



Standards and Regulations

NMS 3

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SECTION 1 - General Policy Statement and the Law

Most pupils may need to take medication or receive first aid at some time whilst they are at school. St. John's School for the Deaf has a clear, written policy on managing medication and first aid in school and has effective management systems to support individual pupils with medical needs. The school is well placed to enable pupils attending school who require medication or have chronic or temporary medical conditions to continue their education with as little disruption as possible.

St John's School has a school policy, appropriate procedures and supporting documentation so that no person is placed at risk from the lack of first aid organisation or the storage, administration and disposal of medication.

The Governing Body has a legal duty to make arrangements to ensure that pupils with medical needs are able to attend school with as little disruption as possible. This involves employing a School Nurse whose specific role is to administer medication and to ensure that safe procedures are in place for the administration of medication in her absence. The school believes in promoting staff to be 'Health Champions'. This means staff who volunteer as part of their role or staff who have such a role as part of their job description, with the appropriate training, taking on additional responsibilities for the students health needs.

St John's School has separate Asthma, Intimate Care, Infection control, Hepatitis and Controlled Drug policies.

1.0 The Law

1.1 Under the Health & Safety at Work etc. Act 1974 the employer is responsible for making sure that the school has a health and safety policy. This should include procedures for supporting children with medical needs including managing prescribed medication.

1.2 The Children's Act 1989 authorises people who have care of a child (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare.

1.3 The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It must contain a washbasin and be reasonably near a toilet. It must not be teaching accommodation.

1.4 The Equalities Act (2010) requires that the body responsible for a school must not discriminate against a disabled person. Any children with medical needs who are also disabled will be protected under this act.

1.5 Under the Equalities Act a person is defined as having a disability "if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities". The Act includes a list of conditions which automatically mean a person with the condition is disabled under the EA. Only a court of law can decide whether or not somebody has a condition causing them to be disabled under the EA (a medical practitioner cannot decide whether or not a person is disabled).

1.6 Under the EA, a responsible body discriminates against a disabled person if for a reason which relates to the person's disability, it treats him less favourably than it treats or would treat others to whom that reason does not or would not apply; and it cannot show that the treatment in question is justified.

1.7 A teacher or other member of staff in a school or college who looks after pupils and students in place of the parent (in loco parentis), must treat and take care of the pupil as a “careful parent” would. If a request is made in relation to a pupil’s medical needs then consideration should be given to whether or not the request is what would be expected of a reasonable parent in the same circumstances.

1.8 The Health & Safety (First Aid) Regulations 1981(The Regulations) - Regulation 3 require that “An employer shall provide, or ensure that there are provided, such equipment and facilities as are adequate and appropriate in the circumstances for enabling first-aid to be rendered to his employees if they are injured or become ill at work and that employers shall provide, or ensure that there is provided, such number of suitable persons as is adequate and appropriate in the circumstances for rendering first-aid to his employees if they are injured or become ill at work; and for this purpose a person shall not be suitable unless he has undergone such training and has such qualifications as may be appropriate in the circumstances of that case. “

The provision for first aid and medicine administration in school will be in accordance with the current DfE guidance on [First Aid and Medicine Administration in schools](#) (DFEE Aug 2000, updated Feb 2014)

Whilst St John’s School recognises its responsibilities under the law and from within this policy, the school believes that its working practices and its expectations of staff, demonstrate a level of care which it considers to be an example of ‘best practice’ in this field.

SECTION 2 - First Aid Organisation

The School’s arrangements for carrying out the policy include nine key principles:

- a) Placing a duty on the Governing Body to approve, implement and review the policy.
- b) Placing individual duties on all employees.
- c) To report, record and where appropriate investigate all accidents.
- d) Record all occasions when first aid is administered to employees, pupils and visitors.
- e) Provide equipment and materials to carry out first aid treatment.
- f) Make arrangements to provide appropriate training to employees, maintain a record of that training and review annually.
- g) Establish a procedure for managing accidents in school which require first aid treatment.
- h) Provide information for employees on the arrangements for first aid.
- i) Undertake a risk assessment of the first aid requirements of the School.

