



Ruthin School

HEALTHCARE NEEDS POLICY INCLUDING THE ADMINISTRATION OF MEDICINES POLICY	
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Healthcare Needs Policy including the Administration of Medicines Policy

Introduction

The governing body of Ruthin School are committed to ensure that all Pupils with medical conditions both in terms of physical and mental health are properly supported in order to play a full and active role in school life, remain healthy and achieve their academic potential, in line with Section 100 of the Children's and Families Act, (2014).

Aim

Ruthin School supports the premise that a cooperative and proactive approach is needed to ensure that effective and individual support is provided to Pupils with healthcare needs resulting in minimal disruption to their education. We are committed to working with the local authority and understand that the governing body remain legally responsible and accountable for fulfilling their statutory duties.

The governing body is also committed to the safe and appropriate administration of medication to Pupils, appropriate record keeping and secure storage of medicines within the school to ensure the safety of others.

Key commitments in Ruthin School include:

- Pupils with healthcare needs should be properly supported so that they have full access to education, including trips and physical education.
- The governing body must ensure that arrangements are in place to support Pupils with healthcare needs.
- The governing body should ensure that education staff consult the relevant professionals, Pupils and parents to ensure the needs of the Pupils with healthcare needs are properly understood and effectively supported.

To incorporate:

- Staff understand and work within the principles of inclusion.
- Lessons and activities are designed in a way which allows those with healthcare needs to participate fully.
- Staff understand their role in supporting Pupils with healthcare needs and have appropriate training.
- Staff feel confident they know what to do in a healthcare emergency.
- Staff are aware of the Pupils' needs through the appropriate and lawful sharing of the individual healthcare plan. (IHP - Appendix 1)
- Whenever appropriate Pupils are encouraged and supported with their healthcare needs.

School's legal requirements

The school is aware of its legal requirements in regard to supporting learners with healthcare needs.

This legislation includes:

Section 175 of the Education Act 2002 places a duty on local authorities and governing bodies to plan to ensure their functions are exercised with a view to safeguarding and promoting the welfare of children in school or another place of learning. This includes supporting children with healthcare needs.

Section 21(5) of the Education Act 2002 places a duty on governing bodies to promote the well-being of learners at the school so far as related to the matters mentioned in section 25(2) of the Children Act 2004, which includes physical and mental health and emotional well-being, education, training and recreation, and social well-being.

The document's legal framework and principles of the United Nations Convention on the Rights of the Child (UNCRC), (Appendix 2). All Pupils with healthcare needs are entitled to a full education. In addition to the duties set out above (Education Act 2002), consideration must also be given to whether the learner is defined as disabled under the Equality Act 2010.

Roles and Responsibilities

School Governing Bodies

The governing body will ensure that the school's healthcare policy identifies the roles and responsibilities of all those involved in the arrangements they make to support Pupils at school with medical conditions (Keeping Learners Safe (2015)).

The governing body in our school oversees the development and implementation of arrangements, which includes:

- comply with applicable statutory duties, including those under the Equality Act 2010 (e.g. the duty to make reasonable adjustments in respect of Pupils with healthcare needs if they are disabled, as outlined above)
- have a statutory duty to promote the well-being of Pupils. Ruthin School considers how we can meet these needs, including providing Pupils access to information and material aimed at promoting spiritual and moral well-being and physical and mental health.
- consider how we can support Pupils to develop the skills, knowledge and emotional resilience required to uphold their rights, and the rights of others
- develop and implement effective arrangements to support Pupils with healthcare needs. This includes this policy on healthcare needs and where appropriate, Individual Health Care Plans (IHPs) for particular Pupils
- ensure arrangements are in place for the development, monitoring and review of the healthcare needs arrangements by using assessments, planning, implementation, evaluation and regular review.
- ensure the arrangements are in line with other relevant policies and procedures, such as health and safety, first aid, risk assessments, the Data Protection Act 1998, safeguarding measures and emergency procedures
- ensure robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on- and off-site activities, including access to emergency medication such as inhalers and adrenaline pens. Further information on emergency medication on page 14 of this document.

- ensure staff with responsibility for supporting Pupils with healthcare needs are appropriately trained
- ensure appropriate insurance cover is in place, any conditions are complied with and staff are clear on what this means for them when supporting Pupils
- ensure the roles and responsibilities of all those involved in the arrangements to support the healthcare needs of Pupils are clear and understood by all those involved, including any appropriate delegation of responsibilities or tasks to the headteacher, member of staff or professional as appropriate.

Headmaster

The Headmaster ensures arrangements to meet the healthcare needs of Pupils are sufficiently developed and effectively implemented, working collaboratively with the school nurses who have responsibility for developing IHP, in conjunction with parents and the multidisciplinary team.

