

TreeHouse School Health Care Policy

Including Medication, Intimate Support, Infection Prevention and Control, and Food Guidelines

Management and Administration of Medication

Key information

This is key information; please refer to guidance below for more detailed information.

Management

- The **Medical Officer** is to ensure that Individualised medication support plans are in place, each pupil with medication has a medication folder in place with all corresponding documents.
- The **Medical Officer** is to complete a weekly Medication administration Record (MAR) chart audit and to complete practice observation.
- The Medication Audit will be passed to the SLT on the day it is completed, this includes if nil errors are reported.
- All medication errors are to be recorded on a Medication Error Form and passed immediately to a member of SLT via the EPA for further action.
- Assigned SLT to review the audit sheets monthly. Investigate any discrepancies or investigations into mismanagement of medication that have not been completed after an error has been found or after the Weekly Audit. They will also facilitate self-administration assessments with pupils.

Recording

- All medication entering the School needs to be recorded. (see policy for more detail)
- Each pupil with medication needs to have a MAR sheet.
- Staff need to complete the appropriate documents when preparing and administering medication. (see Appendix)
- If medication is being taken into the community the MAR chart should be taken along with the medication and a copy of the Medication Support Plan and any relevant protocols.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Pre- administering medication

- Staff need to have conducted all appropriate training (see list below) and have read and understood the pupils medication support plan.
- Before administering the staff need to check the MAR sheet and ensure that medication has not already been administered
- The medicine container must be in the original bottle, staff must check the label and match to the MAR sheet, they need to check it is for the correct named person, the dose, route and expiry date.
- If there is any doubt staff need to contact a member of the SLT.

Protocol of Administering

- Medication must only be administered to one pupil at a time.
- Two members of staff will prepare the medication in accordance with the individual pupils Medication Support Plan. This must be checked for accuracy every time medication is prepared
- The same two members of staff will be present at administration. One member of staff to administer the medication and sign to say they have done so and one to sign as a witness.
- If there are reasons a different member of staff witnesses the medication being administered and not prepared, this must be noted on the MARS sheet.
- If out in the community with only one member of staff, the **Medical Officer** must be notified with a rationale as to single person administration.
- We do not hide medication in food unless signed off by a medical practitioner. This will be documented in the medication support plan.
- We do not open medication capsules or crush tablets unless this has been signed off by the parent and pharmacist. This will be documented in the medication support plan.
- If you are opening a new medication this needs to be labelled, dated on the medication and included on the MAR sheet.
- It is the responsibility of the team supporting the learner to ensure that medication is administered in a safe, timely manner in line with the medication administration and medication support plans. Failure to follow the protocol could lead to disciplinary action.

Emergency Medication

- Emergency medication such as Buccolam Midazolam and EpiPen's must be carried with the pupil. All emergency medication will always be carried securely in a lockmed bag.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

- Emergency medication must be kept in a lockmed bag, in a **bag** attached to a belt which you wear round your waist.and kept on the body of the staff member working with that pupil at all times. A yellow medication tag to be attached on the outside of the small **bag** attached to a belt which you wear round your waist (Bumbag).

Refusal/ disposal of medication

- If a pupil refuses, allow a 15-minute gap before trying again, if there are three attempts and the pupil is still refusing this must be documented as a refusal. If the staff have immediate concerns around the pupils health, then they need to contact a member of SLT.
- Spoiled medication needs to be put in a zip lock bag, labelled with detail of medication and who's medication. This needs to be noted on the pupil MAR chart and taken to the local pharmacy each week.

Medication Errors.

All medication errors must be reported immediately to the **Medical Officer** or a member of SLT. This can include:

- Medication not prepared in accordance with the Medication Support Plan.
- Medication is administered to the wrong pupil.
- Medication missing or unavailable when required.
- Overdose of medication
- Under-dose of medication.
- Medication is administered early or late
- Staff does not sign MARS chart.
- Inaccurate information on MARS chart

It is essential all staff with a responsibility to prepare and administer medication understand their responsibilities to report any errors immediately they are discovered. Failure to report a known error could result in disciplinary action.

Key Documents

- A medication support plan consented to by a medical practitioner and someone with parent responsibility.
- Personalised medication administration record (MAR chart).

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

- MAR sheet, PRN log and recording sheet (for controlled drugs this will be paginated)
- Signing in and out medication sheet
- Signature sample sheet
- Each pupil needs to have a copy of the medication policy in their file if they require the administration of medication.
- In the case of emergency medication for example seizures such as Buccalam Midazolam, a protocol must be provided to the school from a prescribing health practitioner, this should be reflected on the prescribing label of the medication. An Emergency Protocol document will be written and should be available in the medication folder and with the medication at all times. This should be updated on a yearly basis.

Training

- Before administering medication, staff need to have completed the following:
 - Training on administration of medication (medication awareness training)
 - Buccalam Midazolam Training.
 - T1-T3 with that pupil including the administration of medication.
- It is the responsibility of the **Medical Officer** to ensure that a medication observation occurs within the academic year with all staff administering medication.
- SLT will conduct medication observations with the **Medical Officer** and undertake a review of the audit process and spot checks when necessary

Personal Protective Equipment

- All staff preparing and administering medication must wear gloves.
- If administering and preparing medication is completed in the community then staff must ensure that they take gloves and any other items necessary with them.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Content of Policy

1. Introduction
2. Responsibilities
3. Mental capacity and medication
4. Self-administration
5. Administration of medication by School staff
6. Consent
7. Maintaining a supply of medication
8. Administration
9. Hiding medicine
10. Crushing or opening medicine
11. Re-administration
12. Refusal of medicine
13. Spoilt medication
14. Recording
15. Errors
16. Storage of medication
17. Emergency supplies of medication
18. Disposal of medication
19. Theft of medication
20. Controlled drugs
21. PRN medication
22. Homely remedies
23. Confidentiality and information sharing

Appendix 1 Example Medication support plan

Appendix 2 Example Medication Administration Record (MAR) chart

Appendix 3 Example record of detail sheet

Appendix 4 Example Medication sign in/out sheet Appendix 5

Example medication stock cupboard sign in/out form Appendix 6

Example PRN log

Appendix 7 Example weekly medication cabinet stock check sheet

Appendix 8 Record of Medication Error

Appendix 9 Record of Medication Audit

Appendix 10 Example of Emergency Protocol

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Management and Administration of Medication

Purpose and Scope

In accordance with Regulation 13 of the Health and Social Care Act (2008), TreeHouse School is committed to ensuring that pupils take their medication in a safe and supportive environment. This policy applies to the whole school and anywhere where medication is administered to pupils during the school day.

This policy should be read in accordance with the following:

- Safeguarding Adults at Risk Policy and Procedure
- Safeguarding Children at Risk Policy and Procedure
- Infection Control Policy
- Health and Safety Policy

1 Introduction

All staff have a duty of care for the pupils of the School. For some, this may include the administration of medication or supporting pupils to self-administer medicine.

TreeHouse School is committed to enabling pupils to have as much independence and control as possible over their health and medication.

Every part of the medication process must be carried out by members of staff that have been trained in the management and administration of medication. In addition, staff must not undertake the following unless they have completed additional training:

- Epilepsy Awareness and the administration of buccal midazolam;
- Rectal administration;
- Injectable drugs (and received delegated authority from the community nurse who is responsible for the pupils care);
- Administration through a Percutaneous Endoscopic Gastronomy (PEG);
- Giving oxygen;
- Administering EpiPen's.

It is the responsibility of the **line manager to book members of staff onto training prior to them being involved in administering medication. This can be book with the School Office Team Manager and SEN Officer**

Members of staff must ensure that when they administer medicine, it is conducted in a way which respects a pupil's rights, choices, dignity, and privacy. This will be stated on the pupils medication support plan.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

2 Responsibilities

Those with Parental Responsibility

The responsibilities of those with parental responsibility are:

Before the pupil attends School to have carried out the following:

- Informed the School in writing of the pupils medical needs when approved for placement, and again as soon as there are any changes to these needs;
- Provide any medication required, ensuring that it is fit for use, clearly labelled, in the original container and includes instructions for administration;
- Pass on to the staff any information about the side effects or adverse effects of the medication.
- Provide an up to date protocol drawn up by a medical practitioner for any PRN medication, the School will take any information from the prescribing as accurate and up to date. Any additional protocol for Emergency conditions to be shared with the School.
- To sign and return the Medication Support Plan to School.

To ensure that a pupils prescription is up to date and is reviewed as the pupils needs or condition changes.

For dating all creams, drops, and liquids if they are first opened at home and are sent in for use at School. Those with parental responsibility must confirm with the prescriber how long the cream, drops or liquid is meant be used for to prevent prolonged use. They must advise staff accordingly.