Arrangements for First Aid

2.1 Materials, equipment and facilities

The location of first aid containers in the school are appropriately signed at:

Health Centre	Post 16 office	Maintenance Office	School Flat
Main Office	York Kitchen	Art Room	School Mini Bus x2
Care Office	Beverley Kitchen	Science Prep Room	Main School Kitchen
Primary Entrance	Ripon Kitchen	CDT Room	Laundry
Speech Therapy Area	Careers Corridor	Tech room	French Room
Food Tech Room	Gym		

The School will provide materials, equipment and facilities as set out in the DfE Guidance on First Aid for Schools.

The contents of the First Aid boxes will be checked every half term by the School Nurse or when informed by staff that contents have been used.

British Standard BS 8599 provides information on the contents of workplace first-aid boxes. However, contents are not definitive and at St. John's School, the contents of the first aid boxes reflect the outcome of the first-aid needs assessment and may have different contents for different areas of the school.

First aid boxes are placed around school and are easily accessible. Mobile kits are provided for journeys/trips.

First aid boxes and kit containers protect the contents from damp and dust and are clearly marked with a white cross on a green background.

Tablets and medicines are not kept in any first-aid box in school.

The School Nurse and the Business Manager are responsible for all record keeping on First Aid. First Aiders will record all the cases they treat. Each record will include at least the name of the patient, date, place, time and circumstances of the incident and details of injury suffered and treatment given. Health records are kept in a lockable filing cabinet in the Health Centre, and are easily accessible to relevant staff. Accident books are kept in the office of the Head of Care.

Parents will be informed by telephone if their child sustains a significant injury, or has any illness which requires further observation at home. A record of such a conversation will be documented in the child's medical notes. If the parent is unavailable by this means, written information will be sent home with the child via the planner.

Any health information for residential students will be communicated via the pupil's health file. This includes information regarding when medication has been given.

Laminated cards are available in key areas of school and contain 'grab and go' information regarding:

- Paediatric and Adult resuscitation and choking.
- Emergency procedures for Asthma, Diabetes, Anaphylaxis and Epilepsy.
- Recovery position and 'out of hours' health contact information.
- Current students with Asthma.

In compliance with The Education (School Premises) Regulations 1996 the Governing Body ensures that a room is available for medical treatment. A designated person thoroughly cleans the room each week and to arranges for any laundering as required.

This facility contains the following and is readily available for use:

- Sink with running hot and cold water.
- Drinking water (if not available on mains tap) and disposable cups.
- Paper towels.
- Smooth-topped working surfaces.
- A range of First Aid equipment (at least to the standard required in First Aid boxes) and proper storage.
- Chair.
- A couch or bed (with waterproof cover), pillow and blankets.
- Soap.
- Clean protective garments for First Aiders.
- Suitable refuse container, lined with appropriate disposable yellow plastic bags, i.e. for clinical waste.
- An appropriate record-keeping facility.
- A means of communication, e.g. telephone/Radio.
- Sharps bin.
- Medical fridge.

In addition to the items in the first aid boxes, in school the following items will also be provided:

- Disposable drying materials.
- Disposable gloves
- COSHH approved cleaning products
- Yellow biohazard type plastic bags for disposing of bulky amounts of blooded waste
- (see for procedures for handling blood).
- Vomit bowls.
- Body fluids cleaning kits.

2.2 Appointment of First Aiders

The Appointed Person is the School Nurse

The duties of the School Nurse include:

- Taking charge when someone is injured or becomes ill.
- Ordering and storage of first aid equipment including restocking of first aid containers.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Maintaining an accurate record of accidents/injuries/visits to the Health Centre for advice.
- Ensuring health information is current and communicated appropriately when required.
- Ensuring outstanding policy and procedure with clear and easy to use documentation which would withstand legal scrutiny.
- Minimising risk.
- Exceeding good practice standards when dealing with health issues in school.
- Training of 'Health Champions' and 'first responders' to ensure quality of care when the School Nurse is not in school.

In addition to meeting the statutory requirement placed upon them to provide first aid for employees the Governing Body accept their responsibilities towards non-employees. In order to provide first aid for pupils and visitors, the Head Teacher will assess, in addition to the Appointed Person, how many First Aiders are required and what level of training it is necessary for them to have. Records will be kept of this training (APPENDIX 1 and 2)

The Governing Body acknowledge that unless first aid cover is part of a member staff's contract of employment, those who agree to become First Aiders do so on a voluntary basis.

