

Policy / Procedure Cover Sheet

Policy/Procedure	POLICY		
Type	Health and Safety - Medical Needs Policy		
Applies to project(s)	All	Policy No	HS/04
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Change History

Version	Description	Date issued	Reason	Approved by
1.0	New Policy	8.03.2020		CF

Related Policies

Policy Ref No.	Policy Name	Policy Ref No.	Policy Name
OP/04	Anti-bullying	S/02	E-Safety
S/01	Child Protection and Safeguarding	OP/10	Equality and Diversity
OP/05	Curriculum	OP/09	Equal Opportunities
OP/08	Educational Visits	OP/06	Complaints
HS/02	Managing Drugs	OP/15	Exclusion
HS/01	Health and Safety	S/06	Child Missing from Education
S/03	Recruitment and Selection	OP/12	Staff Behaviour (Code of Conduct)
OP/22	Searching, Screening and Confiscating		

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Medical Needs Policy

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Appendix 1

1. Centre Medication Consent Form
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Bright Sparks Learning Centre accepts its duty under the Education Act (2002) to ensure that effective procedures are implemented in order safeguard and promote the welfare of children.

We recognise our obligations under the Children and Families Act (2014) to support pupils with medical conditions and follow DfE guidance 'Supporting pupils at school with medical conditions' (2015) and 'Managing Medicines in Schools and Early Years Settings (2007).

This policy and all associated procedures apply to all staff, children and visitors and should be read in conjunction with other safeguarding and employment policies

- i. Anti-Bullying Policy
- ii. Complaints Policy
- iii. Child Protection and Safeguarding Policy
- iv. Curriculum Policy
- v. Driver and Vehicle Policy
- vi. Management of Drugs Policy
- vii. Equal Opportunities
- viii. Educational Visits Policy
- ix. Equality and Diversity Policy
- x. E-Safety Policy
- xi. Exclusion Policy
- xii. Health and Safety Policy
- xiii. Child Missing from Education Policy
- xiv. Recruitment and Selection Policy
- xv. Staff Behaviour (Code of Conduct) Policy
- xvi. Searching, Screening and Confiscation Policy

The principal is responsible for the implementation, monitoring and review of Bright Sparks Learning Centre's Medical Needs Policy and for ensuring that all children, staff, parents/carers and placing local authorities are aware of our policy.

A copy of this policy document is available for inspection on the premises during office hours (term time only) and an electronic copy is posted on our website.

This policy document will be reviewed annually and, if necessary, more frequently in response to any significant incidents or new developments in national, local and organisational policy, guidance and practice.

1. Policy statement

- 1.1 Bright Sparks Learning Centre is aims to provide all pupils with medical conditions the same opportunities as other pupils at the centre.
- 1.2 Our centre will help to ensure that all students can:
 - i. be healthy
 - ii. stay safe
 - iii. enjoy and achieve

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- iv. make a positive contribution
- v. achieve economic well-being

1.3 Our centre will ensure that all staff:

- i. understand the common medical conditions that affect students at this centre
- ii. understand their duty of care to students in the event of an emergency
- iii. feel confident in knowing how to respond to an emergency

1.4 Staff receive training (where appropriate) on the impact specific medical conditions can have on students.

1.5 Our organisation understands that certain medical conditions are serious and can be potentially life threatening.

1.6 Our organisation understands the importance of medication being taken as prescribed.

1.7 No student will be denied admission or prevented from taking up a place in this centre because arrangements for their medical condition have not been made.

1.8 Our organisation’s insurance policy provides full indemnity.

2. Responsibilities

2.1 All relevant staff must follow the procedures outlined in this policy and immediately report any safeguarding concerns to the DSL or DDSL submitting any written documentation **within 2 hours**, or by the end of the working day, whichever is sooner.