The role of the Medical Officer

The **Medical Officer** has the responsibility to:

Translate the information provided by those with parental responsibility into an individualised medication support plan (appendix 1). This will detail:

- The pupils details including medical condition;
- Emergency contact details and registered medical practitioner;
- Medication required, administration and storage details;
- Dosage to be given;
- The pupils preferred way to take the medication (if known);
- Pro re nata (PRN)¹ guidelines for administration and pain profiles/ Asthma profiles/ epilepsy guidelines as required;
- Possible side effects and signs to look for i.e. wheeziness, eyes running, itching etc;
- Emergency procedures to be followed.

¹ Medicines that are taken “as needed” are known as PRN medications. “PRN” is the Latin term that stands for “pro re nata”, which means “as the thing is needed”. <http://www.safemedication.com>

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

To compile individualised medication folders for each pupil. These must include:

- A medication support plan (appendix 1) consented by someone with parental responsibility (if required – see section 6 below);
- Personalised Medication Administration Record (MAR) chart/s (appendix 2);
- Personalised record of detail sheets (appendix 3);
- Personalised sign/in out sheets (appendices 4 and 5);
- Personalised PRN logs where applicable (appendix 6);
- Individual, bound and paginated MAR sheets, PRN Logs and Record of detail sheets for each controlled drug required;
- An individualised medication risk assessment;
- A copy of the medication policy;
- A copy of the signature sample sheet.
- Any relevant protocols drawn up by medical practitioners. This information will be transferred to our Emergency protocol document for those that require it. (Appendix 10).
- Audit of Medication Record

To train class room Learning Support Coordinators / staff to ensure that they understand the purpose of each document in the medication file and understand how to complete them accurately.

To ensure that all up to date medical information on an individual's MAR chart is printed on the MAR chart. The drug information must exactly reflect the labelling on the medication itself.

On receipt of written confirmation of a change to a pupils prescription, to make changes to the MAR chart and medication support plan by drawing a line through the relevant entry together with the date of cancellation. This should then be signed by the **Medical Officer or a member of SLT**. The medical practitioner should authorise the change by sending a letter of authorisation. The **Medical Officer** must attach the written authorisation to the medication support plan.

To ensure that staff are trained in the administration of medication and any additional training for specific treatments (i.e. epilepsy). Additionally, to ensure that this is logged on their training record and training is refreshed as required.

To undertake weekly audits of the medication cabinet stock using the weekly medication cabinet stock check sheet (appendix 7) and the Medication Audit Form (appendix 9).

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

- To record any medication errors on the Medication Errors Form (appendix 8)
- To inform SLT /DSL of any medication errors immediately they are discovered
- To follow up all medication errors in a timely manner and with advice from SLT
- To support members of SLT with monthly audits as and when required.
- To dispose of spoilt medications as appropriate (see section 18).

Learning Support Coordinators / Staff who Prepare and Administer Medication

Staff who prepare and administer medication are responsible for:

- Ensuring that they have read and understood the pupils medication support plan and know why the pupil takes the medication/s that they administer. Staff must also know the side effects, and precautions of use.
- Recording their initials on the Medication Administration Record (MAR) chart whenever they prepare and administer a medication. Also, to ensure completion of the record of detail and PRN logs as required.
- Where appropriate, providing information to pupils about the medicine they are taking. This includes the possible risks.
- To date all creams, drops, and liquids if they are first opened at School. Staff must then note this on the appropriate medication sign in sheet (appendix 4) or (School medication cupboard sign in - appendix 5).

It is the responsibility of the staff member supporting the pupil each day to ensure that medication is taken in a safe and timely manner in accordance with administration of medication and medical support plan.

Designated member of SLT

Designated member of SLT are responsible for:

- Facilitating medication self-administration assessment meetings with pupils;
- Authorising changes to MAR charts and medication support plans when required (e.g. a change to a pupils medication);
- Investigating discrepancies and giving points of clarity as they arise;
- Investigating single witness administrations to ensure they were appropriate;
- Liaising with parents/carers, medical practitioners or emergency services when medication has been refused or medication errors have occurred;
- Investigating any suspected theft of medications;
- Investigating mis-administered PRN;
- Inform Head of School of any medication errors/ suspected thefts;
- Ensure medication errors are reported to the Designated Safeguarding Lead;

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

- Undertaking a monthly review of the audit process, including records, medications stored and medication errors;
- Ensuring all staff are adequately trained as required and refresher training is undertaken as and when required;
- Invoking formal disciplinary procedures where required.

3 Mental Capacity and Medication

Once a pupil reaches the age of 16, they are legally presumed to be competent unless a mental capacity assessment proves otherwise.

When a pupil starts School, they are given the opportunity to discuss self-administration with the **Medical Officer /** member of SLT to decide whether they can self-medicate. A medication self-administration assessment (appendix 8) is completed by the **Medical Officer /** member of SLT with the pupil and their keyworker to assess the pupils ability to self-medicate. This is signed by the pupil, their keyworker/ member of SLT or designated member of SLT.

4 Self Administration

If an assessment deems a pupil to have mental capacity and competence to self-administer then they are actively encouraged and supported to do so if they wish to. A medication self-administration assessment should be reviewed every six months. However, the assessment can be reviewed earlier if the pupils circumstances change. Self-administration of medicine is not 'all or nothing'. A pupil may be able to safely apply creams but may not be able to self-administer tablets. Each medication requires a separate mental capacity assessment

Following the completion of a medication self-administration assessment, a risk assessment must be completed by the Medical Officer. The risk assessment should be reviewed on a regular basis. The opinions of relatives, carers, advocates, and medical professionals should be sought where appropriate.

5 Administration of medication by School Staff

Following assessment, where a pupil is deemed not to have capacity or competences to self-administer, staff are required to administer medication to them.

Prescribed medication can only be given to the pupil it is prescribed for. All medication must be supplied by the individual with parental responsibility.

6 Consent

Those with parental responsibility can sign consent on a pupils behalf, the School will view the prescribed labels as sign off by a medical prescriber. Consent is signed in the relevant section of the finalised medication support plan and acts as consent given for all

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

listed drugs listed in the plan. If a new drug is subsequently prescribed then written consent will be required from those with parental responsibility, the drug must have a prescribed label present. School staff can administer the drug. The **Medical Officer** must then update the medication support plan, chart and sign in/out sheets and attach the written consent for reference.

Verbal consent to the administration of medication cannot be accepted.

7 Maintaining a supply of medication

All medication supplied to the School to administer to a pupil must be obtained from an approved supplier. Approved suppliers are:

- An appropriately licensed hospital pharmacy department;
- A community pharmacy;
- A licensed pharmaceutical wholesaler;
- An NHS supplies department.

All medication must be individually prescribed and labelled accordingly. Medication will be returned home if the name of the medication or the dosage on the label differs from that on the prescription. This medication will not be administered.

Medication is the property of the pupil for whom it is prescribed to and should not be used by anyone else.

Those with parental responsibility must ensure that there is a continuity of supplies by ordering repeat prescriptions when necessary.

Those with parental responsibility must ask the supplying pharmacist to provide clear instructions on how the medicine should be administered. If the instructions are not clear, those with parental responsibility will be asked to contact the pharmacist for clarification before the medicine is administered at School.

If a medicine arrives without a label, a properly labelled box must be requested from those with parental responsibility otherwise the medicine must be rejected. If multiple containers are used, each container must be labelled. For medicine that has an inner container and an outer box, the label should be applied to the container.

8 Administration

All staff must wear personal protective equipment (PPE) provided when administering any medication. This should include gloves and aprons, but as minimum gloves must be worn at all times. When administration is likely to take place in a community setting then staff must ensure they have adequate PPE with them. Gloves must always be worn when handling medication and disposed of directly after administration.

Where a pupil is unable to administer their own medicine, a trained member of staff should take on this responsibility.

Trained staff can assist a pupil with:

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

- Taking tablets, capsules, and oral mixtures;
- Applying a medicated cream or ointment;
- Inserting drops;
- Administering inhaled medication.
- Administering EpiPen's
- Administering Buccal Midazolam
- Administering prescribed emergency medication

ALL Learning Support Coordinators, all members of SLT and some specifically appointed TABS by the Medical Officer will have fob access to the medical room. The keys for the medication cupboards and fridges will be kept in a wall mounted, 4-digit combination key lock box in the medical room. If the Learning Support Coordinator for that specific pupil is not available then access to medication needs to be gained via another Learning Support Coordinator, the **Medical Officer** or a member of SLT. Medication cupboard or fridge keys should not be given to any other members of the staff. Only staff with a responsibility for preparing or administering medication have access to the locked medical room.

Where a pupil requires an emergency medication such as Buccal Midazolam, or has community access, then they may carry their own medication with them for ease of access. In these cases, staff must ensure that the medications are always transported in a locked Lockmed bag. A copy of the MARS chart and the Individual Support plan should be carried on community trips. A medication stock sign out form (Appendix 5) must be completed too. This can be found in the pupil's medication folder in the medical room.