The School Nurse will ensure that all first aiders are able to access medical information where it may influence their care of the injured child.

The Governing Body recognises that not all members of staff in school can be trained first aiders and the level of provision is determined by risk assessment. Those staff who are not trained however will receive training on life threatening situations such as Asthma, Choking and Anaphylaxis from the School Nurse and will be classed as 'First Responders' if an emergency situation were to occur.

2.3 Information on First Aid arrangements

The Head teacher or School Nurse will inform all employees at the school of the following:

- The arrangements for recording and reporting accidents;
- The arrangements for first aid;
- Those employees with qualifications in first aid;
- The location of first aid boxes.

In addition the School Nurse will ensure that signs are displayed throughout the school providing the following information:

- Names of employees with first aid qualifications;
- Location of first aid boxes.

All members of staff will be made aware of how to access a copy of the school's First Aid policy.

2.4 Provision away from the School

Provision for First Aid or medical need on school visits and journeys will be determined by risk assessment in accordance with the Governing Body's guidance on Educational Visits. The expectation is that the standards for First Aid and Medicine administration on school trips equals the standards expected when students are in school.

Such assessment may include: additional staff supervision, transport adaptations, cool storage for medication and safe storage for medication. During visits outside school, the trip leader is responsible for the safe storage and accurate dispensing of medication in line with school procedures. All staff on the visit should be aware of any student's medical needs and medical procedure in the event of an emergency. Staff knowledge of what to do in an emergency/accident when outside school is the responsibility of the schools' 'visits co-ordinator' or the Head teacher.

In the event of emergency treatment/an operation being required, school staff should never need to give consent for any procedure. If a parent/legal guardian is not available to give consent, doctors are usually unable to take consent from school staff. Instead, they themselves would act in the best interests of the child and proceed with that in mind.

2.5 Transport to Hospital or Home

- The School Nurse, Care Staff or SLT will determine what is reasonable and sensible action to take, in the circumstances of each case.
- Where the injury is an emergency an ambulance will be called following which, the parent will be called. A member of staff would always accompany the child in the ambulance or follow closely behind as guided by ambulance staff and clinical need. Any member of staff in school can call an ambulance and should not delay doing so, if required, by any misguided feeling of needing permission first.
- Where hospital treatment is required but it is not an emergency, then the School Nurse will contact the parents to discuss them taking over responsibility for the child. If the parents cannot be contacted or it is impractical for them to attend, then the school will transport the pupil to hospital.
- Where the School makes arrangements for transporting an unwell child then the following points will be observed:
 1. Only staff cars insured to cover such transportation will be used.
 2. A second member of staff may be required to provide supervision for the injured pupil. The need for this would be assessed on an individual basis.
 3. Where possible, a member of staff well known to the child, would be the person whom would accompany them out of school.

2.6 Signs and notices

Sufficient numbers of first aid notices, dictating nearest first aid point and names of first aiders; in accordance with the Safety Signs and Signals Regulations 1996; are provided in and around school.

SECTION 3 - Accident Reporting

The Governing Body will implement procedures for reporting:

- a) All accidents to employees;
- b) All incidents of violence and aggression towards staff.

The Governing Body is aware of its statutory duty under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in respect of reporting the following to the Health and Safety Executive as it applies to employees.

- All deaths, with the exception of suicides, arising from a work-related accident, including an act of physical violence to a worker
- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia

- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness
 - requires resuscitation or admittance to hospital for more than 24 hours
- Any accident resulting in an employee being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury.

Accidents in school to members of the public or others who are not at work (including school pupils) must be reported under RIDDOR if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. The school's accident book will fulfil this obligation.

SECTION 4 - The Storage and Administration of Medication

The lockable cabinets for medicine storage are made of robust construction, are steel and are bolted to the wall.

The number of keys to the cabinets are kept to a minimum and only held by individuals who have legitimate authority to access the medicine cabinet. These are never given to an unauthorised person, left on hooks, in desks or out on display.

