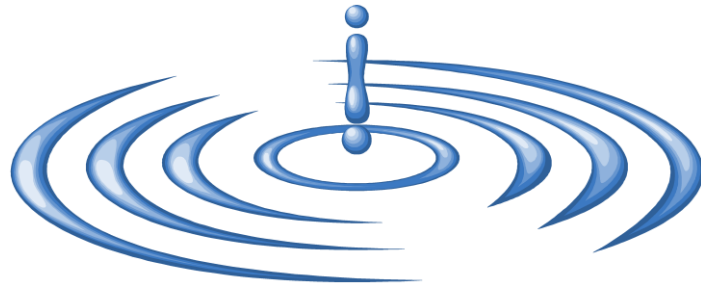


The Serendipity School



Every child deserves a chance

ADMINISTRATION OF MEDICATION AND FIRST AID POLICY

February 2021

Version History

Version Information Version No.	Updated By	Updated On	Description of Changes
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1 Scope

- 1.1 This document describes The Serendipity Centre Ltd's (TSCL) policy on the administration of controlled, prescription and non-prescription medicines and first aid procedures at The Serendipity School.

2 Introduction

- 2.1 The Serendipity School recognises that many students will need to take medication at some time while in the care of the school.
- 2.2 TSCL has a duty of care to the students at the school, and TSCL wishes to do all that is reasonably practicable to safeguard and promote the welfare of the students.
- 2.3 The Department for Education (DfE) 'Supporting pupils at school with medical conditions' (2015) guidance has 3 key points.
- Students at the school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
 - TSCL's chair of the propriety body must ensure that arrangements are in place in the school to support the students at the school with medical conditions.
 - TSCL's chair of the propriety body should ensure that school leaders consult health and social care professionals, students and parents/carers to ensure that the needs of the students with medical conditions are properly understood and effectively supported.
- 2.4 When a student transfers to The Serendipity School there needs to be a transitional arrangement between the previous educational provision and parents/carers to ensure that all health needs are proactively identified. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

3 Applicable Documents

- 3.1 When reading this document, please be aware of the following related documents.

[AD1] Medical Questionnaire
Serendipity

[AD2] Request to Administer Medication
Serendipity

- [AD3] Consent form: Use of emergency salbutamol inhaler
Serendipity
- [AD4] Letter to inform parents/carers of emergency salbutamol inhaler use
Serendipity
- [AD5] Drugs Policy
Serendipity

4 References

- [RD1] Supporting pupils at school with medical conditions
DfE (2015)
- [RD2] Guidance on the use of emergency salbutamol inhalers in schools
Department of Health (2015)

5 Abbreviations, Acronyms and Definitions

Abbreviation or Acronym	Description
AD	Applicable Document
DCFS	Department for Children, Families and Schools
DfE	Department for Education
DfES	Department for Education and Skills
LA	Local Authority
PE	Physical Education
RD	Reference Document

6 Confidentiality

- 6.1 Medication management is an integral part of a student's health care. As such, medication management requires the same degree and approach to consent and confidentiality as any aspect of a student's records.

7 Safeguarding

- 7.1 A safeguarding issue in relation to managing medicines includes the deliberate withholding of a medicine(s) without a valid reason, the incorrect use of a medicine(s) for reasons other than the benefit of the student, deliberate attempt to harm through use of a medicine(s), or accidental harm caused by incorrect administration or a medication error.