If a member of staff is required to administer a medicine that they are unfamiliar with, or it has an unfamiliar measuring method, the **Medical Officer** or member of SLT should be contacted for guidance.

Before a member of staff administers medication, they must ensure that they have the necessary equipment. Medicine must only be administered to one pupil at a time. Two members of staff will prepare the medication according to the Individual medication Support Plan. The same two members of staff will be responsible for the administration of the medication, one member of staff will administer, and one will act as a witness and counter sign the MARS chart. Both members of staff have equal responsibility to prepare and administer the medication according to the Medication Support Plan and Medication Risk Assessment. Both members of staff have equal responsibility to report any errors in medication preparation or administration immediately. Where it is not possible for the same two members of staff to be present (e.g. the pupil is being

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

supported 1:1 in the community) and only one member of staff witnesses the administration, this must be recorded on the record of detail sheet and a rationale given.

The **Medical Officer** /member of SLT must be notified.

Where administration takes place at School, where possible this should take place in the medication room. However, there are some incidences when the medication may be required to be administered elsewhere. These are:

- Where there is no allocated medication room available;
- During a period of pupil escalation;
- Where the pupil is struggling with transition to the medication room;
- Where the pupil is incapacitated;
- Where the medication room is already in use and the medication must be administered to a specific time cycle which would be affected by waiting.

Before administration, staff must identify the medicine container(s), checking that the label(s) and the record(s) match as well as the route the medicine has to be administered. Staff must also check that the dose has not already been administered by looking at the MAR chart. If there is a discrepancy, the **Medical Officer** / member of SLT must be notified prior to administration.

Medicine should always be administered from the original dispensed bottle or Monitored Dosage System (MDS). The label should not be altered in any way. Staff administering medication must sign the MAR chart after the medication has been - administered. Staff must also complete the PRN log if required.

When there is a choice of dosage (e.g. 1 or 2 tablets) the appropriate dosage should be detailed in the pupils medication support plan. The amount administered should be recorded on the MAR chart and the pupils record of detail sheet or PRN log (whichever is relevant).

If a pupil experiences any adverse reaction to their medication and requires emergency medical support, then staff are responsible for advising the Learning Support Coordinator/Class Teacher or Lead for the pupil who will immediately dial 999 and inform the **Medical Officer** and member of SLT at the first available opportunity. If the adverse reaction is less serious this must be immediately reported to the **Medical Officer and** member of SLT who will contact the pupil's medical practitioner and those with parental responsibility and decide next steps.

Where PPIs (proton pump inhibitors) such as omeprazole, lansoprazole and rabeprazole are being administered staff should ensure that they are administered at least half an hour before food to enable it to work effectively.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

9 Hiding Medicines

Hiding medicine in food or drink (covert administration) must only be undertaken as a last resort where a medical practitioner deems it necessary for the pupils health and wellbeing or for the safety of others. Where covert administration is required then this must be detailed on the medication support plan which the medical practitioner must sign to authorise.

When administering medication in food, staff must be cautious and be sure that the pupil knows it is there. Some medication can interact with different foods. Therefore, staff must ensure that it is safe according to a medical practitioner.

10 Crushing or opening medicine

Many pupils are unable to swallow their tablets or capsules whole. If a decision is made to crush or open medicine, staff must be aware of the following:

- The opening of capsules or crushing tablets in the majority of cases makes a medicine 'unlicensed' as it may affect and alter the medicine;
- Under the Medicines Act (1968), only medical and dental practitioners can authorise the use of unlicensed medicines.

The crushing or opening of medicine can be carried out ONLY after those with parental responsibility have confirmed with the prescriber or pharmacist that it is safe and suitable to do so. This should be detailed on the medication support plan that the medical practitioner authorises. If it is not, then the medical practitioner or pharmacist must provide written authorisation that can be attached to the medication support plan. If staff crush or open capsules without seeking advice from the appropriate learner, they may be held liable if anything goes wrong.

When a medical practitioner has authorised crushing of medication this must be completed in an appropriate container, available from the prescribing pharmacist. This must be washed after each use and only used for that purpose and for that particular medication.

11 Re-administration

On some occasion's pupils may spit out medication after administration. If this is an identifiable whole dose, e.g. a whole tablet, then it should be recorded as spoiled and staff should administer another dose.

In scenarios where the amount spat out cannot be identified as a whole dose then staff should not attempt to re-administer as this may lead to overdose. On these occasions the Learning Support Coordinator/Class Teacher or Lead should immediately be notified and advice sought from the prescribing practitioner/ 111 or those with parental

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

responsibility. A full record of this conversation and resulting actions should be marked on the record of detail sheet and signed by the Learning Support Coordinator.

If a pupil vomits within five minutes of an administration of medication, again the Learning Support Coordinator/Class Teacher or Lead should be notified immediately and the prescribing practitioner or person with parental responsibility contacted. Notes should be made on the record of detail sheet. Medication must not be re-administered unless this is advised by the medical practitioner.

12 Refusal of Medicine

Where a pupil refuses to take medication staff must allow a 15 minute gap before trying again. If after three attempts the pupil is still refusing to take the medication then this must be deemed as a refusal.

Where a pupil refuses to take their medicine, it should be explained to them that the medicine has been prescribed to maintain their health. If the pupil still refuses, this must be recorded on their MAR chart and record of detail sheet. If staff have immediate concerns about a pupils health due to medication not being taken, they should contact the **Medical Officer** / member of SLT who will in turn call emergency services if it is urgent or contact those with parental responsibility in less urgent cases.

Regular and consistent refusal of medication should be reported to the pupils medical practitioner via those with parental responsibility.

Where a pupil has mental capacity, staff must respect a pupils refusal of medication. Regardless of a pupils mental capacity forcing or coercing a pupil to take their medicine is unlawful and is in breach of a pupils human rights.

13 Spoilt Medication

Where medication has been spoilt, it should be put into a zip lock bag which is labelled with the name of the drug, the dose spoiled and the date and time of the spoilage. Where the spoil is a liquid then mop up the spill with tissues and place the tissues in the zip lock bag. This zip lock bag should then be kept in a locked drawer and spoilt medications brought to the local pharmacy for disposal at the end of each week by a designated staff member.

A record should be made on the pupils MAR chart and the record of detail sheet that their medicine has been spoilt and a rationale given.

Where a stored medication is spoiled due to meeting its expiry date the medication should be returned home for those with parental responsibility to dispose of.

14 Recording

All medication that is brought into School must be recorded. The record must show:

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

- Date of receipt;
- Name, strength, and dosage of the medicine;
- Quantity received;
- Who the medicine is prescribed for;
- The expiry date of the medication;
- Signature of the member of staff who collected the medicine (where signed in and out daily);
- Signature of the Learning Support Coordinator logging medication on a medication sign in and out sheet when being stored at School. Some pupils bring their medication to and from School daily. Staff must ensure that the medication sign in/out sheet is completed at the beginning and end of each day and that medication is stored in a locked bag or the school's medication cupboard/fridge during the course of the day.

Some pupils keep a stock of medication at School. If a new batch of medication is sent into School then the Learning Support Coordinator or other class staff must immediately undertake a new medication audit sheet (appendix 7) and record receipt of the new batch in that. If the drug is required to be taken offsite at any point then it must be signed out and back in using the medication cabinet sign in/out sheet.

All records of prescribed medication must be clear, accurate, legible, and current.

The MAR chart should record when the medicine is administered, the medicine prescribed and details of any home remedies (see section 22). The Medical Officer should check the MAR chart on a weekly basis. The **Medical Officer** / member of SLT should audit the medication paperwork for each pupil on a monthly basis.

Where any changes are made on MAR charts this should include crossing out using a single line strikethrough of the error in red pen and initialled by the signer. The actual date of signing must be provided.

This may happen on occasion when a medication error is minor and/or noticed immediately and can be rectified with the authorisation of the **Medical Officer**. This will also be recorded as a medication Error and recorded on a Medication Error Form which must be handed to a member of SLT as soon as it is completed.

The change to the MAR Chart should then be initialled by a **Medical Officer** and the members of SLT to allow for an audit trail. If a pupil self-administers, the administration record does not need to be kept by School and the MAR chart should be marked accordingly.

Taking medicines from the container supplied by the pharmacist and placing it into another is known as 'secondary dispensing' and is illegal. If staff are assisting a pupil in the administration of medication, they should not be directly involved in the re-dispensing process as they will be held liable if something goes wrong. Therefore, re-

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

dispensing should not be carried out at all. If, however the pupil can self-administer and wants to do it themselves, then they are taking responsibility themselves. BUT because members of staff have a duty of care to the pupil, staff should ensure that a risk assessment is carried out to ensure that the pupil knows what they are doing and they should not be encouraged to secondary dispense.