2.2 The following roles and responsibilities are used for the medical conditions policy at our organisation:

2.3 As an employer our organisation will:

- i. ensure the health and safety of employees, visitors and students whilst on our premises or whilst taking part in centre activities
- ii. ensure the health and safety of staff, students and volunteers leading activities whilst off-site, such as visits, outings or field trips
- iii. ensure health and safety policies and risk assessments are inclusive of the needs of students with medical conditions
- iv. ensure the medical conditions policy is effectively monitored, evaluated and updated

2.3 The principal will:

- i. ensure the centre is inclusive
- ii. ensure that the medical conditions policy is in line with local and national guidance and policy frameworks and that all relevant parties have been consulted
- iii. ensure the policy is implemented
- iv. ensure that information held by the centre is accurate and up to date
- v. ensure student confidentiality

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- vi. assess the training and development needs of staff and arrange for them to be met
- vii. delegate a staff member to maintain the centre's medical conditions register
- viii. monitor and review the policy annually (or sooner according to review recommendations and recent local and national guidance and legislation)
- ix. report back to all key stakeholders about implementation of the medical conditions policy and changes

2.4 Staff will:

- i. understand the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- ii. understand the centre's medical needs policy
- iii. know which students in their care have a medical condition
- iv. know the content of a student's Healthcare Plan
- v. allow all students immediate access to their emergency medication
- vi. ensure students who carry medication with them have it when they go on a educational visit or out of the classroom
- vii. understand common medical conditions and the impact it can have on students
- viii. ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ix. know what action to take in the event of an emergency and receive regular training
- x. know that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so
- xi. accept that under common law duty of care, there are to act like any reasonably prudent parents/carers in an emergency situation

2.5 Teachers will:

- i. ensure students who have missed work due to illness are provided with help to catch up
- ii. understand that medical conditions can affect a student's learning
- iii. provide students with extra support where necessary
- iv. liaise with parent/carers, the pastoral head and other agencies if a student is falling behind with their work because of their condition

2.6 First aiders will:

- i. giving immediate help to casualties with common injuries or illnesses
- ii. ensure that an ambulance or other professional medical help is called where necessary

2.7 The pastoral head will:

- i. know which students have a medical condition and which have special educational needs because of their condition
- ii. ensure teachers make necessary arrangements if a student needs special consideration or access arrangements in exams or course work

2.8 Healthcare professionals will:

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- i. complete student's Healthcare Plans
- ii. prescribe medication that can be taken outside of 'school hours' wherever possible
- iii. offer every student (and their parent/carers) a written care/self-management plan to ensure students know how to self-manage their condition
- iv. ensure students know how to take their medication effectively
- v. ensure students have regular reviews of their condition and their medication
- vi. provide the centre with information and advice regarding individual students with medical conditions (with the consent of the student and their parents/carers)
- vii. understand and provide input into the centre's medical conditions policy

2.9 Students will:

- i. inform their parent/carers, teacher or nearest staff member that they are not feeling well
- ii. inform staff if another student is feeling unwell
- iii. treat all medication with respect
- iv. know how to gain access to their medication in an emergency
- v. know how to take their own medication and to take it when they need it
- vi. ensure a member of staff is called in an emergency situation

2.10 Parents/carers of students will:

- i. notify the centre if their child has a medical condition
- ii. ensure the centre has a complete and up-to-date Healthcare Plan for their child
- iii. inform the centre about medication if their child is carrying it on their person during 'school hours'
- iv. inform the centre of any medication their child is taking while taking part in off-site activities
- v. advise the centre about any changes to their child's medical condition
- vi. ensure their child's medication/medical devices are labelled with their child's full name
- vii. ensure that their child's medication/medical devices are within expiry dates
- viii. keep their child at home if they are not well enough to attend the centre
- ix. ensure their child catches up on any work they have missed
- x. ensure their child has regular reviews about their condition with their GP or specialist healthcare professional
- xi. ensure their child has a written care/self-management plan from their GP or specialist healthcare professional where needed, to help their child manage their condition
- xii. collect and dispose of safely out of date medicines
- xiii. provide written consent that medicines can be administered by an authorised member of staff