- Large volumes of medicines are not stored.
- Staff will only store, supervise and administer medicine that has been prescribed for an individual pupil, over the counter medication sent by parents in agreement with the School Nurse or medication agreed by the Head Teacher as school stock (Paracetamol and Cetirizine)
- Medicines will be stored strictly in accordance with product instructions
- Pupils will know where their own medicines are stored and who holds the key.
- All emergency medicines, such as asthma inhalers and adrenaline pens, are readily available to pupils and are not in locked storage.
- Sometimes medicines need to be refrigerated. St John's school has dedicated medicine fridges where temperature is recorded daily. Medicines can be kept in a refrigerator with food but they must be in an air tight container and clearly labelled. There should be restricted access to any refrigerator holding medication.
- Medicine will always be stored in its original container with:
 - the name of the person for whom the medicine is prescribed;
 - the manufacturers guidance leaflet/information;
 - the prescribed dose;
 - the time the prescribed dose is to be taken;
 - the expiry date of the medicine;
 and the name of the person or organisation responsible for dispensing the medicine;

4.1 Responsibilities

The Governing Body accepts responsibility for members of staff who volunteer to give or supervise children taking medication during the school day or during residential time, as long as they are acting within their agreed level of competency, have undergone assessment of ability and strictly adhere to the guidelines for medication administration as produced by the School Nurse and agreed by the Head Teacher (APPENDIX 1)

Some members of staff have no contractual obligation to give medicine, supervise a pupil taking medicine or assist in any treatment of a pupil requiring medicine unless specifically set out in their contract of employment under their job description.

Staff however may volunteer to give medicine and assist with treatment and some have a contractual obligation to do so. In such cases, staff will be provided with suitable and sufficient training to enable them to carry out their voluntary/contractual duties safely and responsibly and this will include training on the administration of all types of medication used in school e.g. eye drops/nasal sprays.

All school employees who look after pupils will be made aware of how to access the school's health policies, risk assessments and health care plans.

Where intimate care is required for the administration of medication, the staff member should refer to and comply with the school's intimate care policy and seek additional training.

Staff will ensure that medication is only given to those for whom it is prescribed and will follow school procedure for medicine storage and administration.

The school will keep a record of those staff willing to administer medication and ensure they have the adequate training to do so (APPENDIX 2). Medicines given when the School Nurse is not present will usually require the signature/witness of two people. Exceptions to this are:

- When parents have consented for their child to 'self-medicate'.
- Where parents have consented and school is willing for the child to be the second signature.
- For eye/ear drops, topical creams and inhalers.
- In exceptional circumstances when the Head Teacher or nominated deputy has given their explicit consent.

Administration of controlled drugs will always require the signature of two people- See St John's controlled drug policy.

All parents of children attending St John's School will be asked to complete a medical questionnaire (APPENDIX 3)

Any parent wishing their child to 'self-medicate' will have signed the appropriate consent for them to do so. Care Staff (usually the School Nurse, when available) will then complete a 'self-medication' assessment (APPENDIX 4) and ensure that any medication is stored safely. Any medication kept by Sixth Form students in their room will be in a clearly identifiable, lockable metal container.

St John's school actively encourages and facilitates children of an appropriate age and level of understanding to play a part in managing their own medication. Where parents consent and the School Nurse agrees, students sign for and administer their own medication with supervision.

All medication is supplied by parents and stored, in its original container and in accordance with instructions provided by the manufacturer, paying particular note to temperature. All medication is stored according to manufacturer's instructions.

Parents will provide written consent for staff to administer the medication they have provided stating the name, dosage, explanation and time to administer it along with the quantity they have provided in school. A written record of each administration of medicine will be kept in school. (APPENDIX 5 and 6)

The School Nurse will send home any medication in storage at the end of the school year. Medication is not stored in the summer holidays. Any that are not collected will be disposed of compliantly at the local pharmacy. Any medications that require disposal or are no longer in use during the school year shall either be returned to parents or the local pharmacy and records of such disposal will be kept.

It is the parent's responsibility to ensure new and 'in date' medication comes into school on the first day of the new academic year. Parents are encouraged not to send large volumes of medication and all medication is returned to parents at the end of the summer term in order that they may review the need for it to be in school.

The School Nurse will check the quantities and expiry dates for all medication stored at the school whilst it is in session and is responsible for notifying pupils and parents if replacements are required.

Collection and disposal of sharps boxes is arranged with a licenced provider.