The Headmaster oversees and ensures that: -

- All staff are aware of the policy for supporting Pupils with medical conditions and understand their role and responsibility in implementation.
- All relevant staff are made aware of the Pupil's medical condition respecting their confidentiality.
- Sufficient staff are suitably trained to support Pupil's with medical conditions.
- Trained staff are available to implement the arrangements set out in all IHP's including contingency plans for emergency situations and staff absence.
- Pupils with healthcare needs are appropriately covered by insurance and staff are made aware of any limits to the activities that are covered
- Risk assessments for school trips, holidays, and other school activities outside the normal timetable are carried out.

The Headmaster is mindful of the Social Services and Wellbeing (Wales) Act 2014. The school is fully aware of this approach and ensure assistance to Pupils is provided using a holistic process.

School Staff

School staff may be asked to provide support to Pupils with medical conditions, including the administration of medication.

Staff have no legal obligation to administer medicines to pupils, unless contracted to do so. Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and /or training specific to the Pupil's medical needs.

Staff should be particularly cautious agreeing to administer medicines where:

- The timing is crucial to the health of the child.
- There are potentially serious consequences if medication or treatment is missed.

Under no circumstances must any medication be administered without signed parental approval.

Obtaining written permission from the child's parent/guardian allowing the school to administer the medication does not relieve the school of possible negligence in the unfortunate event of a child's death or injury.

All school staff should know what to do and respond accordingly when they become aware that a Pupil with a medical condition needs help.

School Nurse

Ruthin School employs three registered nurses and it is their responsibility to liaise with the governing body and the Nurse Line Manager. It is important to inform them if a Pupil has a medical condition, working collaboratively with parents and other professionals to develop an individual healthcare plan (IHP) to meet the best interests of the Pupils. (example of an invitation letter, Appendix 3), Department for Education (2018) Working together to safeguard children.

The school nurse ensures the safe and appropriate delivery of medication, medical/ healthcare needs, Department of Health, (2015). Medication administration to Pupils is one of the most common health-related activities performed in school. Further guidance can be found in <https://gov.wales/sites/default/files/publications/2019-07/working-together-to-safeguard-people-information-sharing-to-safeguard-children.pdf>

The school nurse ensures the safe and appropriate delivery of medication, medical/ healthcare needs, Department of Health, (2015). Welsh guidance can be found in <https://gov.wales/sites/default/files/publications/2018-12/supporting-learners-with-healthcare-needs.pdf> . Medication administration to Pupils is one of the most common health-related activities performed in school.

The school nurse is critical to the safe and effective administration of medication to Pupils. The school nurse should be involved in the development, implementation, and evaluation of medication administration policies and procedures at Ruthin School. All staff who administer medications should be trained by the school nurse, and consideration of safety and school nurse workload is essential. Staff should also complete an online training course to be deemed competent.

Where delegation of medication is permitted, the school nurse should be responsible for the delegation, training and supervision of all staff. The school nurse is the professional with the clinical knowledge and understanding of the complex issues surrounding the safe administration of medication and the responsibility to protect the health and safety of Pupils (NMC /RCN guidance).

As the health leader in the school setting, the school nurse promotes current evidence-based practices so Pupils requiring medication during the school day can safely have their needs met and remain in school ready to learn (Maughan, 2016).

Other healthcare professionals

The GP or Paediatrician may notify the school nurse when a Pupil has been identified as having a medical condition that will require support at school. Health advice and support for the IHP may be provided by specialist health professionals such as speech and language therapists, occupational therapists, physiotherapists, dieticians, specialist mental health providers and specialist nurses.

Parents/Guardians and Pupils

- to be involved in the creation, development and review of an IHP where appropriate. The parent and Pupil are best placed to provide information about how their healthcare needs affect them. They should be fully involved in discussions about how the Pupil's healthcare needs will be met in the education setting, and contribute to the development of, and compliance with, their IHP. (Flow chart example, Appendix 4)
- provide school with sufficient and up-to-date information about healthcare needs, including any guidance regarding the administration of medicines and/or treatment from healthcare professionals. Where appropriate, Pupils should be encouraged and enabled to manage their own healthcare needs
- inform school of any changes such as type of medication, dosage or method of administration
- provide relevant in-date medicines, correctly labelled, with written dosage and administration instructions
- ensure a nominated adult is contactable at all times and all necessary forms are completed and signed
- inform school if their child has/had an infectious disease or condition while in attendance.

Children with infectious diseases

Children with infectious diseases will not be allowed in school until deemed safe by their GP and/or the School Nurse and /or Public Health Wales.