All records should be available for inspection by those with parental responsibility, social services, the Primary Care Trust (PCT), Ofsted and other health care personnel. Any medication that is removed from School must be recorded with the following information (where relevant):

- Date of disposal or return to the pharmacy;
- Name and strength of the medicine;
- Quantity removed;
- Who the medicine was prescribed or purchased for;
- Signature of the member of staff who arranged the disposal;
- Signed receipt from the pharmacist.

When a pupil leaves School all medicines (including controlled drugs) being kept at School must be sent back home. In addition, the School must keep the pupils medical records for at least three years.

15 Errors

It is important that errors are recorded, and the cause is investigated to prevent a similar error happening in the future. See Appendix 8 Medication Errors

Errors can include:

- Medication not prepared in accordance with the Medication Support Plan.
- Medication is administered to the wrong pupil.
- Medication missing or unavailable when required.
- Overdose of medication
- Under-dose of medication.
- Medication is administered early or late
- Staff do not sign MARS chart.
- Inaccurate information on MARS chart

Regardless of the severity and consequence of the mistake, all adverse drug reactions, incidents, errors and near misses must be reported to the **Medical Officer** /member of SLT.

Any errors in the administration of medication must be recorded and immediately reported to the Learning Support Coordinator/Class Teacher or Lead who will complete a Medication Error Form and pass this to a member of SLT immediately.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

The pupils medical practitioner should be contacted for advice and where necessary, an ambulance should be called if necessary. The **Medical Officer** / member of SLT will ensure that the Head is made aware of the situation at the nearest opportunity. It is the responsibility of the member of SLT to investigate the error with the member of staff and record any action taken. This includes any further training required.

Where a medication error has been made, the responsible member of staff must take appropriate action. Where there is failure to take action or where a member of staff continues to make medication errors, these errors will be dealt with in accordance with Disciplinary policy.

Staff must ensure that they watch for side effects and adverse reactions. Appropriate action must be taken if a pupils condition changes or causes concern by seeking medical help immediately and alerting the **Medical Officer** /member of SLT.

Any medication errors that occur are taken seriously and investigated, any errors will be reported to the DSL and Head of School.

16 Storage of Medication

Medication will be stored in the Medication Room in a locked cupboard or fridge. Access to the Medication Room is restricted to those with a responsibility for preparing and administering medication, including members of SLT.

Medical Officer must ensure that there is correct storage, stock rotation and expiry date checking of medication. Stock should be rotated to ensure that the stock with the shortest expiry date is used first.

All medication should be kept in the original container in which it was dispensed. Where a pupil has capacity and it is deemed safe for them to hold their own their medicine whilst at School, they must be supplied with a lockable lockmed bag so that they can store their medicine securely. Staff can only access the lockmed bag in an emergency or with permission from the pupil. Such access must be recorded. Where a pupil does not have capacity and it is not safe for a pupil to hold their own medicine (i.e. there is a risk of overdose), the medicine must be securely stored in the School medication cabinet or in a locked lockmed bag that is held by the staff. Refrigerators and cupboards designated for storing medication must not be used for the storage of food, valuables, or other items.

Where staff members require medication for themselves, they must inform their line manager. Medication can be securely stored in the lockers in the staff room and labelled in line with the policy. If the staff member requires emergency medication to be on them at all times then they should inform the Medical Officer who will provide them with a locked bag and a bum bag to securely store their medication. The locked bag should be returned to the medical room at the end of the day. It is the staff members

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

responsibility to declare any know medical conditions that are life threatening and require medication. A risk assessment will be necessary if medication is required to be carried by a staff member.

17 Emergency Supplies of Medication

Where an emergency supply of medication is required, it is the responsibility of the pupil or those with parental responsibility to supply it.

18 Disposal of Medication

Medication should be disposed when:

- It has expired;
- The course of treatment is complete;
- The pupil leaves School;
- The pupil dies (not until seven days after in case the medication is required by the coroner);
- There is a refrigerator failure;
- The dosage is removed from the original container but not taken (in this case the removed dosage should be put into a separate zip lock bag sent back to the pharmacist for disposal).

Where the pupil has mental capacity, consent should be sought from them before their medication is disposed.

In the case of a full set of medication (not a spoiled dose), the **Medical Officer** must send the medication home with the pupil to be disposed of by those with parental responsibility.

In the case of a spoiled dose, the medication needs to be put in a zip lock bag that is labelled with the date of the spoil, the drug name and dose and locked in a locked drawer. The **Medical Officer** must return all spoils to the local pharmacy for disposal at the end of each week. In these cases they must get a signed receipt from the pharmacist.

When returning controlled drugs for disposal, an entry must be made in the pupils controlled drug book and the pharmacist must sign the entry in the book.

Medication must not be discarded in dustbins or in the water system. A record of all returned medication must be kept by the School. This record must include the name of the medicine and the quantity disposed.

19 Theft of Medication

In accordance with the Medicines Act (1968), theft of medication is a serious criminal offense and will be treated as fraud and in breach of safeguarding policies and procedures.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Any member of staff who has reason to believe that medication has been taken without authority has a duty to report their concerns to a member of SLT (where this is inappropriate, the concern should be reported to Designated Safeguarding Lead). The member of SLT must take reasonable steps to ensure that the medication is in fact missing; for example, check administration records and cupboards not normally used for storage of medication. If the member of SLT is unable to find the medication, they must report their suspicion to the Head at the earliest opportunity.

Where it is required, an investigation will be undertaken in accordance with Ambitious about Autism's safeguarding procedures. This may involve notifying the police.

20 Controlled Drugs

<https://www.nhs.uk/common-health-questions/medicines/what-is-a-controlled-medicine-drug/>

When staff receive a new drug for a pupil, they should check whether or not it is a controlled drug. This information can be found on the controlled drugs list or by contacting a local pharmacist for advice.

Controlled drugs may only be supplied for individually named pupils. The pupil who has been prescribed a controlled drug, legally has the right to possess the medication. Controlled drugs must be kept separately from other medicines in the controlled drugs cupboard that is locked and secured as specified by the Misuse of Drugs (Safe Custody) Regulations (1973). Where the controlled drug requires refrigeration and there is not a separate controlled drugs fridge then it can be locked in a locked box inside a lockable medication fridge.

Controlled drugs should only be administered with two members of staff who have also prepared the medication and checked it against the MARS chart. Any gloves worn during the administration of controlled drugs should be disposed of in the clinical waste bin (yellow bin).

Separate records should be maintained for controlled drugs at each administration in a bound and paginated book. This must be maintained and checked by the **Medical Officer** responsible for the Medication Audit.

21 PRN Medication

PRN or 'as required' medication will be prescribed with a specific dose for the individual depending on the particular situation. The indication for use of PRN medication should be presented clearly and should include the dose, frequency and dosage intervals including the maximum daily dose (e.g. 2 x 20mg tablets every 4 hours up to a maximum

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

of 6 tablets per day). The full instructions for use should be transferred onto the pupils medication support plan and administration documents.

When administering PRN medication, staff should indicate the amount of medication given and should sign the MAR chart when the medication has been administered. The medication support plan should outline clear PRN guidelines signed by those with parental responsibility and relevant medical practitioner. These details should be kept with the MAR chart.

Whenever a PRN drug is administered this must be documented and a rationale given in the pupils PRN log in the medication folder. This rationale must align with the guidance for administration of PRN drugs that is in the consented medication support plan. If a PRN is administered and the PRN log is not completed or does not align with guidelines then this must be reported to the **Medical Officer** / member of SLT to investigate. This may result in disciplinary action being taken.

Staff must not, under any circumstances, decide whether the administration of medication to treat medical conditions is required. This decision is the responsibility of the medical professional and as such, a clear protocol for the administration of such medication should be developed within a trans-disciplinary process. This protocol should include clear guidance and should be documented in the pupils care plan and kept under review. It is always important to refer to the prescribing medical practitioner for advice and guidance around medication and to liaise with parents/carers around how to best support the pupil to understand the purpose of their medication, how to administer safely and with the rights of the child central to the process of administration.

22 Homely Remedies

A homely remedy is a product that can be obtained, without a prescription, for the immediate relief of a minor, self-limiting ailment e.g. cough syrup

The School will administer homely remedies that have been purchased from an approved supplier (see section 7).

Those with parental responsibility are responsible for the supply of any homely remedies to School and must ensure that the product is in date. If not then The School will not administer it.

It is the responsibility of those with parental responsibility to ensure that any homely remedy supplied does not impact on any other medications taken by the pupil and will not cause an allergic reaction.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Homely remedies will only be administered where written consent is given by those with parental responsibility. Separate consent must be supplied for each new homely remedy supplied to School to administer. The **Medical Officer** must attach this consent to the pupils medication support plan.

Administration of homely remedies must be recorded on the pupils MAR chart, with the time and dosage noted. Administration must also be noted on the PRN log.

23 Confidentiality and information sharing

It is essential that any medical information about a pupil is shared between staff on a need to know basis.