8 Administration of the Medication

- 8.1 TSCL expects that normally parents/carers will administer medication to their children.
- 8.2 Any requests for medicine to be administered during school hours must come from a parent/carer in writing on TSCL's *Request to Administer Medication* [AD2] form and each request will be considered on an individual basis. A separate form must be completed for each medicine to be administered.
- 8.3 Parents/carers will be expected to notify any requests for the administration of medicines at the earliest opportunity and to discuss with the Head Teacher what can be done at home, before the Head Teacher makes a decision.
- 8.4 The Head Teacher will decide whether any medication will be administered by the school, and by whom.
- 8.5 The medication must be in date, in a container as prescribed by the doctor and dispensed by a chemist with the student's name and instructions for administration printed clearly on the label.
- 8.6 Where there is a request to administer 'controlled medications', these must in date, and supplied in the original or blister packaging provided by the dispensing chemist.
- 8.7 All medication will be signed in and out of the school as and when necessary. Parents/carers are requested to ensure that all medications, particularly controlled drugs, are transported safely in to school.
- 8.8 The Serendipity School will not deal with any requests to renew the supply of the medication. This is entirely a matter for the parents/carers. Staff will provide timely notice to parents/carers when medication is due to run out to ensure additional supplies can be brought in.
- 8.9 All medicines will be stored in a locked medication cabinet. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to the students.
- 8.10 When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal.
- 8.11 Sharps boxes should always be used for the disposal of needles and other sharps.
- 8.12 All controlled drugs will be stored in a locked medication cabinet. A record will need to be kept of any doses used and the amount of the controlled drug held. The SENCo is responsible for auditing the medication file on a weekly basis.
- 8.13 Staff administering medicines should do so in accordance with the prescriber's instructions. A record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom is recorded in the medical file.
- 8.14 Any side effects of the medication to be administered at school should be noted within the Individual Healthcare Plan.

- 8.15 The SENCo will check the medication cabinet once a week to ensure that medication has not reached its expiry date. A further check will be made by the Head Teacher on a half termly basis to enhance auditing checks.
- 8.16 The Head Teacher will check that the student fully understands what has to be done and will decide who will supervise the administration if necessary.
- 8.17 The Serendipity School will not allow, in any circumstances, the administration of non-prescription medicines other than mild painkillers, for which prior parental/carer consent has been gained, and medicines handed over by day student's parent/caregivers.
- 8.18 Mild painkillers (e.g. paracetamol) can be administered if the student's parent/carer has given their consent on the *Medical Questionnaire* [AD1]. These will only be administered once telephone consent has been granted and checks have been made to ensure that the student has not taken any medication before arriving at school.
- 8.19 Further guidance regarding the administration of non-controlled medications for staff members are in Appendix 1 of this policy.
- 8.20 Further guidance regarding the administration of controlled medications for staff members are in Appendix 2 of this policy.
- 8.21 The Serendipity School will ensure that reasonable precaution is taken when dispensing medication, and will document all administered medicines in the medication file.

9 Training

- 9.1 TSCL is committed to providing appropriate first aid training for all school staff. Training will be renewed in accordance with the requirements of the relevant awarding body, usually every three years.
- 9.2 There will be at least two members of staff with appropriate administration of medication training onsite at all times during school hours.
- 9.3 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. This must be reflected in the individual healthcare plan.
- 9.4 Staff supporting the administration of controlled drugs for students with diabetes will have specific training from a diabetes specialist nurse.

10 Individual Healthcare Plans

- 10.1 If any health care needs are identified for a student then an Individual Healthcare Plan will be required. Only students with health care needs will require an individual healthcare plan. The Individual Healthcare Plan provides clarity about what needs to be done, when and by whom.
- 10.2 The school should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the student's needs have changed. They should be

developed with the student's best interests in mind and ensure that the school assesses and manages risks to the student's education, health and social wellbeing, and minimises disruption.

- 10.3 Plans should be easily accessible to all who need to refer to them, while preserving confidentiality.
- 10.4 Plans should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the student, they too should also be involved whenever appropriate.
- 10.5 An Individual Healthcare Plan should include the following:
- The medical condition, its triggers, signs, symptoms and treatments.
 - The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors.
 - Specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
 - The level of support needed (some student's will be able to take responsibility for their own health needs) including in emergencies. If a student is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
 - Who will provide this support, their training needs, and expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional; and cover arrangements for when they are unavailable?
 - Who in the school needs to be aware of the student's condition and the support required?
 - Arrangements for written permission from parents/carers and the Head Teacher for medication to be administered by a member of staff, or self-administered by the student during school hours.
 - Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments.
 - Access arrangements for administering medication during exams or controlled assessments.
 - Where confidentiality issues are raised by the parent/carer or student the designated individuals to be entrusted with information about the student's condition.
 - What to do in an emergency, including whom to contact, and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

