SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND ADMINISTERING MEDICATION POLICY

THIS POLICY APPLIES TO THE HEARTWOOD LEARNING TRUST BOARD, THE CENTRAL TEAM AND ALL TRUST SCHOOLS/ACADEMIES.

THIS POLICY IS TO BE READ IN CONJUNCTION WITH THE TRUST'S PUPILS WITH HEALTH NEEDS WHO CAN NOT ATTEND SCHOOL POLICY, THE TRUST'S SEND POLICY AND THE TRUST'S COMPLAINTS PROCEDURE.

Document Management	
Updated Policy Approved	October 2025 ***(Extended until 31st December 2026)***
Next Review Date	October 2026
Version	3.0
Approving Committee	Chief Operating Officer

Contents

Policy Updates	3
Introduction	4
Statement of Intent	4
1. Aims	5
2. Legal Framework	5
3. Roles and Responsibilities	6
4. Admissions	10
5. Equality Statement	10
6. Notification Procedure	10
7. Staff Training and Support	11
7. Supply Teachers	13
8. Individual Health Care Plans (IHCPs)	13
9. Self-Management	14
10. Managing Medicines	15
11. Administering Medicines	17
12. Pupil refuses, or is not well enough to take medicines	18
13. Self-Medication	18
14. Controlled Drugs	18
15. Storage of Medicines	19
16. Medication Requiring Storage by Refrigeration	20
17. Medical Equipment	21
18. Adrenaline auto-injectors (AAIs)	21
19. Defibrillators	23
20. Record Keeping	24
21. Management of Errors/Incidents in Administration of Medicines	24
22. Unaccounted for Drugs	25
23. Disposal of Medicines	25
24. Emergency Procedures	26
25. Day Trips, Residential Visits and Sporting Activities	27
26. Transporting Medication	28
27. Unacceptable Practice	28
28. Liability and Indemnity	29
29. Confidentiality	29
30. Complaints	29
31. Home-to-School Transport	29
32. Monitoring and Review	30
Appendix 1 - Individual Health Care Plan Implementation Procedure	31
Appendix 2 - Individual Health Care Plan Template Form	32
Appendix 3 - Letter Inviting Parents to Contribute to IHCP Development	35
Appendix 4 - Record of Medicine Administered to an Individual Pupil	36
Appendix 5 - Record of All Medication Administered to Pupils	38

Appendix 7 - Incident Reporting Form **40**
Appendix 8 - Template Documents **41**
Appendix 9 - Management of Errors in Administering Medication **45**

Policy Updates

Date	Page	Policy Updates
August 2023	Whole policy	Formatting and updates to Appendices throughout in line with other Trust policies
August 2023	7	2.3 - Trust Policies updated to reflect current titles and removal of the Allergen and Anaphylaxis Policy and pupil Mental Health and Well-Being Policy
November 2023	Whole policy	Updated inline with the new Scheme of Delegation
January 2024	15	10.11 - Point amended to reflect process for confirmation of previous dosage provided
January 2024	16	10.14 - Point amended to clarify responsibility of secure disposal of unused medications
January 2024	44	Appendix 9 - New forms created for the management of incidents/errors in administering medication to pupils
March 2024	15	10.5 - Circumstances in which non-prescription medication may be administered clarified
September 2024	14	10 - Section updated to ensure this is inline with the First Aid Policy and provides clear guidelines on non-prescription medication
October 2024	4	Introduction added to include the Trust's Christian Ethos
August 2025	13	8.8 - Point amended to reflect IHCPs being reviewed earlier when evidence is presented that a child's needs have changed

Introduction

Heartwood Learning Trust is an inclusive and collaborative Church of England multi-academy trust serving church, community and alternative provision schools. This policy is guided by our Christian ethos and the visions of our Trust and its schools/academies. We share a clear vision – to create schools where children and young people thrive, as we help them prepare to live life in all its fullness (John 10:10).

For us, a place to thrive means much more than a place simply to be comfortable. Instead, our aim is to develop schools and an educational offer which enable each pupil to flourish academically, practically, emotionally, socially and spiritually.