The school is responsible for providing a fridge, for the storage of medication requiring refrigeration. Fridge temperature will be checked daily when school is in session. No food item should be kept in medical fridges. If medicines need to be refrigerated on trips, these can be kept in a refrigerator with food but they must be in an air tight container and clearly labelled. There should be restricted access to any refrigerator holding medication.

4.2 Emergency medication

Adrenaline devices for anaphylaxis (Epi-pens) and Asthma inhalers are the only medications that are able to be carried by the student in school. If an Epi-pen is used, the student must **ALWAYS** go to hospital via ambulance for further assessment.

It is the responsibility of the School Nurse to train staff in the administration of adrenaline devices and inhalers.

Parents are encouraged to keep a spare quantity of any emergency medication with the School Nurse.

Emergency medication is kept in open storage within the medical room. The medical room is locked but opens with a master key, held commonly by staff. It is the School Nurse's responsibility to ensure the location of emergency medication is known to staff.

4.3 Dispensing Medication

For day students, medicines should only be taken to school when essential and where it would be detrimental to a pupil's health if the medicine was not administered during the 'school day'. Daily medication, for example, should be taken at home.

Prescribers should be encouraged to provide two prescriptions for a child's medication, where appropriate and practicable; one for home and one for use in the school, avoiding the need for the repacking or re-labelling of medicines by parents.

Staff will not accept medication that has been removed from its original container. It must be provided with the pharmacy label clearly legible and attached (stating dosage and frequency instructions) and expiry date visible. The medication should be in good condition as when dispensed.

Staff will never accept or give medication if they are unhappy with any aspect of the provision and should seek guidance from the Senior Leadership Team.

All non-emergency medication, is kept in a secure place, in a wall mounted, lockable, metal cupboard. Controlled drugs are kept in this cupboard within a further lockable space. Keys for the medicine

cupboard are kept securely and separately from the controlled drugs cupboard keys and staff access to these keys is very limited

Paracetamol (pain relief), cough/cold preparations and Cetirizine (non-drowsy anti-histamine) are the only oral 'over the counter' medication that the school will give unless supplied by parents. All other oral medication, including other 'over the counter' medicines are to be supplied by parents and when appropriate, prescribed by a doctor. Consent is obtained from parents at the beginning of the school year for the administration of Paracetamol and other common illness/over the counter remedies.

No pupil under the age of 16 should be given aspirin or medicines containing Ibuprofen unless prescribed by a doctor. If Ibuprofen is supplied by parents they should be made aware of current guidance for use in under 16's.

Should the dosage of a child's prescribed medication change, this should be documented by the prescriber or pharmacist. Parents' consent (reflecting the prescriber's wishes) should only be taken for the minimum time before the prescriber can be reached to confirm. Staff must never change dosage of prescribed medication independently.

No person can be forced to take medicine should they refuse.

If a pupil refuses to take medicine and the information provided by the pupil's parent and/or GP suggests that the pupil is at great risk if they do not take their medication, the parents will be contacted immediately. If a parent cannot be contacted medical advice will be sought.

Where the information provided indicates that the pupil will not be at great risk if they do not take their medication, but the parent has informed the school that their child should receive their medication, the parent will be contacted as soon as possible.

4.4 School Escorts

It should not be necessary, in normal circumstances, for escorts to be trained to administer any form of medication.

Where the school transport service transports children with medical needs to and from school and escorts supervise them, the escorts should be provided with suitable and sufficient information in respect of the medical conditions and medications of the children in their care. This is the parents' and Local Authority's responsibility. This information should be provided via the school transport office in consultation with the Head Teacher and the pupil's parent.

4.5 Healthcare Plans

Health Care Plans can be used to document a child's chronic or short term health needs. On occasion, a risk assessment will also be deemed necessary.

When required, the School Nurse will produce the Healthcare Plan to record important details about a child's illness; triggers, signs, symptoms, medication and other information. Medical professionals outside school may contribute information to the Health Care Plan. The plan is then sent to parents or guardians to ensure its accuracy and is reviewed annually, or before, if circumstances change. It is the parent's responsibility to inform the School Nurse if they have new information regarding their child's health needs. It is the School Nurse's responsibility to then make sure that the information on the Health Care Plan is available to the relevant staff.

Staff should report any concern they have regarding change in a child's chronic health needs to the School Nurse or Head Teacher so the child's needs can be re-assessed and addressed.