11 Day trips, residential visits and other offsite school activities

- 11.1 Some students require PRN medication (travel sickness tablets, anti-histamines), in certain circumstances for these students participating in offsite activities, their medication will be signed out following the same procedure for controlled medications.
- 11.2 This medication will be kept in the locked medication cabinet. In the instance where a student requires a PRN medication this will be administered by two members of school staff as outlined in this policy, see Appendix 1.
- 11.3 A student's medical needs will need to be assessed before any offsite activity are agreed.
- 11.4 There should be enough flexibility for all students to participate according to their own abilities and with any reasonable adjustments.
- 11.5 The school will need to make arrangements for the inclusion of students with medical needs making reasonable adjustments when required. If medication needs to be administered when off site, a plan will have to be included in the Individual Healthcare Plan and on the activity risk assessment.
- 11.6 If medication is required during a school trip it should be carried by the student if this is normal practice i.e. asthma inhalers. If not, then the medication should be carried by a member of staff who would be responsible for administering the medication when required. Details should be recorded within the student's Individual Healthcare Plan and on the activity risk assessment.
- 11.7 All medical equipment and medication will be signed back into the medical cabinet on return to school.
- 11.8 Paracetamol or other pain relief medication are not permitted in first aid kits and will not be taken to offsite activities.

12 Roles and Responsibilities

12.1 Head Teacher

- 12.1.1 The Head Teacher should ensure that this policy is effectively implemented. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation.
- 12.1.2 The Head Teacher should ensure that all staff who need to know are aware of the students' conditions.
- 12.1.3 The Head Teacher should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- 12.1.4 The Head Teacher has overall responsibility for the development of Individual Healthcare Plans.

12.2 Staff

- 12.2.1 While all staff are expected to maintain professional standards of care, they have no contractual or legal duty to administer medication [RD2]. However, all staff at The Serendipity School receive first aid training.
- 12.2.2 P.E. staff or staff taking educational visits, who volunteer their services, will administer first aid and/or medication to students while off site provided they have the appropriate level of training.
- 12.2.3 While on site at school, this responsibility is overseen by a senior teacher who is trained in administering controlled, prescription and non-prescription medicines.

12.3 Parents/carers

- 12.3.1 Upon starting at The Serendipity School, the adult responsible for a young person, be it parent, carer or social worker will be required to complete (and sign) a *Medical Questionnaire* [AD1] which documents any and all medications a young person takes on a daily basis. The information requested on the *Medical Questionnaire* [AD1] includes: the names of the medication, the dosage, the time each medication is taken and possible side effects of the medication.
- 12.3.2 For all the students at The Serendipity School, the responsible adult must request (or agree to) the administration of medicines to their child, using TSCL's *Request to Administer Medication* [AD2] form. A separate form must be completed for each medicine to be administered. These will be updated annually (September) unless parents/carers notify of any changes before this date.
- 12.3.3 Parents should be given the opportunity to be involved in the development and review of their child's Individual Healthcare Plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

12.3 Students

- 12.3.1 Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

12.4 Health Care Professionals

- 12.4.1. Other healthcare professionals, including GPs, CAMHS, specialist nursing teams, should notify the school when a student has been identified as having a medical condition that will require support at school. They may provide advice on developing Individual Healthcare Plans.

13 Staff medication

- 13.1 TSCL recognise that some staff will need to bring their own medication to work.
- 13.2 Staff should keep their own medication with their personal belongings in an office or the staff room, which is not accessible to the students.

- 13.3 If staff medication is of a nature that requires specific storage, this should be raised with the Head Teacher.
- 13.4 Staff should not routinely use over the counter remedies stored in the school for the students. TSCL recognises that there may be occasions where staff need access to analgesia (e.g. paracetamol). On these rare occasions, staff need to liaise with the Head Teacher / SENCo to request access to these analgesia.

14 First Aid

14.1 Definitions

14.1.1 For the purpose of this document, *first aid* means

- cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained
- treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse (provided by a trained person).

14.2 First aiders

14.2.1 Qualified first aiders will

- provide first aid assistance as, and when, required at The Serendipity School
- assess the situation and decide when to contact either 111 for further advice and support or 999 in the case of a medical emergency
- provide guidance to other staff when dealing with a student requiring first aid
- report accidents and injuries in accordance with the guidelines of the school to parents/carers and other associates working with a student.