Within the management and administration of medication, confidentiality must be maintained at all times. A deliberate breach of confidentiality will be considered a disciplinary matter.

If a pupil would like their medical status to remain confidential, they must have their wishes respected unless this is contrary to the information sharing principles of the safeguarding and protection of adults at risk policy.

All medical records must be completed and stored in accordance with the GDPR 2018 Staff must ensure that they maintain the confidentiality of the information held within these records. Please refer to Ambitious about Autism's GDPR Policy for further information.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

photo

APPENDIX 1- TreeHouse School

PUPILS NAME- MEDICATION SUPPORT PLAN

PUPILS Name:

Date of Birth:

Address:

All Staff MUST:

- Wash hands before AND after medication administration
- Be aware of policies and work within company guidelines
- Ensure you have the correct PPE prior to administration
- Check medication is within it's use by date prior to administration
- Ensure MAR chart is signed and that any refusal of medication is recorded appropriately

Allergies:
Reaction:

DATE PLAN WRITTEN:.....

VERSION NUMBER:.....

About me:

PUPILS Daily Medication (Medication learner takes everyday):

Drug to be administered	Dosage of medication to be administered	Route of Administration	Time to be given	Specific GP instructions (i.e. Take this medication after eating/with food etc.)	Last review date	Next review date	Side Effects

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Daily Medication Guidelines:

Medication:

Name of medication and what it is used for here

Method:

BEFORE YOU GIVE MEDICATION

- Check the name of the Pupil you are offering medication to is the same as what is stated on the box/bottle
- Check the name of the medication is the same as what is stated on the individuals MAR chart
- Check that you are offering the medication at the correct time as stated on the individuals MAR chart
- Check that you are offering the correct dose of medication, cross check against the individuals MAR chart
- Check the route of administration
- Check that the medication is within its use by date

A bit about what the pupil is capable of , how it is administered.

Medication:

Name of medication and what it is used for here

Method:

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Pupils name PRN Medications (As and when needed):

Drug to be administered	Dosage of medication to be administered	Route of Administration	Time to be given	Specific GP instructions (i.e. Take this medication after eating/with food etc.)	Last review date	Next review date	Side effects

PRN Medication Guidelines:

Medication:

Name of medication and what it is used for here

Same as above

Storage:

My medication is stored in a locked bag (picture below) which has a combination key lock to keep it safe while I am in School. The lockmed bag is then stored in a medication cabinet in the staff room to ensure no one else can access my medication. The cabinet can be accessed by the Learning Support Coordinators. A spare key is kept in the key cabinet on both sites.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0



Emergency Contacts and Consent:

<p>Consent: By signing the consent I agree that all information included in this support plan is correct and that permission is given to the School to administer the above medication. I am unaware of any adverse interactions of the medication. If the any medication type, dose or route is changed I will inform the School, immediately.</p>
<p>Signed (Person with parental responsibility)</p>
<p>Date signed (Person with parental responsibility)</p>

<p>Managers sign off:</p>
<p>Checked by: (name):</p>
<p>Signed:</p>
<p>Date signed:</p>

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Appendix 2 – Example MAR Chart

Name:

Date of Birth:

Allergies:

Week Commencing:

Name of GP:

If a or an has	Medication	Time	Route	Dose	Monday			Tuesday			Wednesday			Thursday			Friday			'D' 'R' been
					WIT	WIT	Actua	WIT	WIT	Actua	WIT	WIT	Actua	WIT	WIT	Actua	WIT	WIT	Actua	
					1	2	l Time	1	2	l Time	1	2	l Time	1	2	l Time	1	2	l Time	
					A															
					D															
					R															
					A															
					D															
					R															

signed on the MAR chart then you MUST complete a record of detail sheet to state why. If a PRN has been administered, please fill out the PRN log accordingly.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Appendix 3 - Medication Record of Detail Sheet – *please use this sheet if a medication has been refused or destroyed.*

Date:	Description:	Print Name:
Time:		Sign:
Date:	Description:	Print Name:
Time:		Sign:
Date:	Description:	Print Name:
Time:		Sign:
Date:	Description:	Print Name:
Time:		Sign:
Date:	Description:	Print Name:
Time:		Sign:

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Appendix 4 - Medication sign in/out sheet

Pupil Name:

Date:

Time:

Drug Name	Expiry Date	Quantity Received	TABS/Parent Signature	Quantity Returned	TABS/Parent Signature
Drug Name	Expiry Date	Quantity Received	TABS/Parent Signature	Quantity Returned	TABS/Parent Signature
Drug Name	Expiry Date	Quantity Received	TABS/Parent Signature	Quantity Returned	TABS/Parent Signature

Date:
Time:

Date:
Time:

Learning
Support
Coordinator sign
in to

Cupboard:

Date:

Learning Support Coordinators sign out of cupboard:

Date:

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Appendix 5 - Medication Stock Sign out Form

This form will need to be completed when medication is removed from School due to a community visit. A pupil may need support to take medication outside of School or may require emergency/PRN medication.

Pupil Name:

Medication Name	Expiry		Quantity	Out	In	Out	In
Signed							

Medication Name	Expiry		Quantity	Out	In	Out	In
Signed							

Medication Name	Expiry		Quantity	Out	In	Out	In
Signed							

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Appendix 6 - PRN Administration Log

Pupil NAME:

Date	Drug	Dosage	Time of Administration	Reason for administration	Witness Signature	Witness signature

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Appendix 7 Weekly Medication Cabinet Stock Check Sheet

Pupil Name:

Medication	Exp Date		Stock		Quantity Received		Total		Amount Administered	Amount Destroyed/ Returned		Total	Staff Signature	
				+		=		-			=			
				+		=		-			=			
				+		=		-			=			
				+		=		-			=			
				+		=		-			=			

Completed by:

Date:

Discrepancies:

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Appendix 8- Record of Medication Error

**Medication Error
Includes errors in:
Storage
Preparing
Administering**

To be completed by authorised staff

- Medical Officer
- Member of SLT

One form per medication error

Medication errors must be followed up immediately they are found or disclosed by a member of staff.

Medication errors fall within the School Safeguarding Policy and must be passed onto the Designated Safeguarding Lead or other Member of SLT available on the same day they are found.

Today's Date (date error found/disclosed)	Type of error Describe in detail	Date of error	Immediate Action to be taken (e.g. 999/contact parents/social worker/GP)	Follow up (e.g. staff training/policy review)	Conclusion	Completed Signed and dated

Completed By:
Safeguarding Lead/SLT Member:

Signature:
Signature:

Date:
Date:

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Appendix 9- Record of Medication Audit

To be completed at each medication audit and stored in a Medication Audit Folder (Weekly by Medical Officer) If there are no issues arising or action required a NIL RETURN should be entered in the box below

The Safeguarding Lead or Member of SLT must be informed after the audit if there are issues arising or a NIL RETURN

Date of Audit	Issues Arising from Audit	Action taken immediately after the audit	Follow up action required	Conclusion

Completed By:
Safeguarding Lead/SLT Member:

Signature:
Signature:

Date:
Date:

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0



APPENDIX 10- PROTOCOL GUIDELINES- EPILEPSY

Pupils Name:	
Date of Plan and Version:	
Type of Epilepsy Seizures:	
My emergency Medication is:	

Seizure first Aid:

Keep calm. Provide reassurance and talk to the child they may still be able to hear you. Remove bystander. Keep airway clear. Turn on side if possible. Nothing in mouth Keep safe. Remove objects. Do not restrain. Time, observe, record what happens. Stay with person until fully recovered from the seizure and monitor breathing.

My Epilepsy:

**Triggers/
Awareness**

**During a Seizure
I will....**

**After my seizure
I will.....**

**Administer
Emergency
Medication if....**

Ring 999 if....



am never aware I am

ve had a seizure

Key things to Remember:

- Please inform the Medical Officer that the pupil has had a seizure. (DS will inform parents/ home if required).
- If the pupil requires to go to A&E SLT to be informed.
- After a seizure please ensure that the individual is seen by a first aider.
- Ensure that the seizure is documented on a seizure recording sheet.

Signed by Learning Support

Coordinators:.....

Date:.....

Signed by Parent with responsibility: Date:

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Intimate Support

1 Purpose and Scope

This provides guidelines on the delivery of intimate support to pupils in TreeHouse School including personal care, nutrition and hydration. This policy relates to all pupils accessing the School.

This should be read in conjunction with:

- Ambitious About Autism Safeguarding Children Policy
- Keeping Children safe in Education

2 Intimate Support

Intimate support is defined as personal care tasks of an intimate nature, associated with bodily functions, body products, medication and personal hygiene which need direct or indirect contact with or exposure of the pupil's body.

All staff must understand that the delivery of personal and intimate support requires a professional and sensitive approach in order to preserve the dignity of learners and to safeguard their wellbeing at all times. Many pupils have sensitivities about their bodies and bodily functions; about dressing and undressing; and find personal hygiene routines challenging.