This policy is in accordance with 'Keeping Learner Safe' (2015)) and is to be read in conjunction with the following related Ruthin School policies:

Child Protection & Safeguarding

First Aid

Educational Visits

Creating an accessible environment

Ruthin School governing bodies ensures that it is inclusive and accessible to Pupils with healthcare needs.

The Equality Act 2010 places a duty on learning establishments to make 'reasonable adjustments' for Pupils who are disabled as defined by the Act.

The school will consider what reasonable adjustments might be made to enable children with significant medical needs to participate fully and safely on school trips. A risk assessment for such Pupils will be made. Sometimes additional safety measures may need to be taken for outside visits. For example, it might be that an additional adult might be required to accompany a particular Pupil.

Arrangements for taking any necessary medicines will be taken and staff will be aware of any medical needs and relevant emergency procedures prior to leaving the school premises.

Sporting Activities

Pupils with medical conditions will be encouraged to participate in physical activities and extra-curricular sport. Some children may need to take precautionary measures before or during exercise, and will be allowed immediate access to their medicines such as diabetic treatment or asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Food Management

Ruthin School considers the dietary needs of Pupils, e.g. those who have diabetes, coeliac disease, allergies and intolerances.

Gluten and other intolerances or allergens are clearly marked. The catering team works collaboratively with the school nurses and parents to ensure this. Consideration is given to availability of snacks. Sugar and gluten-free alternatives are always made available. As some conditions require high calorific intake, there is access to glucose-rich food and drinks. All menu's and food on offer in the dining room and café have dietary labels on them so Pupils and staff can be vigilant with their choice of meal or snack.

Sharing of information at Ruthin School

Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

Extract from HM Government Information Sharing: Guidance for practitioners and managers

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

School Transport

Ruthin School drivers will be kept informed on a need to know basis on healthcare needs of the Pupils they transport between home and school.

Procedures and record keeping for the management of Pupil's healthcare needs

The school has created procedures which state the roles/responsibilities of all parties involved in the identification, management and administration of healthcare needs. The following documentation is collected and maintained, where appropriate. Ruthin School uses the SIMS programme for all teachers and school nurses to access the individual Pupil's personal details.

The school nurse has a medical file on each Pupil which is kept in a locked filing cabinet in a locked medical room for confidentiality and the file contains the following information: -

1. Contact details in case of emergency
2. Parental agreement for educational setting to administer medicine
3. Record of medicine stored for and administered to an individual Pupil
4. Record of medicines administered to all Pupil by date and time
5. Staff training record – administration of medicines
6. Medication incident report

A new MULTI AGENCY REQUEST FOR SERVICES (MARS) form should be completed when there are changes to medication or dosage. The school nurse should ensure that the old forms are clearly marked as being no longer relevant and stored away in their medical file.

Information regarding medication and health matters are strictly confidential. A Pupil has a right to confidentiality and this will be considered at all times and may determine how much information is released regarding a condition and the treatment.

The Safe and Secure Handling and Administration of Medication

The governing body at Ruthin School ensures that the school's policy is clear regarding the procedures to follow for managing medicines and devices. This is according to the needs of the Pupil.

The following policy on administering medicines in independent schools is taken from the Professional Guidance on the Safe and Secure Handling of Medicines, Royal Pharmaceutical Society (Dec 2018) and the Professional Guidance on the Administration of Medicines in Healthcare Setting, Royal College of Nursing Guidance (Jan 2019).

The Medicines Act 1968 underpins the way that medicines are prescribed supplied and administered within the UK and places restrictions on dealing with medicinal products including their administration.

When medicines are used staff need to ensure that they fully understand how each medicine or drug should be stored. Storage details can be obtained either from the written instructions of the GP/Pharmacist or from parents.

All medicines should be stored in the original container, be properly labelled, and kept in a secure place. Arrangements may need to be made for any medicines that require refrigeration.

Medicines should only be kept while the Pupil is in attendance.

Any unused or outdated medication is to be returned to the parent for safe disposal or in the pharmaceutical waste bin.

Instruction and Training

The school nurse will be responsible for administering medication. When the school nurse is not available, the school office will administer medication as required. The boarding staff will be informed of any Pupils with medical problems and will be expected to administer medication as instructed by the school nurse.

Such safeguards are necessary both for the staff involved and to ensure the well-being of the Pupil. Even administering homely remedies can sometimes be dangerous if a Pupil is suffering from non-related illnesses or conditions.

Those administering medicines are appropriately trained assessed as competent and meet relevant professional and regulatory standards and guidance. Completion of online medication training.