Statement of Intent

The school/academy and the **Trust Board** (overseen via its appointed **Local Governing Committee (LGC)**) has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

Heartwood Learning Trust believes (HLT) it is important that parents/carers of pupils with medical conditions feel confident that the school/academy provides effective support for their children's medical conditions, and that pupils feel safe in the school environment. Heartwood Learning Trust is committed to a safe, welcoming and inclusive learning environment, in which all our pupils are happy, can flourish and will thrive, to live life in all its fullness. Every child is revered and respected as a member of our community.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the **Equality Act 2010**. The school/academy has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have Special Educational Needs and Disabilities (SEND) and have an **Education Health Care Plan (EHCP)** collating their health, social and SEND provision. For these pupils, the school/academy's compliance with the DfE's '**Special educational needs and disability code of practice: 0 to 25 years**' and the Trust's **SEND Policy** will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school/academy will support pupils with medical conditions.
- Pupils with medical conditions are effectively supported to allow them to access the same education as other pupils, including educational visits and trips and sporting activities.
- Staff have access to suitable training.
- Staff are aware of pupils' conditions, where appropriate.
- Making sure that there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Developing and monitoring **Individual Health Care Plans (IHCPs)**.
- To provide procedural guidance on the Administering of Medicines and record keeping.
- To support pupils with complex medical conditions and/or long term medical needs.

2. Legal Framework

2.1. This policy has due regard to **legislation** including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)

2.2. This policy has due regard to the following **guidance**:

- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2016) Multi-Agency Guidance for the Management of Long Term Health Conditions for pupils and young people.
- DfE (2019) Automated external defibrillators (AEDs): A guide for schools
- Ofsted (2019) 'Education inspection framework'

- Guidance and Code of Practice-First Aid at Work (Issued 3 December 2015)
- Guidance for Administering Medicines in Schools and Early Years Settings (DCC 2012)
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- Statutory framework for the early years foundation stage: Setting the standards for learning, development and care for children from birth to five (2017)

2.3. This policy has due regard to the following **Trust policies**:

- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures
- Social, Emotional & Mental Health Policy
- Pupils with Health Needs who can not attend School Policy
- First Aid Policy
- Equality Policy and Objectives
- Attendance and Absence Policy

2.4. This policy has due regard to the following **school/academy procedures**:

- Accessibility Plans

3. Roles and Responsibilities

3.1. The **Trust Board** (overseen via the appointed **Local Governing Committee (LGC))** is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school/academy.
- Working with the Local Authority (LA), Heartwood Learning Trust, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents/carers and pupils in the school/academy's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school/academy because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the **Trust Board** holds the right to not accept a pupil into school/academy at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

3.2. The **Director of Safeguarding** is responsible for:

- Reviewing and updating this policy in line with the review schedule listed on the cover page of this document.

3.3. The **Chief Operating Officer (COO)** is responsible for:

- Approval of this policy in line with the review schedule listed on the cover page of this document.

3.4. The **Principal** is responsible for:

- Overall responsibility for implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all **Individual Health Care Plans (IHCPs)**, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of **IHCPs**.
- Ensure that **IHCPs** are adhered to.
- Ensure that clear and concise records are maintained detailing an accurate history of the medicines administered.
- That information recorded when administering medicines includes the following:
  - Name of the pupil
  - Name of the medicine to be administered
  - Confirmation that the medicine due to be given and that it is not out of date
  - The medicine has been administered to the correct person
  - The dosage given
  - The name and signature of the person administering or supervising
  - The date and time the medicine was administered.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse service where a pupil with a medical condition requires support that has not yet been identified.
- Ensuring that systems are in place for obtaining information about a child's medical needs and that this information is regularly reviewed and kept up to date.
- Ensuring that suitable arrangements are in place to safely store and administer prescribed medicines.
- Reviewing and approval of all **Personal Emergency Evacuation Plans (PEEPs)** submitted by the **SENDCo**.
- Ensuring a record of all training completed within the school/academy is maintained, including First Aid and Paediatric First Aid (PFA) training.

3.5. **The SENDCo** is responsible for:

- Completing **Personal Emergency Evacuation Plans (PEEPs)** as required.

3.6. The **Trust Operations Manager (TOM)** is responsible for:

- Oversight of all Health and Safety and First Aid training records, including the review of Paediatric First Aid (PFA) training.
- Providing support and advice to the **Principal** as required.