All staff responsible for intimate support will have received clearance through an enhanced Disclosure and Barring Service (DBS) check. Staff whose clearance has yet to be received should never be left in sole charge of a pupil. Prior to working independently with a pupil staff will complete individualised pupil training (3 overlap sessions: T1-3) under the supervision of Behaviour Analyst (BA). All pupils have a **Personal Care Support Plan**, which sets out how they should be consistently supported in their personal care needs; demonstrable understanding of this document is a key criterion for the successful completion of this training.

The School will support learners by offering the highest possible level of privacy, choice and control, as determined by each individual's personal needs and/or degree of independence. Personal Care is undertaken in the least intrusive way possible, whilst ensuring that the needs of the pupil are fully met as per their Personal Care Support Plans.

Pupils p will be empowered to undertake as much of their own intimate support as possible. At all times, staff will carry out support in accordance with pupils preferences and support plans. Staff are expected to listen to pupils to understand their wants and update Personal Care Support Plans accordingly.

Pupils are encouraged to be as independent as possible during toileting routines. Staff will typically be present to oversee safety, however if a pupil is known to be able to use the toilet independently this will be encouraged.

School staff are expected to respect the privacy and personal space of all pupils and will offer the least intrusive support needed during toilet times to encourage the independence and dignity of the pupil.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Staff are encouraged to maintain regular communication about toileting and intimate support with parents and/or other primary care givers, having daily opportunities to share such information through the daily handover sheets. Guidelines to staff with intimate support are set out in the individual's Personal Care Support Plan.

Formal reviews of support plans relating to intimate support are reviewed at the start of the academic year (September) and at the annual review meeting. Any unplanned changes will be reviewed and actioned accordingly.

3 Intimate Care Procedures

When working with a pupil staff must familiarise themselves with the individual care plan

- 1 Staff must have appropriate means of communication support for the pupil throughout any personal care routine, for example using words, visual aids, or signed communication so that pupil can (a) understand what will be happening and why, and (b) express their views on their experience of the routine, e.g. identify preferences, likes, dislikes, etc.
- 2 Pupils are given the highest possible level of autonomy during intimate support routines; the aim is always to teach them to be able to carry out their own care where possible and appropriate.
- 3 If a pupil has a toileting accident, this will be dealt with the highest degree of sensitivity and no blame apportioned.
- 4 Staff who carry out intimate support routines for pupils will have training as part of their induction and in individualised pupil training and will be aware of best practice.
- 5 Staff must always remain mindful of professional boundaries in order to ensure that over familiar relationships between staff and pupils do not develop.
- 6 New members of staff will not be asked to lead on personal care routines until trust developed and completion of individualised pupil training (T1-3) successfully completed.
- 7 If, through delivering intimate support, staff observe any health/safeguarding issues, staff will follow the appropriate safeguarding procedure
- 8 Staff must ensure, when in the community with pupils, they have the appropriate equipment (including Personal Protective Equipment; PPE) to deliver intimate support.
- 9 Staff must ensure regular communication with parents/carers through the Daily Record sheets; and ensure they are kept aware of all intimate support arrangements and are partners in discussions when an Personal Care Support Plan is recorded/reviewed.
- 10 Prescribed medication can only be administered by School Staff in line with the Administration of Medication Policy

4 Supporting sexualised behaviours

Personal behaviours, such as touching private body parts, are a fact of life – learning when and in what places it is appropriate to touch private body parts can be more challenging for pupils with autism.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

If a pupil is displaying sexualised behaviours (in an inappropriate environment), and no safeguarding issues are raised or noted, the pupil will be redirected to an appropriate environment. If the behaviour persists, staff will work with the pupil around supporting appropriate behaviours. No pupil will ever be treated negatively for displaying sexualised behaviour.

TreeHouse School recognises that a sudden increase in sexualised behaviours may, very occasionally, be the result of sexual abuse and as such, monitors records and reports any significant changes in behaviour. All staff will follow the Ambitious about Autism Safeguarding procedures and receive training in recognising and reporting safeguarding issues.

5 Nutrition and Hydration

Staff will ensure that drinks and snacks are readily available and accessible for pupils according to their dietary needs and /or support plan. The exception to this would be in the case where pupils are required to have their fluid and food intake carefully monitored for health reasons (e.g. people with allergies)

Some pupils with autism may experience feeding or sensory difficulties around food. This should be taken into consideration in menu planning and how a pupil is supported at mealtimes. Where an individual's sensory issues or feeding difficulties affect their dietary health then there should be a risk assessment around this and a collaborative approach from the Trans-disciplinary Team to support the pupil to eat as healthily as possible, e.g., Speech and Language feeding assessment and support plan; Occupational Therapist developed sensory diet.

Staff will always encourage pupils independence around food and drink related tasks and nutrition. Staff must ensure they follow learners Personal Care Support Plans and risk assessments around food and drink related tasks.

Infection Prevention and Control

1 This is concerned with Infection Prevention and Infection Control procedures in School.

We must ensure adherence and compliance to the *Health & Social Care Act 2008 – Code of practice for health and adult social care on the prevention and control of infections*. It ensures that all employees are aware of their responsibilities under this Act.

The aim of this policy is to ensure that all reasonable steps are taken to protect everyone who uses the School premises from infection.

Other guidance to refer to includes:

- Health and Safety Policy
- Safeguarding Children Policy
- Information, advice and guidance on the use of PPE in our Schools and College during the Covid 19 pandemic.
- Our approach to social distancing.

Policy	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

2 Who is involved in the process

The Head is responsible for Infection Prevention and Control. This responsibility is delegated to members of the Senior Leadership Team (SLT).

3. Guidelines for managers / individuals

The School recognises that infection control is an important part of providing quality support to pupils and maintaining the continued good health of all those who use, work and visit the School.

Effective prevention and control of infection must be part of everyday practice and applied consistently to everyone.

The Head of School will ensure that everyone who works at TreeHouse, including staff, contractors and volunteers, understand and comply with the need to prevent and control infection.

COSHH: Infection Control

Infection is an invasion of the body by micro-organisms such as viruses, bacteria, fungi and parasites, usually causing damage to the person. These micro-organisms can spread from person to person, either directly or indirectly. The spread of infectious micro-organisms is known as cross infection.

As described in the Control of Substances Hazardous to Health Regulations (2002), it is not practical or ethical to identify who may be carrying an infection or how an infection will spread in the workplace, and therefore it is the policy of TreeHouse School that good working practices are followed at all times to limit cross infection and create a safer working environment.

Vulnerable people

If there is a known infectious risk, line managers must consider if any of the staff exposed would be at increased risk due to their own health.

New and expectant mothers, as well as those who have a lowered immune system (such as cancer patients, or illnesses that affect immunity such as leukaemia) are considered to be vulnerable people.

In these cases, a person-specific risk assessment should be carried out (in addition to the general risk assessment), and specialist medical advice (for example from their GP, or midwife) may need to be sought. The risks to a vulnerable person may be far greater than someone with a robust immune system, and therefore, common infections such as chicken pox and rubella must be assessed alongside potentially life threatening conditions such as Hepatitis B.

In the event where there a case of a fungal infection like ringworms, staff must immediately clean all toys and surfaces that the infected child touched and came in contact with. They must also be mindful of not allowing other pupils to play with any soil that the infected pupil played with or came in contact with, as the infection can be passed through soil.

Policy	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

The potential hazards of cross infection

There are various ways which cross infection can occur, and it is important that these routes of infection are considered when completing an infection control risk assessment. Micro-organisms are generally spread in the following ways:

- Airborne transmissions (inhalation): micro-organisms travelling in droplets through the air (such as coughs and sneezes or contaminated dust) can be inhaled;
- Oral transmission (ingestion): micro-organisms spread from hand to mouth (for example going to the toilet and not washing your hands, then transferring micro-organisms to food which is then eaten) or from splashes of infected blood and bodily fluid to the mouth;
- Direct contact transmission (absorption): infected blood or bodily fluid comes into contact with broken skin or the eyes. Micro-organisms spread as a result of direct bodily contact from person to person, from animal to person or indirectly via inanimate objects such as bedding;
- Puncture wounds/needle-stick injuries (injection): the skin is pierced with sharp objects such as needles that have been contaminated by blood or bodily fluid which are then able to directly enter the blood stream. This also applies to other contaminated sharp objects that can cut or pierce the skin, such as knives, gardening equipment, broken glass and shattered plastics.