Regular Medication

- Medicines should only be taken to school when essential, that is where it would be detrimental to a Pupil's health if the medicine were not administered during the school day.
- Parents sign a consent form which is attached on the medical questionnaire document for all new Pupils this gives or denies permission for over the counter (OTC) medicines and emergency treatment to be administered as required.

- Medication prescribed by a doctor should be administered according to the instructions on the individual medication and only given to the named Pupil to whom it has been prescribed.
- Medication should be kept in its original container as dispensed by a pharmacist and include the prescriber's instructions for administration, to the Pupil named on the label. **The original dispensing label must not be altered.**
- If the administration of prescription medicines requires technical/medical knowledge then individual training should be provided for staff from the school nurse, if it is deemed safe to do so based on an understanding of the drug and technique involved. Training should be specific to the individual Pupil concerned.
- The school will not accept medicines that have been taken out of the container as originally dispensed. The school will not make changes to dosages on parental instructions – a new prescription is required.

Procedure for administration of prescription medicines.

- Check identity of Pupil
- Check medication has not already been given. Find medicine.
- 7 R's = Right Pupil; Right medicine; Right dose; Right route; Right reason; Right documentation; Right to refuse
- Measure the dose with the Pupil present
- Administer the medicine according to the dosage form and offer a drink
- Witness the Pupil taking the medication
- Record IMMEDIATELY what has been given and what time it was given and document on the MULTI AGENCY REQUEST FOR SERVICES (MARS) form.

Important notes:

- Administer to one Pupil at a time
- Do not dispense medication in advance
- Always administer with the Pupil present
- Never leave the medication unattended
- Never leave medication in an unlabelled pot
- Never dispense for another person to administer

Management of over the counter medicines (OTC medicines)

The Medical Room has a supply of OTC medicines. These medications do not require a prescription. These OTC medicines can be administered by Ruthin School staff to Pupils with consent using the Homely Remedy Protocol (See appendix 5). This list is agreed and reviewed by the Assistant Headteacher, line manager of school nurses. (School Nursing, Royal College of Nursing, 2020)

Administration by Ruthin School Staff (OTC)

The Boarding Houses and the school office have a limited range of over-the-counter (OTC) medicines which staff who have received annual Administrations of Medicines training may administer when the nurse is not available. The list of OTC medication is found in the green folder in each Boarding House, the resource room and medical room. Any medicine administered will be

recorded in a Medicine Accounting Book kept in the medication cabinet and a Record of Medication form fully completed (yellow form) to avoid double - dosing the Pupil.

Pupils' own medicines

To ensure the safety of the whole school community, it is Ruthin School's policy that Pupils do not keep undisclosed medicines in their bags, lockers or boarding rooms. Any Pupils with any medicines should be referred to the Medical Room, so that the school nurses can assess how the medicines should be stored, dispensed or disposed of. All medicines have to be licensed for use in the UK.

Any OTC medications without an English translation, will be kept locked in a cabinet in the Medical Room; Pupils may collect them when they next journey home.

Management of prescription only medications (POM)

Administration by the School Nurse

Pupils not registered with the School Doctor requiring a POM during the school day require a 'Parental Agreement to the Administration of Prescribed Medication' to be completed by a parent/guardian, who also must supply the medication in the container as prescribed by the GP and dispensed by the pharmacist, with the Pupil's name and instructions for administration printed clearly on the label. This medication will be locked in Medical Room medication cabinet or kept in the fridge during the school day.

Pupils registered with the School Doctor who have been prescribed a medication by the School Doctor, will have their prescription collected by the school nurse from the pharmacy. This prescription will be recorded in the medicines log book.

The member of staff who actually administers the medicine is required to sign the individual MULTI AGENCY REQUEST FOR SERVICES (MARS) sheet each time a medication is administered.

Following collection, the school nurse must check dispensed medication against the prescription. Any discrepancies are to be corrected by the dispensary or the prescriber and not the school nurse. The Pupil will be asked to return to the Medical Room to discuss how this medication will be administered. An assessment is made on an individual basis based on:

- (a) The type of medication eg. Controlled drug
- (b) Risk of reaction to the medication
- (c) Pupils' age
- (d) Requirement of review of medication efficacy
- (e) History of non-compliance

Administration by school staff (POM)

If the school nurse is not available suitably trained staff will administer the Pupils POM from its original packaging with the correct label and instruction. The medication will be locked in the medication cabinet in the boarding house for administration when appropriate. A record of this administered medication is to be made by the administering member of staff on to the MULTI AGENCY REQUEST FOR SERVICES (MARS) form.