When the Head Teacher or School Nurse wishes to share sensitive information with other staff within a school they should first seek permission from the child's parent or guardian, or the child, if the child is mature enough. Parents' culture and religious views should be respected at all times.

In some cases parents may agree for a GP or other health professional to liaise directly with a school, in others it will be via the School Health Service.

In some instances a parent or child may not wish the GP to provide the school with any information in respect of their child's condition. In these cases, the GP will observe such confidentiality and must comply with the parent's or child's wishes.

In the case of a student requiring hospital treatment, the student's Health Care Plan and medical questionnaire will go with them if this is practical.

4.6 Sporting activity/P.E

St John's school will plan and make provision for all of its students to be included in sporting activity of some description to suit their ability, having assessed disability or medical need. This includes P.E, school visits and extra-curricular activity.

School staff responsible for Asthmatics at this time should ensure that they know the whereabouts of the student's individual inhaler and if it is required, before the sporting activity starts, as a preventative measure.

It is the responsibility of the member of staff facilitating the activity to ensure that if any external persons are involved in teaching/supervising students, they are aware of their medical need as appropriate.

SECTION 5- Managing Children Who Are Unwell

5.1 Monitoring unwell children

When a child is unwell during the school day, they will be looked after in the Selby or Ripon sitting rooms, therefore being in close proximity to the Care Staff office and reception. Post 16 students will be assessed individually and may be able to stay in their bedroom. Primary school students would never be left unattended.

An 'unwell student monitoring' form will be completed for all instances where there is an unwell child. This includes information regarding the named person/s responsible for the child, recommended care and the minimum frequency of observation (APPENDIX 7).

Any information pertaining to the event will be kept on an individual communication sheet either in the residential pupils file or in the case of a day pupil, the day pupils file.

5.2 Infection control

In all cases, the school will follow Health Protection Agency current guidance regarding reducing the spread of infections and has posters displaying such guidance in appropriate locations in school.

The school will comply with and assist Leeds Community Primary Care Trust with its routine immunisation schedule. The school is aware of its responsibilities surrounding data protection legislation in this regard.

When a child is considered to have an infectious illness, they will be kept isolated from other students and parents will collect as soon as possible.

St John's school has a separate Infection Control Policy.

Review of policy

The Governing Body will review the Health, First Aid and Medication in School Policy on an annual basis.

References:

PG505 Leeds City Council; Guidance on Medication in Schools.

PG504 Leeds City Council; Guidance on First Aid Requirements in Schools.

Date of Policy	Review Frequency	Reviewed by	Governing Body Approval
May 2017	Annually	K Adams	June 2017 (Care Committee)

Identify that medication is required by either checking the medication file for routine medication or by identifying that a student needs 'as required' medication due to the signs and symptoms that they are displaying or describing.
Ensure that you have correctly identified the student.
Check that you have the parent/guardian's permission to give the medication.
Unless you have been given express permission to do so by the Head Teacher, all medication should be given/witnessed by two people, one of whom may be the child with parental consent (see back of blue form).
In order not to be distracted by other people or events, choose the most appropriate place for medicine to be given. In school this would be the Health Centre or the Post 16 office.
Ensure that you protect the student's right to privacy by only giving medication to one student at a time. Ensure that this is not in full view of other people wherever possible.
For Paracetamol (school stock) follow Paracetamol flow chart as displayed in Health Centre.
Controlled drug administration includes additional recording in the controlled drug record book. Any controlled drug that is wasted (dropped, spat out or crushed) is to be discarded in the 'sharps bin' in the Health Centre. This would be witnessed and documented by two people and recorded as such. Any controlled drugs that have not been used and are no longer required would still be returned to the chemist and the medication disposal book signed by both school and chemist representative.
All medication should only ever be stored in its original container, as supplied by the pharmacist, and should clearly display the instructions for administration (chemist's label).
For out of school activity, the original container and school medication documents should be taken from school if medication is or may be required. The appropriate storage of such medication is the responsibility of the trip leader. Also their responsibility, is the communication to parents of any 'as required' medication given.
Administer medication as required and documented on the chemist's label (time, amount, route and any other instructions). This label reflects the doctor's prescription exactly and should be trusted above any document produced by the Health centre. Such documents give direction for administration of medication but are intended for use only as a prompt and to ensure clear documentation of medicines given. Any instructions on such a document should not be given priority over that of the chemist's label.
Prior to administration of medication, having checked the pharmacy label and container, staff should also check the 'blister' pack to ensure that the right medication is in the right box. Sometimes, 'blister pack' medication is supplied by pharmacists with different expiry dates and placed within the same box. This is acceptable if done by a pharmacist but school staff should never merge medication in this way.
Check the expiry date. Particular care is required when administering liquids as once opened; they have an expiry date from the date of opening which will pre-date the original expiry date on the bottle.
Safely administer the medication to the student and ensure that it is taken. Never give medication to a student to 'take later'.
Sign, time and date the medication administration document for that particular medication. Be aware that a student may require more than one medication at the same time.
If 'as required' medication is given, ensure that for day students, measures are taken to inform parent/guardians. This is preferably done by phone but if not possible may include e-mail or writing in the student's planner.
Never cut or reduce in size 'blister' packs.
Any medication that has not been used or is no longer required should be returned to the parent/ guardian in the first instance but then the chemist. The medication disposal book requires signing by both school and chemist representative. Medication passed to a third party e.g. taxi driver should be placed in a sealed container with no detail of medication visible. Parents/ guardians should always be aware when medication is passed to a third party in this way.
If any medication error is noticed prior to or during current medication administration it should be reported to the Head of (or acting head of) Care who will then decide how to escalate the incident.