3. Accepting medication

3.1 Medication given to the centre by a parent, carer or other responsible adult will only be accepted if it:

- i. is provided in the original container as dispensed by the pharmacist
- ii. includes the original pharmacy label showing the name of the child
- iii. is in date and includes instructions for administration, dosage and storage

3.2 Medication will be checked immediately by an authorised member of staff administer to ensure that all details are correct. The check will include:

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- i. all details on the medication label and on the Medication Administration Record (MAR) chart which must be identical
- ii. storage conditions
- iii. expiry dates

3.3 All medication must be recorded in the medication book and controlled drugs also recorded in the Controlled Drugs Register. This record will be signed and dated by 2 authorised members of staff.

4 Health Care Plans

4.1 Data collection sheets, issued to parents/carers at the start of each academic year, request information regarding medical health and care. Parents/carers of new students starting at other times during the year are also asked to provide this information on data collection sheets.

4.2 Healthcare Plans are used to record important details about individual student's medical needs. Parents/carers, healthcare professional and pupils are asked to fill out the pupil's Healthcare Plan together. A relevant member of staff is also present, if required, to help draw up a Healthcare Plan for students with complex healthcare or educational needs.

4.3 Every student with a Healthcare Plan at this centre has their plan discussed and reviewed at least once a year with healthcare professionals.

4.4 An identified member of staff has responsibility for the register at this centre.

4.5 Permission from parents/carers is sought before medical information is shared with any other party. Student's confidentiality is protected.

4.6 Healthcare Plans are used by our organisation to:

- i. inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care
- ii. identify common or important individual triggers for students with medical conditions at the centre that bring on symptoms and can cause emergencies
- iii. ensure local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency

4.7 All parents/carers of students with a medical condition who may require medication in an emergency, are asked to provide consent on the Healthcare Plan for staff to administer medication. If a student requires regular/daily help in administering/managing their medication this is also outlined on the student's Healthcare Plan.

5 Record Keeping

5.1 An up to date list of current prescribed medicines must be itemised on the child's Individual Health Plan or as part of the Education, Health and Care Plan. The plan should identify whether the child can self-administer and what, if any, support they may need to do this.

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5.2 A MAR is provided for all children and will detail:

- i. child's name
- ii. known allergies
- iii. medication prescribed
- iv. when the medication must be given
- v. required dose
- vi. route of administration
- vii. time of administration
- viii. additional information, such as giving the medicines with food
- ix. for 'when required' medicines, the maximum dosage in 24 hours

5.3 All entries on the MAR charts must be checked for accuracy and signed by the member of staff administering the medication.

5.4 Details of the administration of medicines will be recorded for each child on their MAR chart at the time of administration. For children who are self-administering, the record should show the date given and quantity of a specific medication to allow staff to assess if the medicine is being taken correctly.

5.5 The deputy principal is responsible for making sure that all records relating to medicines are kept correctly and retained for at least 3 years after date of the last entry.

6 Storage of medicines

6.1 Emergency medication is readily available to students who require it at all times during the 'school day' or at off-site activities. If the emergency medication is a controlled drug and needs to be locked securely, the keys are readily available from the centre office and not held personally by members of staff.

6.2 Office staff will ensure that medication is only accessible to those for whom it is prescribed. There is an identified member of staff who ensures the storage of prescribed medication at the centre, where needed.

6.3 Should it be necessary for children to carry their medication with them at all times this must be documented on the MAR chart.

6.4 Medication not requiring cold storage or controlled drug requirements, will be stored in a cabinet in the centre office, secured by lock and key. This cabinet will be used only to store medication. Keys will be stored in the centre office. The DSL and DDSL will hold spare keys. Students with medical conditions will know where their medication is stored and how to access it.