Parental Consent and Record Keeping

When a new Pupil starts at Ruthin School the parents sign a consent form this is attached on the medical questionnaire document prior to them commencing school. It is the parents / guardian's responsibility to complete the medical questionnaire true and to the best of their ability. Any medical or health issue which could perhaps result in a review of suitability for boarding must be declared in order to insure the appropriate care. A medical condition does not normally mean a boarding place cannot be offered or have to be withdrawn but in order to ensure that school can meet the boarder's medical needs this information is important. Parents should also provide the Pupils immunisation history and arrange routine dental, orthodontist and optician appointments during school holidays where applicable.

(see Appendix 6 for the medical questionnaire available from the Registrar)

For each pupil with long-term or complex medication needs, the Headmaster ensures that a Healthcare Plan is completed, in conjunction with the parents and appropriate health professionals. (Appendix 1)

However not all Pupils with healthcare needs require an IHP and there should be a process in place to decide what interventions are most (See attached flow chart Appendix 4)

Should a pupil require any prescribed medication in the short term that the school needs to administer, the parents should complete a form available from the School Office (see Appendix 7).

Should a pupil require medication in the short term that can be self-administered, the parents are required to complete a form available from the School Office (see Appendix 7).

The following information must be provided by the parent:

- Name and date of birth of the child
- Name of parents/guardian, contact address and telephone number
- Name, address and telephone number of GP
- Name of medicines
- Details of prescribed dosage
- Method of administration
- Any side effects
- Date and time of last dosage given
- Consent given by the parents/guardian for staff to administer these medicines
- Expiry dates of the medicines
- Storage details

Record keeping

The appropriate forms providing all the information above, will be retained in the Pupils medical file as a record for future reference.

Ruthin School recognises that records offer protection to staff and Pupils and provide evidence that procedures have been followed.

The member of staff who actually administers the medicine is required to sign the individual MULTI AGENCY REQUEST FOR SERVICES (MARS) sheet each time a medication is administered.

A parent or guardian will be contacted if their child suffers anything more than a minor illness or injury and this will be documented in the Pupils medical file.

Competency of the Pupil

Pupils over 16 years have the same rights to confidentiality and consent as adults. Under 16 years of age Pupils can consent to medical treatment if they are deemed to be Fraser competent.

If a Fraser competent Pupil attends surgery without his or her guardians, healthcare professionals should consider securing this Pupil consent professional medical bodies advise:

“You must assess a Pupil’s capacity to decide whether to consent or refuse proposed investigation or treatment before you provide it. In general, a competent Pupil will be able to understand the nature purpose and possibly consequences of the proposed investigation or treatment as well as the consequences of none treatment”. (Knowledge and Information Service, NSPCC, 2019)

Pupils who Self-administer

Boarding Pupils deemed competent to self-administer by the school nurse will be given an agreed amount of the medication and written instruction for the administration of the medication. This will be supplied in a lockable metal tin with full verbal instruction also. (see Appendix 8)

Refusing Medicines

If a Pupil’s refuses to take medicine, staff should not force them to do so, but should record this in the Pupils medical file and on the MULTI AGENCY REQUEST FOR SERVICES (MARS) form. Inform the parents or guardians of the refusal.

However, if the refusal to take the medication results in an emergency, the emergency procedures outlined in the First Aid Policy will be followed (Appendix 9) It will be necessary to inform the School Nurse Manager, Designated Safeguarding Lead, and complete a My Concern document on the computer.

Management of prescribed controlled drugs (CD)

- Ruthin School stores prescribed controlled drugs (CD) in a locked cupboard within the medical room, in accordance with the Misuse of Drugs (Safe Custody) Regulation (1973) as amended.
- Only the School Nurse will have authorised access to hold the keys to this cupboard.
- Separate records for the administration of CD are kept in a bound CD record book, which is also stored securely.
- The balance of CD remaining is checked at each administration and shift change, when the school holds a prescribed supply of CD.
- Unused controlled drugs, prescribed for Pupils registered by the School Doctor, shall be returned to the pharmacy by a member of the school nurse team. The pharmacist along with the school nurse should sign the CD Book to confirm the disposal.
- For Pupils not registered with the School Doctor, a parent or guardian must collect the CD for disposal. Both parent and school nurse must sign to say that this has been done.

In exceptional circumstance, parents may give written instructions (this encompasses the use of e-mail and fax) for the school nurse to organise disposal, providing that the local pharmacist is willing to assist. If not, a parent/guardian will have to proceed as above.

- No controlled drugs will be returned to any Pupils unless accompanied by a parent/guardian. Both parent and school nurse must sign to say that this has been done.

Emergency Medicines

Medicines required in a life saving emergency should be accessible at all times. Termly checks are made of the expiry dates of all adrenaline pens and asthma inhalers.