14.3 Health and Safety Officer

14.3.1 The designated Health and Safety Officer (HSO) will monitor

- hazards and risks
- The Serendipity School's history of accidents
- the remoteness of the sites and locations from emergency medical services
- the needs of staff and young people on educational visits and off-site activities
- events where staff, young people and the public are participating.

15 First Aid Equipment

15.1 First aid boxes

15.1.1 The main first aid box for the school is located in the staff room on the wall. This box is well stocked with supplies, which are counted and replenished by the designated First Aid Lead on a monthly basis. Staff have a duty to inform the First Aid Lead if supplies are running low in the interim and arrange for them to be replenished.

15.2 First aid bags

15.2.1 There are three first aid bags located in the staff room which are to be used for all offsite activities.

15.2.2 Within these bags there is a sufficient stock of first aid supplies which can be used for any basic first aid emergencies.

15.2.3 Staff leading offsite activities are required to check the contents of the bags prior to leaving school and ensure that any equipment missing has been replaced from the central store of first aid supplies.

15.2.4 The first aid bags also contain a copy of the medical records for all students in the school. This information contains the students' contact information, known allergies and current medications prescribed by their GP. In the event of a medical emergency requiring 999 or hospitalisation, this information can be shared with the relevant emergency services or doctors.

15.3 Body fluid disposal

15.3.1 In the event of a bodily fluid (which includes vomit, blood, urine or faeces) spillage the body fluid disposal kit should be used as soon as possible.

15.3.2 A yellow body fluid disposal kit is stored in the cupboard in the staffroom and in the medical room located within Tranquillity House.

15.3.3 The yellow box contains the necessary instructions and equipment to clear up a bodily fluid spillage safely.

15.3.4 The contaminated area must be washed and disinfected fully.

15.3.5 A request for a replacement body fluid disposal kit should be made to the Head Teacher immediately following its use.

15.4 Medical room

15.4.1 In the event of any person feeling unwell, and wishing to lie down, facilities for that person to rest and recuperate away from their immediate environment is available and located within Tranquillity House.

15.4.2 In the event of a person being unable to access the medical room, alternative provision will be arranged within the school.

16 Accidents and sickness

- 16.1 If a student is feeling unwell or encounters any kind of sickness their parent/carer will be contacted immediately and arrangements made for them to be collected/taken home.
- 16.2 If parents/carers are un-contactable or whilst the student waits they are taken to the designated area of the school supervised by a member of staff first aid trained where they can rest with toilet and wash basin facilities available.
- 16.3 If any student encounters sickness or diarrhoea we adopt a strict policy on having to be 48 hours of no symptoms before returning to school.
- 16.4 In any type of emergency, medical advice from the emergency services or NHS direct will be sought if the injury is severe or the designated 'First Aider' is anyway unsure of correct treatment, advice then can be given.
- 16.5 Any potential fracture, serious burn, any injury which results in heavy bleeding, any head injury, or any incident that results in a student losing consciousness should automatically trigger an emergency ambulance call or visit to the hospital.

NHS Direct: 111

Emergency services: 999 (direct line)

- 16.6 All accidents and other medical emergencies are to be recorded on the accident log. Parents/carers or the placing authorities (and where appropriate) should be informed when necessary and a record kept of the occasions when these have taken place.
- 16.7 Students with medical conditions, such as epilepsy, asthma or severe allergies are to be identified. All staff should be aware of their conditions and alert to the need for prompt action – details are kept on individual risk assessments and Individual Healthcare Plans.

17 Treatment of potential infections

- 17.1 As part of their formal training, members of staff are advised of the need to adopt the 'universal precautions' principles when treating persons with whom they may come into contact with blood or other body fluids.
- 17.2 Essentially, this means treating all persons as potentially infected and to wear appropriate personal protective equipment e.g. gloves and the use of a face shield if giving resuscitation.
- 17.3 This information is provided when a person undertakes their initial first aid training and during subsequent refresher training.

18 Allergies

- 18.1 The use of latex gloves and other latex products is prohibited in any first aid equipment. In accordance with this, nitrile gloves are available in all first aid kits located in the school and at Tranquillity House.
- 18.2 For those staff and students with known allergies, all staff are aware of their allergies and the procedure to take in the case of a suspected allergic reaction.
- 18.3 Food allergies and intolerances are shared with the school chef who takes due care to ensure that dietary requirements are met and that the risk of cross contamination is minimised.