6.5 Medicines must be stored in accordance with the manufacturer's instructions.

6.6 Sharps boxes are used for the disposal of needles. Parents/carers can also obtain sharps boxes from the student's GP or paediatrician on prescription. All sharps boxes in this centre are stored in the centre medical drawer.

6.7 If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to the centre or the student's parents/carers.

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6.8 Collection and disposal of sharps boxes is arranged through the centre's own hygiene contract.

7 Medicines requiring refrigeration

7.1 Medicines requiring refrigeration must be stored securely, in a dedicated container with the fridge, which should be kept locked. The temperature of the medication fridge must be monitored daily using a thermometer – cited in the centre of the fridge - which measures both the minimum and maximum temperature. The officer manager will measure and record minimum and maximum readings on a daily basis. The optimum temperature (2-8 c) must be maintained.

7.2 Should the fridge fail to operate within the optimum temperature range, advice must be sought from the pharmacist.

7.3 Records of the monthly fridge clean and defrosting as required will be recorded by the officer manager.

8 Insulin storage

8.1 Unopened insulin will be stored in the refrigerator and removed at least one hour prior to administration. Once in use, insulin can be stored safely for up to 28 days or 6 weeks (depending on the manufacturer) out of the refrigerator.

8.2 Some manufacturers suggest that it is good practice to store all opened insulin at room temperature subject to the temperature not exceeding 25⁰c.

8.3 When records of insulin are made it must be ensured that the wording 'units' rather than abbreviations i.e. 'U' or 'UI' are used.

8.4 The manufacturer's recommendations for storage must be adhered to.

9 Administering Medication

9.1 Only specifically trained staff may administer medication to children. They will be required to read the Medicine Policy and sign and date a declaration to confirm they have read and understood the contents.

9.2 A record of staff authorised to administer medication will be kept and updated. This is the responsibility of the DDSL.

9.3 Medication must be administered according to the prescription. Any queries relating to the way in which the medication is to be given must be directed to the prescriber or pharmacist.

9.4 The following protocols must be observed:

- i. medication must only be administered when prescribed
- ii. the medication cupboard must remain locked when not in use
- iii. administering staff must confirm the identity of the child to be given the medication

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- iv. the MAR chart must be used to check the child's name, medication, its dose and frequency against the name, medication, its dose and frequency on the medication label. If there is any discrepancy, clarification must be sought from the prescriber *before* medication is administered
- v. the MAR chart must be updated after each medication dose
- vi. should a pupil refuse to take their medication this must be:
 - recorded on the MAR chart
 - recorded on the pupil's Individual Health Care Plan
 - referred to the DDSL, who will report to the child's parents/ carers and prescriber
- vii. the correct device must be used in accordance with manufacturer's guidelines
- viii. controlled drugs must be administered by two designated staff - one trained to administer and one as a witness. A record must be made on the MAR chart and in the Controlled Drug Register
- ix. should a medication error occur, an immediate referral to the DDSL must be made. The Medication Error Procedure will be followed
- x. staff must be aware of the medication they are administering to children; monitor the condition of the child following administration; and call the GP, if there is concern about any adverse change in condition that may be a result of medication
- xi. medicines seen to be in short supply will be reported to parents/carers by the office manager

10 Staff procedure for administering medication

10.1 The pupil's Health Care Plan and MAR chart will be available.

10.2 Staff administering the medication will:

- i. work with one child at a time
- ii. identify the child and consult the HCP and any additional notes
- iii. obtain consent from the child – **staff are not permitted force a child to take medication**
- iv. check the MAR chart entry against the medication label
- v. identify the medication, check expiry dates, check the dose, route of administration and time due
- vi. prepare the dosage out of sight and reach
- vii. ensure medicines are not directly handled; a tablet or capsule will be pushed out of the blister directly into a medicine pot and offered immediately to the child
- viii. ensure the child ingests the medication
- ix. update the MAR chart immediately after medication has been taken
- ii. "as required" medication necessitates that a check that the medication is actually required, by the child. Care must be taken to ensure that the medication has not already been administered by another member of staff
- iii. if variable dose is prescribed e.g. "one or two tablets", the quantity taken must be documented on the MAR chart