- **Adrenaline pen's**

Pupils with a history of anaphylaxis who have been prescribed an adrenaline pen are encouraged to carry one with them at all times. A spare pen is requested from the parents to be kept in the school resource room as an additional precaution.

The school nurse delivers training to school staff on the administration of an adrenaline pen.

- **Asthma Inhaler's**

Pupils with asthma are encouraged to carry their salbutamol inhaler with them at all times. There is emergency asthma grab box in the school resource room and emergency inhalers and spacers in the medical room for any emergency on site. This can only be used for Pupils diagnosed with asthma and prescribed salbutamol.

- **Dextrose tablets and glucagel**

Pupils with type 1 diabetes are encouraged to carry dextrose tablets with them at all times in case of hypoglycaemia. The medical room holds additional dextrose tablets and glucagel in the case of hypoglycaemia. Also, the school office has a spare emergency box for treatment and an up to date healthcare plan.

For school trips Pupils with a diagnosis of asthma or anaphylaxis must have their prescribed salbutamol inhaler or adrenaline pen with them prior to setting off. The trip leader is responsible for checking this by seeing the medication before departure. Like wise if a Pupil has type 1 diabetes the trip leader is responsible for ensuring the Pupil has their healthcare plan and diabetic emergency treatment.

Disposal of medication

When medication is no longer required it is to be returned to the parent for safe disposal. If this is not possible, unused or out of date medication can be disposed of in school, using the Pharmaceutical Waste bins which are securely collected by a recognised waste management company and signed for in accordance with the Hazardous Waste Regulations (2005). When this method of disposal is used the nurse keeps records of destruction.

Sharp boxes are always used for the disposal of needles and other sharp instruments, and disposed of appropriately.

Accidental failure of the agreed procedures

If a medication error occurs, it should be reported to the school nurse immediately and also the school nurse line manager. A medication incident form will be completed and this will be investigated and escalated further if required. There is a decrease in errors when a culture of safety exists which includes proper oversight and where written policies are in place. The Pupils' parents will be notified as soon as possible of any errors. (Appendix 10)

Appendix 1: individual healthcare plan

Name of school/setting

--

Child's name

--

Group/class/form

--

Date of birth

--

Child's address

--

Medical diagnosis or condition

--

Date

--

Review date

--

Family Contact Information

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

Relationship to child

--

Phone no. (work)

--

(home)

--

(mobile)

--

Clinic/Hospital Contact

Name

--

Phone no.

--

G.P.

Name

--

Phone no.

--

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 2: Outline of legal framework

Within the educational context, various duties are placed on both schools and local authorities that are relevant to the safeguarding and welfare of Pupils. The main provisions are outlined in the sections below. This outline is not an exhaustive list of the relevant legislation, and nor is each section an authoritative statement or description of the laws themselves.

Statutory duties on governing bodies of maintained schools

In discharging their functions relating to the conduct of the school, governing bodies of maintained schools (including maintained nursery schools) must promote the well-being of Pupils at the school. (Section 21(5) of the Education Act 2002). This duty relates to all Pupils, including those with healthcare needs.

- Governing bodies of maintained schools (including maintained nursery schools) must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children (i.e. those under 18) who are learners at the school (see section 175(2) of the Education Act 2002).
- Governing bodies are also subject to duties under the Equality Act 2010 – see below.

Statutory duties on local authorities

1. Local authorities have general functions in relation to providing education for their area (see in particular sections 13 to 14, 15A, 15B of the Education Act 1996).
2. A local authority must make arrangements for the provision of suitable education (at school or otherwise) for children of compulsory school age who may not otherwise receive it for any period due to illness, exclusion from school or otherwise (see section 19(1) of the Education Act 1996). For young persons (i.e. those who are over compulsory school age, but under the age of 18), local authorities have a power (rather than a duty) to make such arrangements in those circumstances (see section 19(4) of the Education Act 1996). In determining what arrangements to make under section 19(1) or (4) in the case of any child or young person, the local authority must have regard to any guidance given by the Welsh Ministers.
3. A local authority must make arrangements for ensuring that their education functions are exercised with a view to safeguarding and promoting the welfare of children (i.e. those under 18 – see section 175(1) of the Education Act 2002).
4. Local authorities in Wales have a duty under section 15 of the Social Services and Well-being (Wales) Act 2014 to provide services in their area with the purpose of preventing or delaying the development of people's needs for care and support and a range of related purposes.
5. Local authorities must make arrangements to promote cooperation between various persons and bodies. This includes a health board and NHS trust within the local authority area.