19 Overdosing

- 19.1 If someone has lost consciousness or is in a coma through overdosing first aid and emergency procedures must take precedence over any other actions. The following procedure should be adopted.
 - 1. Do not panic. Do not move the person unnecessarily. If someone else is present get him/her to ring for an ambulance giving clear details. Do not leave the person alone.
 - 2. Place the person in the recovery position, i.e. on his/her side, bending uppermost arm and uppermost leg and keeping face to the side with head extended. This position makes sure the airway stays open.
 - 3. Help the person's breathing by loosening the collar and any tight clothing. Do not give him/her any drink.
 - 4. If solvent abuse is suspected ensure the room is well ventilated.
 - 5. Telephone the emergency services (999) and ask for an ambulance. Give clear details of the situation.
 - 6. Check the person is breathing again. Keep them warm with a blanket.
 - 7. Collect any evidence of what has been consumed, e.g. tablets, bottles, prescriptions, syringes. This may help the hospital identify the substance involved. Do not sniff or taste any substances found and handle as little as possible. If needles are involved take great care to avoid needle stick injuries. If a special needle container is not available an appropriate container in which to keep needles and syringes on a temporary basis would be a coffee jar with a screw top lid.
 - 8. In cases where it is unclear what has been consumed it may be helpful for medical staff to see any vomited material. Vomit should be kept in a plastic bag.
 - 9. Wait for the ambulance to arrive. Arrange for a member of staff to go with the student to hospital.
 - 10. Inform parents/carers and relevant professionals (social worker or local authority out of hours), (if appropriate to do so).

11. Complete necessary paperwork in line with TSCL expectations.

20 Asthma Inhalers Procedure

20.1 **Introduction** - The Department of Health has guidelines on the use for asthma inhalers in schools, 'Guidance on the use of emergency salbutamol inhalers in schools' (DoH 2015) [RD2].

20.2 The Serendipity School has an asthma inhaler onsite for emergency uses, in adherence to the Human Medicines (Amendment) (No. 2) Regulations 2014 that allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

20.3 **Supply** - The school can buy an inhaler and spacer from a local pharmacy without a prescription, providing that the general advice relating to these transactions are observed. Pharmacies are not required to provide inhalers or spacers free of charge so the school will be required to pay for them as a retail item. To purchase the item the pharmacist will require a request signed by the Head Teacher on headed paper stating:

- the name of the school for which the product is required
- the purpose for which that product is required
- the total quantity required.

20.4 **The Emergency Kit** - Each school will require an emergency kit for the asthma inhaler which will need to include:

- a salbutamol metered dose inhaler
- at least two plastic spacers compatible with the inhaler
- instructions on using the inhaler and spacer
- instructions on cleaning and storing the inhaler
- manufacturer's information
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- a note of the arrangements for replacing the inhaler and spacers (see below)
- guidance on the use of emergency salbutamol inhalers in schools
- a list of students permitted to use the emergency inhaler as detailed in their individual healthcare plans
- a record of administration (i.e. when the inhaler has been used).

20.5 **Storage of Emergency Inhaler** - Two staff will be responsible for maintaining the emergency inhaler kit. They will be responsible for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order and the inhaler has sufficient number of doses available

- that replacement inhalers are obtained when expiry dates approach
- replacement spacers are available following use (it is recommended to have 5 spacers in an emergency bag, but as we are such a small school we have 2)
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

20.5.1 The emergency inhaler kit will be stored in the clinical room which all staff will require to have access to. The room temperature will need to be below 30°C

20.5.2 The inhaler and spacers should be kept separate from any student's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.

20.5.3 An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

20.6 Disposal - The spacer should only be used once then disposed of. Inhalers will need to be disposed of at the pharmacy.

20.6.1 **Young People who can use the Inhaler** - The emergency salbutamol inhaler should only be used by those:

- who have been diagnosed with asthma, and prescribed a reliever inhaler

OR

- who have been prescribed a reliever inhaler

AND for whom written parental/carer consent for use of the emergency inhaler has been given.