10.3 Should a pupil refuse to take their medication, staff will:

- xii. re- visit the child after a short period of time and request that medication is taken
- xiii. retrieve medication immediately if a child had handed it and seek support
- xiv. apply the appropriate code on the MAR chart

11 Administering medication off-site

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- 11.1 Medication taken off site must be signed out, stored in an appropriate container and carried by a member of staff authorised to administer medication. All medication carried in vehicles, must be stored securely out of reach of children Details must also be recorded on the Off-Site Visit Form and Risk Assessment.
- 11.2 In the event of field trips or residential holidays, staff must consider taking spare prescriptions for essential medications and even a letter from the prescribing professional, where appropriate.
- 11.3 All steps identified in **8. Procedure for administration**, must be followed when administering medication off site and all medication being returned to site must be signed in.

12 Adverse reactions to medication

- 12.1 In the event of an adverse reaction to medication medical help must be sought immediately. Advice may be sought from the:
- Child's GP or prescribing professional
 - NHS 111 (telephone number: 111)
- 12.2 Healthcare professional advice must be followed, and the child's progress monitored. Details must be recorded on the pupil's MAR chart and in the child's Individual Health Plan.

13 Controlled drugs

- 13.1 Controlled drugs will only be administered by designated and authorised staff. A second member of staff must witness the administration of controlled drugs.
- 13.2 Controlled drugs must be stored in a metal cupboard, which complies with the Misuse of Drugs (Safe Custody) Regulations (1973). This stipulates the use of a heavy gauge metal cabinet with a double locking mechanism or a heavy gauge metal cabinet (single lock) stored in a locked office. A controlled drugs cabinet must be fixed to a block or brick wall or concrete floor.
- 13.3 Receipt, administration and disposal of controlled drugs must be recorded in a Controlled Drug Register, as well as on the MAR chart. A running balance, checked by a second member of staff, must be maintained. There must not be any cancellations, obliterations or alterations. Corrections must be made by a signed and dated entry in the margin, or at the bottom of the page.
- 13.4 Controlled drugs for disposal must be recorded in the Controlled Drug Register and a signature of receipt obtained.
- 13.5 The balance of controlled drugs will be checked, before and after each administration, by both staff present and on a weekly basis, by the DDSL.

14 Staff procedure for administering controlled drugs

- 14.1 The following procedures must be followed:

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- i. an authorised staff member and witness take the controlled drug from the controlled drugs cupboard. They agree the stock balance with the Controlled Drugs Register.
- ii. the authorised staff member places the controlled drug in a small medication pot, directly from the dispensed container, and offers the medicine to the child with water to drink
- iii. once taken, the authorised staff member signs the MAR chart and Controlled Drug Register; the witness must check that the balance is correct and sign to agree this
- iv. the authorised staff member and designated other will return the remaining medication and Controlled Drug Register to the controlled drugs cupboard and lock them away
- v. refusals, omissions or errors will be recorded

15 Obtaining consent

- 15.1 The child's preferences in relation to the administration of medication, must be identified and taken into account, within a risk management framework. If appropriate, these choices should be recorded in their Individual Health Care Plan.
- 15.2 The dignity and privacy of children should always be observed. Staff administering medication should operate in a discreet and sensitive manner.
- 15.3 Children must give their verbal consent¹ for medication to be administered to them by staff. The way in which the child has given consent must be recorded on their MAR.
- 15.4 Should the child's capacity to consent be questioned, concerns should be directed to the DSL and/or DDSL.
- 15.5 Children have the right to refuse to take their medication. Should a pupil refuse to take their medication, staff will:
- i. re- visit the child after a short period of time and request that medication is taken
 - ii. retrieve medication immediately if it has already been handed to the child
 - iii. record details on the MAR chart
- 15.6 Permission given under any unfair or undue pressure is not consent; consent cannot be implied by the child's behaviour.
- 15.7 Staff can only administer medication to a child if their consent has been obtained in the following way:
- i. explain the medication, what it is for, potential complications and side effects in an age-appropriate language
 - ii. allow time for the child to ask questions
 - iii. answer questions accurately
 - iv. allow time for the child to reflect on the information
 - v. provide verbal/written information if requested