STAFF MEDICINE COMPETENCY DECLARATION

STAFF NAME:

The staff member has access to school policy regarding administration of medicine and has been supplied with the documents; 'Procedure for the administration of medication' and 'Stock Medication Administration'.

The staff member is willing to include administration of medicines as part of their role in school

The staff member is aware of the correct procedure regarding and reasons for:

- Being able to identify the name of the medication.
- Identifying what the medicine is being given for.
- Identifying potential side effects of the medication.
- Identifying the appropriate route of administration.
- Identifying the correct child.
- Following the prescription as per the pharmacy label including identifying the correct dose, frequency and any other instructions for the medication.
- Checking the expiry date (noting requirements for liquids once opened).
- Recording administration of medication clearly, accurately and on the correct document.
- Knowing what to do if a medication error is noted previously or during that administration.
- Knowing what to do if medicine is wasted (e.g. dropped, spat out).
- Taking medication out of school.

STAFF SIGNATURE: INITIAL:

PRINT NAME: DATE:

JOB TITLE:

ASSESSOR SIGNATURE: PRINT:

JOB TITLE: DATE:

HEAD TEACHER SIGNATURE: DATE:

St John's Catholic School for the Deaf

Record of Child's Health

Student's Name			
Date of birth			
Home address			Home Tel No :
			Priority Mobile Tel No :
			Priority Work Tel No :
Who does your child live with?			
Names and ages of any brothers or sisters			
Name and address of family GP			Telephone No :

Please answer the following questions

Does your child have any <u>current</u> disabilities or illnesses (other than deafness)	Yes	No	(If yes please give details)
	Yes	No	(if yes, please give detail)

Is your child currently taking any medication (including inhalers, anti-histamines and pain killers)			
Does your child have any significant medical history including surgery	Yes	No	(If yes please detail)
Does your child have any allergies	Yes	No	(If yes please give details)

Does your child have Asthma	Yes	No	(If yes please detail triggers/severity)	
Are there any significant family medical conditions	Yes	No	(If yes please give details)	
Please name any medical professionals currently involved in your child's care (excluding ENT/audiologist and GP)	Name		Job title	Place of work
Does your child wear glasses	Yes	No	(If yes please detail when and what for)	

Date of last eye test			
Does your child have any ongoing dental treatment	Yes	No	(If yes please give details)
Date of last dental visit / inspection			
Has your child had any of the following illnesses	Yes	No	Approximate dates :
Measles			
Mumps			
Chickenpox			
Whooping cough			
Tuberculosis (or been in contact with)			
Has your child had any other infectious diseases?	Yes	No	(If yes please give details)
Up to date Tetanus vaccination	Yes	No	Date given if known :

Has your child been immunized against the following diseases :

	Yes	No	Date if known:
Diphtheria			
Whooping cough			
Tetanus			
Poliomyelitis			
Measles			
Mumps			
Rubella			
Tuberculosis (BCG)			
Influenza Type B			
Meningitis C			
HPV vaccinations (girls only)			

ARE THERE ANY OTHER MEDICAL ISSUES YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD – IF SO PLEASE GIVE DETAILS BELOW

EMERGENCY MEDICAL TREATMENT

I _____ being the parent or guardian of _____

Date of birth _____ hereby give permission for any emergency treatment which NHS medical staff consider necessary, acting in the best interests of my child.