20.6.2 This information is required to be recorded in a student's Individual Healthcare Plan. Written consent by the parent/carer needs to be contained in a consent form [AD3] and documented in the individual healthcare plan. The annual review of the individual health care plan will determine whether there have been any changes to the pupil's condition and for consent to be sought again from parent /carer.

20.7 Roles and Responsibilities - The Deputy Head of each school is responsible for overseeing the protocol for use of the emergency inhaler and monitoring its implementation and for maintaining the asthma register.

20.7.1 The Head Teacher and the SENCo are responsible for the supply, storage care and disposal of the inhaler and spacer.

20.8 Procedure on how to respond to signs of an asthma attack

20.8.1 Common 'day to day' symptoms of asthma are:

- cough and wheeze (a 'whistle' heard on breathing out) when exercising
- shortness of breath when exercising
- intermittent cough.

20.8.2 These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the young person to be sent home from school or to need urgent medical attention.

20.8.3 Signs of an asthma attack include:

- persistent cough (when at rest)
- a wheezing sound coming from the chest (when at rest)
- being unusually quiet
- the student complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- difficulty in breathing (fast and deep respiration)
- nasal flaring
- being unable to complete sentences
- appearing exhausted
- a blue / white tinge around the lips
- going blue.

20.8.4 If a student is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

20.8.5 CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE STUDENT:

- appears exhausted
- has a blue / white tinge around lips
- is going blue
- has collapsed.

20.8.6 Responding to signs of an asthma attack.

- Keep calm and reassure the student.
- Encourage the student to sit up and slightly forward.
- Use the student's own inhaler – if not available, use the emergency inhaler.
- Remain with the student while inhaler and spacer are brought to them.
- Immediately help the student to take two separate puffs of the salbutamol via the spacer immediately.
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the student. Stay with the student until they feel better. The student can return to school activities when they feel better.

- If the student does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- The student's parents/carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a student taken to hospital by ambulance and stay with them until a parent/carer arrives.

20.9 Recording use of the inhaler and informing parents/carers

20.9.1 Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. P.E. lesson, playground, classroom), how much medication was given, and by whom.

20.9.2 Written records need to be kept of medicines administered to them.

20.9.3 The student's parents/carers must be informed in writing so that this information can also be passed onto the GP [AD4].

20.10 Staff Training in Asthma Procedure

20.10.1 All education staff at The Serendipity School will be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms
- aware of the asthma procedure
- aware of how to check if a young person is on the register
- aware of how to access the inhaler
- aware of who the designated members of staff are, and the policy on how to access their help.

20.10.2 The designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary
- administering salbutamol inhalers through a spacer
- making appropriate records of asthma attacks.

21 Alcohol and Illicit Drugs

21.1 If there is suspicion that any student has been drinking alcohol or taking illicit substances (including legal highs), staff are not to administer medication. The school

should contact parents / carers immediately and arrange for them to be collected from school. In an emergency, the school should dial 999.

21.2 The Serendipity School has a separate Drugs Policy [AD5].

22 Long-Term Medical Needs

22.1 The Head Teacher will do all they reasonably can to assist students with long-term needs.

22.2 Each case will be determined after discussion with the parents/carers, and in most cases the family doctor, CAMHS psychologist or hospital consultant.

22.3 The Serendipity School also reserves the right to discuss the matter with medical and legal advisers.

23 Reporting and Recording

23.1 All accidents and incidents, irrespective of whether injury results or notification is required to be made to the Health and Safety Executive (RIDDOR), shall be reported using the *Accident Book*.

23.2 Members of staff providing treatment will record brief details of the care given along with any other relevant information on the accident form.

23.3 The accident form must contain the following information:

- staff or student's name
- time and date of accident
- name of person reporting the accident
- brief description of the event leading to the accident occurring
- nature of the injury and any treatment given, offered or declined.

23.4 Details of all accident records are to be shared with parents/carers. In the event of an accident requiring further medical treatment via the GP or Accident and Emergency departments, copies of the accident forms will be shared with medical professionals.

23.5 For serious accidents requiring external medical intervention, the Safeguarding Lead for The Serendipity School must be notified. The time and content of this notification, and any subsequent contact must be recorded in the school's *Accident Book*. Information regarding accidents should be shared with HR.