¹ Consent is the voluntary permission of the child to receive a particular treatment or medicine, based on an adequate knowledge of the purpose, nature, likely effect and risks of that treatment or medicine.

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- vi. give the child time to read the information and encourage them to question anything they do not understand, before giving or declining consent
- vii. reassure the child that they can change their mind at any stage and make clear the implications of this in a neutral manner
- viii. allow the child support from another adult if so requested and appropriate based on resources
- ix. record the child's decision

16 Medical Emergencies

- 16.1 In the case of a medical emergency where a child may be unable to give explicit consent at the time, staff are obliged, under common law duty of care, to act like any reasonably prudent parents/carers.
- 16.2 Staff will be protected, in an emergency, if they have worked in accordance with best practice and believe their decision-making to be in the best interest of the child. Any best interest decisions made, in an emergency, must be recorded in accordance with relevant policies and procedures.

17 Safe disposal of medicines

- 17.1 Prescribed medicines are the personal property of an individual and therefore, consent must be obtained to dispose of any medication. Medicines must be disposed of when:
 - i. the expiry date is reached
 - ii. on the advice of the pharmacist or medical practitioner
 - iii. equipment such as fridges have failed to work
 - iv. there is an excess of medication, surplus to a child's requirements
 - v. a dose of medication is taken from the dispensed container, but not taken by the child. On these occasions, it must be placed in a separate labelled container and sent for safe disposal
 - vi. a course of treatment is completed and there is a surplus to requirements
 - vii. the medical practitioner stops the medication
- 17.2 Medication for disposal must be returned to the supplier e.g. the pharmacy or dispensing surgery. A record of all returned medicines must be made. The record of disposal must include the:
 - i. child's name
 - ii. name, strength and quantity of medicine(s)
 - iii. date of return
 - iv. signature of the member of staff returning the medicine
 - v. signature of the person receiving the medicine

18 Medication errors

- 18.1 Medication errors must be reported to the principal immediately and recorded within 2 hours.
- 18.2 Staff should contact one of the following should a medication error have occurred:
 - the child's GP or prescribing professional
 - the local out-of-hours service

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- NHS 111 (telephone number: 111)

All relevant information must be provided, and advice followed.

- 18.3 Medication errors, information provided, and advice given must be recorded in line with policies and procedures.
- 18.4 Parents/carers or other responsible adults must be contacted immediately.
- 18.5 A serious adverse reaction will necessitate 999 and the request of an ambulance; all relevant information regarding the error must be given to the call handler.

19 Misuse of medicines

- 19.1 The misuse or theft of medication is forbidden.
- 19.2 Medicine-related incidents will be reported to senior staff as a matter of urgency and recorded within 2 hours of the incident. Centre policies and protocols will be followed.
- 19.3 Suspected misuse or theft of controlled drugs will be reported to the police.
- 19.4 The possession, use or supply of illegal and other unauthorised drugs by staff, children or visitors is will not be tolerated.

20 New admissions

- 20.1 Prior to, or on, the child's arrival, the deputy principal will:
- provide the child and their parents, carers or other responsible adult with the centre's policy for the administration of medicines
 - clarify the child's current medication needs
 - decide if an Individual Health Plan is appropriate
 - provide a MAR chart
 - ensure supplies of medication are appropriate
- 20.2 The principal will discuss the issues of consent, (self) administration, allergies, side effects and sensitivities to medication with the parents, carers, social worker and child, as appropriate and the necessary consent forms will be completed.