Controlling the risk of cross infection

It is essential that suitable and sufficient work practices and procedures are in-place and are adhered to by staff, who must all have undertaken Infection Control training within the last three years. The control measures from which the procedures are derived should be identified by a risk assessment. The following sections describe control measures that may be appropriate.

i) Hand hygiene

Hand washing is one of the most effective ways to control the spread of infection. Hands should always be washed:

- Before and after personal contact;
- After cleaning;
- Before handling food;
- Before eating, drinking or smoking;
- Before and after handling or administering medication;
- Before putting in contact lenses;
- After contact with blood and body fluids;
- After removing gloves;
- After touching or applying wounds and dressings;
- After touching contaminated objects;
- When hands look dirty;
- After any activity that contaminates hands including: using the toilet, coughing, sneezing, and handling waste – even if gloves are worn.

Antibacterial hand gels can be used instead of soap and water if you do not have access to washing facilities. However, they should not be considered as a replacement. If hands

Policy	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

look dirty or are potentially contaminated, it is ideal to use soap and water and dry hands thoroughly afterwards.

Staff identified as at risk from infection when providing personal care should observe the following guidelines:

- Keep nails short, clean and polish free;
- Avoid wearing jewellery, bracelets and particularly rings with ridges or stones;
- Do not wear false nails;
- Cover all cuts with waterproof dressing.

ii) **Personal Protective Equipment (PPE)**

In an infection control context, it is important that people are provided with and are able to effectively use appropriate protective equipment to guard themselves and learners against infection hazards when carrying out intimate personal care and clinical tasks.

Staff engaging in personal care work will need to use disposable gloves. When wearing disposable gloves, it is important to ensure that they are non-latex (for example, vinyl or nitrile). Latex gloves must never be used, as the natural rubber latex proteins that they contain have the potential to cause irritation, dermatitis, asthma and even (in rare cases) anaphylaxis to the user as well as the learner being supported.

Single-use aprons will usually be required as well when a task is likely to cause body fluid or substances to splash onto clothing.

In some specific circumstances masks and goggles will also be required. This will be when providing intimate personal care to a learner who has been identified by a medical practitioner as carrying a disease, the presence of which necessitates the use of a 'barrier' approach. Staff will be notified by their manager where this is applicable.

In addition to the universal PPE usage guidelines, when undertaking personal care tasks, staff must be sure to observe the following:

- All PPE is to be changed between contact with different pupils , or between different tasks with the same learner;
- Teeth must never be used when putting on or pulling off gloves;
- When removing gloves, they should be pulled off so that they are inside out and the contaminated side is not exposed.

iii) **Immunisation**

Those at higher risk of infection with hepatitis B, tetanus, and tuberculosis include staff who work with people that bite or scratch, those who work with soil or animal waste, and those who work with people living in extreme poverty, respectively.

Staff identified as at risk of infection in risk assessments are strongly advised to get a vaccination which should be available free of charge from local GPs. If an employee's GP charges for immunisations, they should inform their line manager prior to vaccination and they will arrange for the cost to be paid or reimbursed by the School.

iv) **Decontamination**

It is important that the environment and equipment are adequately and appropriately decontaminated when they has been exposed to any potentially infectious substances (such as blood or bodily fluids). This is often referred to as a deep clean.

Policy	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

- Disposable gloves and aprons should be worn;
- Where the spillage has not yet dried, sodium hypochlorite granules should be applied. Once the granules have absorbed the liquid, then they should be removed using a disposable cloth or scoop and put carefully into a yellow clinical waste bag;
- Clean with neutral detergent and warm water, and then dry;
- Discard protective clothing as clinical waste and wash hands;
- Where the spillage is of dried material, use a sodium hypochlorite solution;
- Place the solution over the spill and where possible, leave it for 15 to 30 minutes before wiping it up;
- Where blood or body fluids are in carpets or soft furnishings the spill should be mopped up using warm water and detergent (sodium hypochlorite will discolour items) and paper towels;
- The item should then be steam cleaned or wet or dry vacuumed after the spillage has been dealt with;
- Different coloured mops and buckets should be used for different areas and colour coded to avoid confusion or cross contamination.

v) Laundry

It may be necessary to wash clothing and towels at a high temperature to kill micro-organisms.

- Hot wash cycle (80°C or 65°C for 10 minutes) with detergent or a sluice wash (if available);
- If the item cannot tolerate 80°C, then 40°C with addition of sodium hypochlorite in the penultimate rinse of the cycle is also effective;
- Laundry that is infected or soiled with blood or body fluids should be separated from other items and washed immediately;
- Protective clothing (disposable gloves and aprons) should be worn when dealing with infected or soiled laundry.

vi) Waste management

Appropriate waste management procedures must be adhered to. This includes clinical and non-clinical waste, as well as sharps disposal.

Clinical waste is defined in the Controlled Waste Regulations 1992. It refers to any waste that consists wholly or partly of: human or animal tissue, blood or bodily fluids, or excretions.

When disposing of clinical waste staff must ensure items are placed into a yellow clinical waste bag or bin. These are emptied by an approved supplier and should not be disposed of in the general waste.

vii) Staff and pupils effected by vomiting and diarrhea

Pupils who have had a dose of diarrhea or vomiting within the preceding 24 hours should not attend School in order to prevent the spread of potential infection. Pupils should not return to School until they have been free of these symptoms for more than 24 hours.

Policy	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Staff who are affected by vomiting or diarrhea should not attend work if they have had a dose within the 24 hours preceding their start time. Again staff should be free of symptoms for 24 hours or more before returning to work. Staff must follow the guidance in the Sickness Absence Policy and Procedure.

Dealing with sharps and sharps injuries

Under the Health & Safety (Sharp Instruments in Healthcare) Regulations (2013) the School is required to implement additional control measures regarding managing the risks from using or coming into contact with “sharps”. Sharps are items that could readily cause puncture or cut an individual’s skin and can include needles, knives, gardening equipment, broken glass and shattered plastic. Where possible, use of or exposure to sharps should be avoided.

Where the use of sharps is unavoidable, safer designs that include protection mechanisms (for example, retractable needles) should be used as well as safe handling procedures (for example, not recapping needles after use).

Immediately after use, sharps should be safely placed in a secure sharps box, which should be close at hand. All staff undertaking work tasks that involve the use of sharps need to have been fully trained in these techniques.

To limit the possibility of exposure to other sharps in the work environment staff should remain vigilant. Where a sharp is discovered staff should place it in a secure sharps box, if they have been trained how to do this safely. If they have not been trained, or there are additional complicating factors, a specialist contractor (approved by the local authority) will need to be commissioned; in the interim the area would need to be made safe.

Any member of staff sustaining a sharps injury will need to report this using the usual Accident & Incident procedure. If there is reason to believe that the injury may have exposed them to a blood-borne virus, they will need to seek medical attention as soon as possible so that a post-exposure prophylaxis may be administered.

Where pupils use their own sharps (for example, people with diabetes) appropriate information and training should be given so that they are aware of safer designs that include protection mechanisms, and are able to use and dispose of their sharps safely.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

POTENTIAL WORK RELATED DISEASES

Covid 19

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The best way to prevent and slow down transmission is be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol-based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

It is essential that staff follow good infection control procedures. We are currently following UK government guidance on the use of PPE and Social distancing you will find more detailed information in "information advice and guidance on the use of PPE in out schools and colleges during the covid 19 pandemic" and "Our approach to social distancing in AAA".

Blood-Borne Viruses

Blood-borne viruses (BBVs) are viruses that people carry in their blood which can cause severe disease in some people and few or no symptoms in others. The virus can spread to another person regardless of whether or not the carrier of the virus is ill. The main BBVs of concern are:

- Hepatitis B virus (HBV), hepatitis C virus (HCV) and hepatitis D virus (HDV) which cause a disease of the liver;
- Human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS), in which the immune system begins to fail.

These viruses can be found in body fluids such as semen, vaginal secretions and breast milk. In addition, hepatitis can spread in body fluids such as faeces and vomit which are not infected with blood. Body fluids such as urine, saliva, sweat and tears carry a minimal risk of BBV infection, unless they are contaminated with blood. Care should always be taken with body fluids as the presence of blood is not always obvious. If a member of staff contracts hepatitis whilst working at School this must be reported to the Health & Safety Executive under RIDDOR.

How can BBVs be spread in the workplace?

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

It is highly unlikely that staff will become infected through everyday contact with another person who has a BBV. BBVs are primarily transmitted sexually. In the workplace they are most likely to be transmitted through puncture wounds from needles and other sharp items contaminated with infected blood or bodily fluids. Direct exposure may also spread Hepatitis B, C and D through accidental contamination of open wounds, skin abrasions, skin damaged from conditions such as weeping eczema, being scratched or bitten leading to broken skin.

Action to take after possible infection with a BBV

If you become contaminated with blood or body fluids, you should take the following action immediately:

- If your skin is contaminated, wash it with soap and running water;
- If your skin is broken, encourage the wound to bleed, do not suck the wound – rinse thoroughly under running water;
- If your eyes are contaminated, wash them using tap water or an eye wash bottle and wash your nose or mouth with plenty of tap water – do not swallow the water;
- Record the source of contamination;
- Report the incident following the accident/incident reporting procedure;
- Inform your line manager.