24 Legal Indemnity

24.1 Members of staff rendering assistance within the bounds of their formal training will not, in law, be considered to be negligent and, therefore, subject to legal action.

- 24.2 Furthermore, TCSL provides, through its insurance, indemnification for any member of staff who assists a young person or other staff member who has an accident or has become ill at work, either on or off the premises.

25 Monitoring and Review

- 25.1 In order to ensure that it reflects current best practice, the Senior Leadership Team will review this policy annually.
- 25.2 The Head Teacher will assess the progress of the policy and will decide on any changes in conjunction with the appropriate staff.

Appendix 1 - Procedure for administering non-controlled medications

If a student at The Serendipity School requires any non-controlled medications (paracetamol or ibuprofen) during the school day the following checks need to be in place before and during the administration of any medications. **2 members of staff are required – 1 to administered medication and 1 to witness.**

Before administering medication

- Staff to contact the student's parent or carer to ascertain if any medication has been administered prior to arrival in school.
- If medication has been given, check the time of this occurring at home (some medications cannot be given in a certain timescale – e.g. paracetamol requires 4 hours between each dose, ibuprofen requires 6 hours).
- Staff to request parental consent to administer medication and to state reason for this.
- Details of telephone call to be logged (date, time and who received the telephone call log either in the telephone log in the staff room or in the reception log).

Administering the medication

Each student will have a particular preference for pain relief, some do not like to swallow tablets, therefore chewable or dispersible versions are available.

Administering non-controlled medications must be witnessed by a second staff member.

- For each medication, check the dosage details against the student's age carefully. This information can be found on the back of the packaging.
- Red medication folder – staff to check the stock count for the required medication against the last check entered. The number of tablets recorded on the stock sheet should match the number in the packaging.
- Remove the required dose in to an approved medication-dispensing container.
- Observe the student taking this medication.
- Medication should be administered in either R and R, or in a classroom if no other students are present.
- Record the date, time, student name and amount of medication given on the stock sheet.

Medication folder

- Each student has an individual section in the medications folder.
- Once a medication has been administered and recorded on to the **stock sheet**, it must be recorded on the individual student record.
- Complete the **record** with the name of medication administered, date, time and reason for administering.
- Both the stock sheet and individual student's record will match to show the same information.
- Any medications must also be logged in the student's STAR Book and the Debriefing Log for that day.

If you notice any errors in recording or administering contact Pip immediately.

Appendix 2 - Procedure for administering controlled medications

If a student at The Serendipity School requires any non-controlled medications (paracetamol or ibuprofen) during the school day the following checks need to be in place before and during the administration of any medications. **2 members of staff are required – 1 to administered medication and 1 to witness.**

Before administering medication

- Staff to contact the student's parent or carer to ascertain if any medication has been administered prior to arrival in school.
- If medication has been given, check the time of this occurring at home (some medications cannot be given in a certain timescale – e.g. paracetamol requires 4 hours between each dose, ibuprofen requires 6 hours).
- Staff to request parental consent to administer medication and to state reason for this.
- Details of telephone call to be logged (date, time and who received the telephone call log either in the telephone log in the staff room or in the reception log).

Administering the medication

Each student will have a particular preference for pain relief, some do not like to swallow tablets, therefore chewable or dispersible versions are available.

Administering non-controlled medications must be witnessed by a second staff member.

- For each medication, check the dosage details against the student's age carefully. This information can be found on the back of the packaging.
- Red medication folder – staff to check the stock count for the required medication against the last check entered. The number of tablets recorded on the stock sheet should match the number in the packaging.
- Remove the required dose in to an approved medication-dispensing container.
- Observe the student taking this medication.
- Medication should be administered in either R and R, or in a classroom if no other students are present.
- Record the date, time, student name and amount of medication given on the stock sheet.

Medication folder

- Each student has an individual section in the medications folder.
- Once a medication has been administered and recorded on to the **stock sheet**, it must be recorded on the individual student record.
- Complete the **record** with the name of medication administered, date, time and reason for administering.
- Both the stock sheet and individual student's record will match to show the same information.
- Any medications must also be logged in the student's STAR Book and the Debriefing Log for that day.

If you notice any errors in recording or administering contact Pip immediately.