21 Leaving the centre

- 21.1 When a child is to leave the centre the deputy principal will:
- ensure any relevant information, including a copy of the MAR chart, is ready to take with them.
 - provide a record of any medication leaving the centre with the child. This must be signed by the staff member handing over medicines and the individual receiving them.

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22 Risk assessments

- 22.1 Any health-related conditions, medication and associated risks which may affect how staff support pupils will be recorded in the individual risk assessment and behaviour management plan and given to all relevant staff.
- 22.2 If the potential risks of a child carrying medication are significant, the deputy principal will consult with the principal and medical professionals.
- 22.3 Changes to a child’s medical condition will communicated to relevant staff as soon as reasonably possible; the individual risk assessment and/or behaviour management plan will be reviewed and redistributed within 48 hours.

23 Staff training

- 23.1 Staff authorised to administer medication will be provided with appropriate training. A record of training will be maintained.
- 23.2 A notice detailing who is authorised to administer medication will be displayed in the centre’s office next to where medicines are stored.

24 Communicating the policy

24.1 Pupils are informed and reminded about the medical conditions policy:

- i. through Student Voice assemblies
- ii. in personal, social and health education (CPSHE)
- iii. through centre-wide communication about results of the monitoring and evaluation of the policy

24.2 Parent/carers are informed and reminded about the medical conditions policy:

- i. at the start of the academic year when communication is sent out requesting updated data sheets and Healthcare Plans, where necessary
- ii. in the newsletter
- iii. when their child is enrolled as a new student
- iv. via the centre’s website
- v. through centre-wide communication about results of the monitoring and evaluation of the policy

24.3 Centre staff are informed and regularly reminded about the medical conditions policy:

- i. via our Medical Information Drawer and Policies Drawer
- ii. at scheduled medical conditions training
- iii. through centre-wide communication about results of the monitoring and evaluation of the policy

24.4 Relevant local health staff are informed and reminded about the centre’s medical conditions policy:

- i. by letter accompanied with a printed copy of the policy at the start of the academic year
- ii. via primary care trust (PCT) links and the centre/community nurse

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- 24.5 Other external stakeholders are informed and reminded about the centre's medical conditions policy:
- i. by letter accompanied with a printed copy of the policy summary at the start of the academic year
 - ii. through communication about results of the monitoring and evaluation of the policy

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Appendix 1
CENTRE MEDICATION CONSENT FORM

Child's Name

D.O.B.

Class/Tutor Group

Name and strength of Medication

How much to give (i.e. dose to be given)

When to be given

Any other instructions

Number of tablets / quantity given to the centre

NB: MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.

Telephone no. of parent/carer.....

Name of G.P.

G.P's telephone Number

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the centre staff administering the medication in accordance with the centre's policy. I will inform the centre immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent's/Carer's signature Date..... Print

Name:.....

If more than one medication is to be given a separate form should be completed for each.

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Appendix 2

CENTRE RECORD OF MEDICATION ADMINISTERED

**Attach child's
photograph
here**

Date		
Quantity received		
Quantity returned		
Staff signature		
Print name		

Name of childD.O.B.....

Year group.....Form group.....

Name and strength of medication:

Dose and frequency of medication:.....

Date									
Time given									
Staff signature									
Print name									

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Appendix 3
MEDICAL EMERGENCY REPORT

Centre:

Pupil's name:

Date of birth:

DETAILS OF INCIDENT

Date: Time:

What happened e.g. allergic reaction minor or severe; seizure, hypoglycaemic attack (low blood glucose level) faint or collapse:

.....
.....
.....

Details of treatment given:

.....
.....
.....
.....

Additional information and comments:

.....
.....
.....

Ambulance sent for: YES/NO

Name of person completing form:

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Date form completed:

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