The arrangements are to be made with a view to:

6. improving the well-being of children within the area

7. improving the quality of care and support for children provided in the area
8. protecting children who are experiencing or at risk of abuse, neglect and other harm (see section 25 of the Children Act 2004).
9. The Education (School Premises) Regulations 1999 S.I. 1999/2 set out requirements (LA responsibility) regarding facilities at maintained schools. These include requirements regarding accommodation for medical examination, treatment of learners and the care of sick or injured learners (regulation 5).
10. Local authorities also have duties under the Equality Act 2010 – see below.

The Equality Act 2010

Disability is a protected characteristic under the Equality Act 2010. Some Pupils with healthcare needs may be disabled for the purposes of that Act; others may not be. There are various duties under the Equality Act 2010 which are relevant in the context of Pupils with healthcare needs who are also disabled.

The responsible body of a school must not discriminate, harass or victimise disabled learners and in some cases, other particular persons. The responsible body is also subject to a duty to make reasonable adjustments (section 85 of the Equality Act 2010). Local authorities must prepare and implement an accessibility strategy in relation to schools for which they are the responsible body. This is a strategy for (over a particular period):

- increasing the extent to which disabled Pupils can participate in the schools' curriculums
- improving the physical environment of the schools for the purpose of increasing the extent to which disabled Pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools
- improving the delivery to disabled Pupils of information which is readily accessible to Pupils who are not disabled.

(See paragraph 1 of Schedule 10 to the Equality Act 2010.)

The responsible body of a school must prepare and implement an accessibility plan. Such a plan involves the same content as an accessibility strategy, except that it relates to the particular school (paragraph 3 of schedule 10 to the Equality Act 2010). In relation to a maintained school and maintained nursery, the responsible body is the local authority or the governing body. In relation to a PRU, it is the local authority.

Local authorities and the governing body of local authority-maintained educational establishments (e.g. maintained schools) are subject to the public sector equality duty. This requires them, in the exercise of their functions, to have due regard to particular matters related to equality (section 149). They are also under specific duties for the purpose of enabling better performance of the public sector equality duty (see the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 S.I.2011/1064).

Social Services and Well-being (Wales) Act 2014

- The Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') is a single act that brings together local authorities' duties and functions in relation to improving the well-being of people who need care and support, and carers who need support. The Act provides the statutory framework to deliver the Welsh Government's commitment to integrated social services departments with a strong family orientation.
- From a Welsh policy and delivery perspective, the 2014 Act seeks to ensure that care and support provided to young people is delivered in accordance with the principles outlined in the UNCRC.
- Local authorities in Wales have a duty under section 15 of the 2014 Act to provide preventative services in their area. The purpose of these services would be to prevent or delay people developing a need for care and support.
- The 2014 Act was developed using the 'people model' which focuses on providing sustainable social services to people (being children, adults and carers) in line with their unique needs. This means that children are not treated in isolation but instead as part of families and communities. This has allowed the 2014 Act to provide a cohesive and more integrated care system.
- Well-being and the outcomes people wish to achieve are at the centre of the legislation; the definition of well-being in the Act, and the well-being statement, both recognise that securing rights and entitlements is key to ensuring that children can speak for themselves or have someone who can do it for them so that they are involved in the decisions that affect their life.

Common law

As part of the common law, those responsible for the care and supervision of children, including teachers and other school staff in charge of children, owe a duty of care to act as any reasonably prudent parent would when taking care of their own children. A person who is responsible for the care and supervision of children should do what is reasonable for the purpose of safeguarding or promoting the child's welfare. However, this is subject, for example, to a court order prohibiting certain steps being taken in relation to that child without the court's consent (section 3(5) of the Children Act 1989).

United Nations Convention on the Rights of the Child (UNCRC)

The Welsh Government is committed to the UNCRC as the underpinning basis for its policies concerning children and young people. The approach outlined in this document is based upon and consistent with UNCRC provisions, which include that:

- children have a right to an education (Article 28)

- adults should think about the best interests of children and young people when making choices that affect them (Article 3)
- children who have any kind of disability should have the care and support required so that they can lead full and decent lives (Article 23)
- every child has the right to say what they think in all matters affecting them, and to have their views taken seriously (Article 12).

Other relevant provisions

The Data Protection Act 1998 regulates the processing of personal data, which includes the holding and disclosure of it.

The Learner Travel (Wales) Measure 2008 places duties on local authorities and governing bodies in relation to home–school transport.

The Misuse of Drugs Act 1971 and regulations deals with restrictions (e.g. concerning supply and possession) on drugs which are controlled. Learners may be prescribed controlled drugs.

Appendix 3: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 4

Identify Pupils with healthcare needs

- Pupils is identified from medical questionnaire and/ or nurse assessment.
- Parent or Pupil informs education setting of healthcare need.
- Transition discussions are held in good time, e.g. eight weeks before either the end of term or moving to a new education setting.



