A - Checklist for collecting medication from the Pharmacy

You need to take with you –

- Barnardos ID
- Your job title and role to the yp
- The yp's name
- The yp's home address

- The yp's date of birth
- The medications you are collecting (including dose and amounts)

They will require you to sign each prescription back, and they will also complete a bound book of their own.

On return it is your duty to

- Check all medication is correct (including labels for correct dose, name and frequency of administration)
- Audit the medication in with a second member of staff. Add to MAR sheet where appropriate etc.
- Communicate during handover any changes to medication, no matter how small.

On an additional note

Whilst it may be the key workers role to ensure that adequate medication is available, it would be incredibly supportive that if staff notice any medication going less than 20 tablets (or 40 for twice daily) to email the key worker to chase up new medication.