I understand that I will not be informed of every minor visit my child makes to the School Nurse (if the nurse is satisfied there is no cause for concern).

I give permission for my child to be given the following medicines as directed by the School Nurse or care team :

- Paracetamol
- Non drowsy antihistamines e.g. Cetirizine
- Cough syrup
- Throat lozenges
- And any other common illness/ over the counter remedy as advised by the Pharmacist or School Nurse

We do not give Ibuprofen in school unless supplied by you or prescribed by your GP.

Please state any non-prescription item you DO NOT wish your child to have:

I am happy for my child to countersign with the Nurse or Care Staff if they receive over the counter medication YES / NO (please delete)

Name of child _____ Signature of parent _____

Relationship to child _____ Date _____

APPENDIX 4

SELF ADMINISTRATION OF MEDICINES

STUDENT NAME: DATE:

NAME OF MEDICATION/S BEING ASSESSED:

.....

	Y/N	COMMENT
Parents have signed consent for self medication		
Student wishes to self medicate		
Care staff consent to principle of student self medicating		
Student is able to show they understand		
<ul style="list-style-type: none"> • What the medication is for 		
<ul style="list-style-type: none"> • When they need to take their medication 		
<ul style="list-style-type: none"> • The correct amount to take 		
<ul style="list-style-type: none"> • Any special instructions/route 		
<ul style="list-style-type: none"> • Expiry dates/correct storage environment 		
<ul style="list-style-type: none"> • Potential side effects 		
<ul style="list-style-type: none"> • What to do in the event of taking too much medication or missing a dose 		
<ul style="list-style-type: none"> • Their responsibility for letting an appropriate person know if their medication is running out 		

ASSESSOR NAME: **DATE:**

JOB TITLE: **SIGN:**

STUDENT SIGNATURE: **DATE:**

APPENDIX 5

PARENTAL CONSENT FOR MEDICINE ADMINISTRATION

STUDENT NAME: **D.O.B**

NAME OF MEDICATION (as prescribed on the box).....

STRENGTH OF MEDICATION e.g. 20mg

AMOUNT TO BE GIVEN e.g. two tablets.....

FREQUENCY (times) TO BE GIVEN

WHEN MEDICATION DUE TO STOP

- I give permission for the school's appointed person to administer the named medication as prescribed: YES / NO
- I give permission for my child to countersign his/her own medication: YES / NO
- **INHALERS ONLY:** I give permission for my child to carry the inhaler on their person and self-administer the device: YES / NO
- **POST 16 ONLY:** I give permission for my child to keep and administer their own medication via locked storage: YES / NO

SIGNEDPRINT

RELATIONSHIP TO STUDENTDATE

Please note; Medicine can only be administered if supplied in the original packaging, including the box. If prescribed medication; the pharmacy sticker should be clearly visible.

STAFF ONLY;

Countersignature permitted YES/NO/NA Self-medication agreed YES/NO/NA

Assessment complete YES/NO/NA

Sign..... Date Job title

APPENDIX 6

Student Name				Medication Name					
Prescribed Dose and frequency				Recommended time to be Given					
Location of Administration				Further instructions e.g. with food					
Reason for Medication									
DATE		Dose 1	Total C/F	Dose 2	Total C/F	Dose 3	Total C/F	Dose 4	Total C/F
	SUN								
	time								
	MON								
	time								
	TUES								
	time								
	WED								
	time								
	THURS								
	time								
	FRI								
	time								
Comment:									

Date	Time	Medicine received from e.g. spare cupboard/home:	Amount received (amend total):	Medicine sent to e.g. home:	Amount sent (amend total):	Staff Signature:

Only medicine received into 'current stock' cupboard should be added to this form.