Gather information

- If there is potential need for an IHP, the education setting through the school nursing team will discuss this with the parent and Pupil.



Establish if an IHP should be made

- The education setting should organise a meeting with appropriate staff, the parents, the Pupil and appropriate clinicians to determine if the Pupils healthcare needs require an IHP, or whether this would be inappropriate or disproportionate. If consensus cannot be reached, the Headmaster should take the final decision, which can be challenged through the complaints procedure.



If an IHP should be made

- The education setting, through the school nursing team and under the guidance of the appropriate healthcare professionals, parents and Pupil, should develop the IHP in partnership.
- The education setting should identify appropriate staff to support the Pupil, including identifying any training needs and the source of training, and implement training.
- The education setting should circulate the IHP to all appropriate individuals.
- The education setting should set an appropriate review date and define any other triggers for review.

Appendix 5

Ruthin School Homely Remedy Protocol: for the administration of over the counter medications

1.1 Homely remedy protocols (HRP) are not prescriptions but protocols to enable administration of over the counter (OTC) medications in, educational establishments. They are required for liability purposes. Hunt and Gemmill (2008) advocate their use for health care professionals practicing outside the NHS umbrella, as a safeguard from litigation, for themselves and their employers. Homely remedy protocols cannot be used for prescription only medicines (POM) including controlled drugs (CD).

1.2 The HRP for Ruthin School staff applies to:

- a) Ruthin School Pupils with parent/guardian signed consent on a completed Medical Questionnaire.
- b) Pupils who are 16 or over that can self-consent, if a questionnaire has not been returned by parents/guardian.
- c) Ruthin School staff.

1.3 The HRP for Ruthin School Boarding staff applies to:

- a) Boarding Pupils with parent/guardian signed consent on a completed Medical Questionnaire.

1.4 Any registrant using an HRP must ensure there is a written instruction that has been drawn up and agreed in consultation with other relevant qualified professionals. It is good practice for this to be a medical practitioner or pharmacist. The protocol should clarify what medicinal product may be administered and for what indication it may be administered, the dose, frequency and time limitation before referral to a GP.

1.5 All registrants using the protocol should be named and they should sign to confirm they are competent to administer the medicinal product, acknowledging they will be accountable for their actions.

1.6 The NMC (2018) considers it good practice that the governing body signs off all protocols.

Please note: with all homely remedy treatments it is vital that further medical guidance is sought in a timely manner if an ailment or illness worsens or fails to respond to a homely remedy.

Appendix 6
Medical Questionnaire
(available from the Registrar)

Appendix 7: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____

Date _____

Appendix 8 blue form (available from the School Nurse)

Appendix 9

Please see the First Aid Policy

Appendix 10: Medication/healthcare incident report

Pupil's name _____

Home address _____

Telephone no _____

Date of incident _____ Time of incident _____

Correct medication and dosage:

Medication normally administered by:

Pupil	<input type="checkbox"/>
Pupil with staff supervision	<input type="checkbox"/>
Nurse/school staff member	<input type="checkbox"/>

Type of error:

Dose administered 30 minutes after scheduled time

Omission Wrong dose Additional dose

Wrong Pupil

Dose given without permissions on file Dietary

Dose administered by unauthorised person

Description of incident:

Action taken:

Parent notified: name, date and time _____

School nurse notified: name, date and time _____

GP notified: name, date and time _____

Poison control notified Pupil taken home Pupil sent to hospital

Other: _____

Note:

References

Children and Family Act 2014 (section 100)

Children's Act 2004 (section 25)

Data Protection Act 1998

Disabilities Education Improvement Act 2004

Education Act 2002 (section 175)

Equality Act 2010

Hazardous Waste (Wales) Regulations 2005

HM Government Information Sharing: Guidance for practitioners and managers, Department of Education 2018

Hunt and Gemmill (2008)

Keeping Learners Safe (2015)

Knowledge and Information Service 2019 NSPCC

Maughan, E.D. (2016, Spring). Building Strong Children:

Medicines Act 1968

Misuse of Drugs Act 1971

NMC 2018

Professional Guidance on the Administration of Medicines in Healthcare Settings January 2019, Royal Pharmaceutical Society, Royal College of Nursing

Professional Guidance on the Safe and Secure Handling of Medicines Royal Pharmaceutical Society December 2018

School Nursing, Royal College of Nursing, 2020

Social Services and Wellbeing Act (Wales) 2014

Supporting Pupils at School with Medical Conditions (Dec 2015) Department for Education

UN Conventions on the Rights of the Child (UNRC)

Working Together to Safeguard Children DfE 2018