Prompt medical advice is very important. Treatment might be required following a BBV infection, but to be effective, it must be start quickly. If you think you may have been infected with BBV, you should go to the nearest hospital Accident & Emergency department.

Staff responsibility

Staff with a BBV should be able to work normally unless they become ill and are no longer fit to do their job. If they become ill, they should be treated in the same way as anyone else with a long term illness. There is no legal obligation for staff to disclose they have a BBV or to take a medical test. If a member of staff is known to have a BBV, this information is strictly confidential and must not be passed on to anyone else without the person's permission.

OTHER POTENTIALLY WORK-RELATED DISEASES

The following diseases are often associated with work environments:

Methicillin-Resistant Staphylococcus Aureus (MRSA)

MRSA bacteria are usually found in the throat or nose or on the skin of healthy people. It is fairly harmless until it enters the body through broken skin, abrasions, cuts, wounds or surgical incisions. Those facing the greatest risk include the elderly, those in intensive care, those with weakened immune systems, and young children and babies.

It is possible to become infected with MRSA in the following ways:

- A person can spread the bacteria from one part of their body to another by touching open wounds;
- It can be transferred by contact with an infected person's skin;

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

- Skin scales may contaminate surfaces if they become airborne, such as during tasks like bed making.

MRSA can normally be treated with an injection of antibiotics, but it is extremely resistant to them and so a high dosage over a long period of time may be necessary.

Tetanus

Tetanus is caused by tetani bacteria, which are found in soil and animal waste. Exposure to these bacteria – even through the most trivial of cuts – can lead to this serious and potentially fatal disease. Several vaccines are used to prevent tetanus and these are usually first administered at school age and then repeated on a 5 to 10 year basis.

Tuberculosis (TB)

TB is a highly infectious disease which can affect any part of the body, but will normally affect the lungs or the lymph glands.

TB is spread by tiny droplets of saliva from the coughs and sneezes of an infected person being inhaled. The chance of developing TB is raised for those who are in the following categories:

- Those in regular, close contact with an infected person;
- Those who have resided in places or countries where TB is common;
- People who experience poor health through lifestyle factors such as living in damp, overcrowded conditions or alcoholism and drug abuse;
- Young children and the elderly.

Although TB is debilitating and life threatening, it is also a curable disease and is treatable with antibiotics.

Food Guidance and Food Allergens

1. Purpose and Scope

The purpose of this guidance is to keep all pupils and staff safe from potential hazards through the consumption or contamination of food when working in a specialist environment such as a school.

There are learners and staff in the School who have food allergies. In addition to this some of our learners engage in certain behaviours that challenge involving food which, if not managed effectively, could result in a potentially fatal outcome. It is important to note that food is not allowed to be used as a reinforcer in the School.

There are a number of procedural guidelines that all pupil and staff are required to follow. These apply to food and drinks excluding water (it does not extend to water, which should be readily accessible at all times).

The School is not in a position to guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

In recognition of this and of the impact of **nut allergies, nuts and any food containing nuts (e.g. peanut butter) are not permitted in School or the Charity.**

Other related policies:

- Code of Conduct Policy
- Health and Safety Policy
- Safeguarding
- Medication Protocol

2. Who is involved in the process and associated guidelines

- All staff in the School are responsible for ensuring that any food provided for pupils, staff or visitors with a food allergy is appropriate for their needs.
- Pupils and staff must not consume food in the School corridors when they are moving between classes and/or activities.
- The Trans- Disciplinary Team must work together to ensure that the kitchen has stock or can access the necessary stock ingredients to offer suitable alternatives for pupils with allergies, intolerances and coeliac disease for cooking lessons or other food-related activities.
- All staff must be vigilant that allergen information is listed on all food they are storing in the school.
- **Lunch Clubs:** staff allocated to support pupils and supervise lunch clubs are responsible for cleaning away any crumbs, waste or other food leftovers after lunches and snack breaks. These must be tidied and removed from the pupils accessible rooms, i.e. not placed in the bin of the classroom, and classrooms must be sanitised and ready for learning after the end of a lunch club.
- **Morning Snacks:** Teachers are responsible for removing food from their classrooms at the end of snack breaks in their lessons.

3. Staff Training

Staff who support pupils during the preparation and consumption of food must complete a food safety course as part of their induction and probationary period. All training records will be maintained on the HR Access Select V2 system and will be renewed regularly in line with compliance frameworks.

Staff must sign appendix 2 after reading the food guidelines and return to their line manager to say they have read and understood the protocol.

There must be access to first-aiders in the School at all times. All staff must be trained in the signs and symptoms of an allergic reaction and emergency response procedures. (See appendix 1)

Those pupils who are known to have anaphylaxis because of food allergens will have individualised protocols and plans that the team will be required to follow in the event of an emergency.

4. Good Kitchen and Support Practices

Food Storage

- Food must be stored away as soon as possible after entering the building.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

- Staff must store their food in the staff room kitchens, where fridges are provided. Pupils must store their food in the fridges provided in the pupil kitchen.
- It is not permitted to store food in classrooms, lockers, or other accessible areas in the School.
- In School the Learning Support Coordinator will allocate a safe storage place for food. Each pupil with diagnosed allergies will have a secure cupboard to store their food safely, and information regarding their allergies and emergency procedures (in the event of consuming an allergen) are also on display in this space.

Food Preparation

- All dishes cooked or prepared with pupils in the School will be from standard ingredients that have been checked for allergen contents.
- All work surfaces will be sanitised before being used to prepare food.
- Separate identifiable, industry standard, chopping boards must be available.
- Staff and pupils must use aprons when preparing and cooking food.
- Equipment/utensils used in the preparation of food for people with a food allergy are to be cleaned thoroughly in the dishwashers provided. There is a dishwasher fitted specifically for utensils used in this area.
- When cooking food all staff and pupils must wash their hands before and in-between preparation tasks.
- All food produced for people with food allergies or intolerances will be placed away from other food and covered in cling film. It will then be clearly marked with the pupils name and state the diet e.g. 'vegetarian' or 'Gluten Free'

Consumption of Food

- Staff consumption of food is not permitted within the pupil -accessible areas of the School. Staff may consume food in the staff areas or the allocated outdoor staff eating area on site.
- Pupils eat their lunches and snacks in their allocated location. Support to Pupils
 - It is the responsibility of staff supporting pupils to be aware of any food allergies or intolerances for that pupil and ensure that they have access to food that is safe for them to consume.
 - Staff supporting pupils with food allergies who could potentially require medical assistance (e.g. Epi-Pen) must have access to and be aware of the pupils medical support plan, Emergency protocol and have completed necessary training such as EpiPen training.
 - Staff supporting pupils with food allergies must ensure that they are always carrying the necessary emergency medication in a locked medication bag (e.g. EpiPen) along with their Individual protocol guidance (see medication section above in the Health Care Policy).
 - Staff are aware to keep cooking apparatus (e.g. toasters) and serving utensils separate to avoid cross contamination.
 - All tables are cleaned with an appropriate solution after eating.

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0

Actions in the event of someone suffering a severe allergic reaction

Note: Severe reactions can take place within a few minutes and in very extreme cases where prompt treatment is not sought – can be fatal. **Immediate action is vital.**

Symptoms of a severe allergic reaction?
<ul style="list-style-type: none"> × generalised flushing of the skin. × nettle rash (hives) anywhere on the body. × sense of impending doom. × swelling of throat and mouth. × difficulty in swallowing or speaking. × alterations in heart rate. × severe asthma. × abdominal pain, nausea and vomiting.

1. If an allergic person becomes ill, it is likely that person – or someone with them – will state that they are suffering an allergic reaction. They may use the word “ANAPHYLAXIS”
2. If the person is known to have an allergy please follow their emergency/medical support plan details, e.g. administration of Epi-Pen.
3. Dial 112 for assistance and an ambulance.
4. Request the assistance of a First Aider until the ambulance crew arrive (if in the community this might not be possible).
5. Keep calm and make the individual feel comfortable.

Staff trained in First Aid will be able to identify the signs of anaphylaxis. Staff trained in Epi-Pen administration will be allocated to work with learners who may need this support. Line managers should schedule this training for new staff as soon as possible.

Staff who have allergies and are known to suffer from anaphylaxis should have a risk assessment completed prior to supporting learners 1:1 in the community. Staff should keep Emergency Medication on their person in a locked medication bag and inform their line manager of any known allergies. (See medication section within Health Care Policy for more information).

If a protocol is in place for the person, then this should be followed

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0



Food Guidelines

Staff statement:

I (PRINT NAME) have received, read and understood the Schools Food Guidelines within the HealthCare Policy.

I understand that I must adhere to the guidelines as drawn out above.

Signed:

Supervisor/Manager's signature.....

Date

Policy Owner	Head of School	Review Date:	June 22
Policy No.	127b	Version No.	2.0