3.7. **Parents/Carers** are responsible for:

- Notifying the school/academy if their child has a medical condition.
- Providing the school/academy with sufficient and up-to-date information about their child's medical needs. For example any changes or alteration to a prescription.
- Being involved in the development and review of their child's **IHCP**.
- Carrying out any agreed actions contained in the **IHCP**.
- Ensuring that they, or another nominated adult, are contactable at all times.
- Providing any medicine and/or equipment that the child needs. (It must be remembered that the prime responsibility for a pupil's health rests with the parents/carers. Where possible medicines should be administered by parents/carers, outside of the school day.)

3.8. **Pupils** are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their **IHCP**, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.
- Pupils are expected to comply/engage with their **IHCP**.

3.9. School/academy **staff** are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with medical conditions needs help.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieving the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.
- If a member of staff agrees to administer medicines for a pupil, they are responsible for accurately completing the required documentation. This includes: name of the pupil, name of the medicine to be administered, confirmation that the medicine due to be given and that it in in date, that it is being administered to the correct pupil, the dosage given, and the name and signature of the person administering or supervising, the date and time that the medicine was administered.
- If a member of staff has any doubts or confusion about arrangements for administering medication, staff must consult with the parents/carers and the **Principal**.

- Ensuring that no pupil under the age of 16 will be given prescription medicines without written consent from the parent/carer. Please refer to **Appendix 8** for a copy of the school/academy's **Parental Consent Form** for the school/academy to administer medication.

Supporting pupils with medical conditions, during school hours, is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so.

Staff will not be directed to administer medicines; however, they can choose to do so if they wish. All staff will be advised to refer to advice from their professional associations before volunteering to administer medicines.

3.10. **Clinical Commissioning Groups (CCGs)** are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools/academies supporting pupils with medical conditions.
- Making joint commissioning arrangements for Educational Health Care provision for pupils with Special Educational Needs and Disabilities (SEND).
- Being responsive to Local Authorities (LA) and schools/academies looking to improve links between health services and schools/academies.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

3.11. **Other healthcare professionals, including GPs and paediatricians**, are responsible for:

- Notifying the school nurse service when a child has been identified as having a medical condition that will require support at their school/academy.
- The school nursing service will notify the school/academy when a pupil has been identified as having a medical condition that will require support within school. This will be before the pupil starts school, whenever possible.
- Providing advice on developing **IHCPs**.
- Providing support in the school/academy for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

3.12. Providers of health services are responsible for cooperating with the school/academy, including ensuring communication takes place, liaising with the school nurse service and other healthcare professionals, and participating in local outreach training.

3.13. **The Local Authority (LA)** is responsible for:

- Commissioning school nurses for local schools/academies.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school/academy staff, ensuring that **IHCPs** can be effectively delivered.

- Working with the school/academy to ensure that pupils with medical conditions can attend their school/academy full-time.

3.14. Where a pupil is 'away' from their school/academy for 15 days or more (whether consecutively or across a school-year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school/academy. Please refer to the Trust's **Pupils with Health Needs who cannot Attend School Policy**.

3.15. Ofsted inspectors will consider how well the school/academy meets the needs of the full range of pupils, including those with medical conditions.

3.16. Key judgments are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural (SMSC) development.

4. Admissions

No child will be denied admission to the school/academy or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school/academy setting.

Reasonable adjustments: the school/academy understands its duties under the **Equality Act 2012** to make reasonable adjustments and enable pupils and young people to have equitable access to education. Pupils with complex or significant medical needs will be included in activities as much as their health permits.

5. Equality Statement

The school/academy is mindful of its Equality Duties; respecting religious belief and ensuring that support is provided for those with disability needs that might be affected by this policy. All information relating to the cultural or religious requirements of a young person must be accurate and up to date as this may have an impact on how they wish to receive care. This information must be recorded as part of the **IHCP** (if one is required) or in the child's personal records.

Where there are language or communication issues, and to avoid any misunderstanding, the parents/carers and **Principal** will agree on an appropriate course of action. The **Principal** will engage interpreters or signers when required to ensure that full understanding of a pupil's medicine needs are determined accurately.

6. Notification Procedure

6.1. When the school/academy is notified that a pupil has a medical condition that requires support in school, the school/academy will arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an **IHCP**.

6.2. The school/academy will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the **Principal** based on all available evidence (including medical evidence and consultation with parents/carers); where applicable, advice and approval should be obtained by the **Trust Operations Manager (TOM)**.

6.3. For a pupil starting at the school/academy in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution.

6.4. Where a pupil joins the school/academy mid-term or a new diagnosis is received, arrangements will be put in place. This includes, if appropriate, a **Personal Emergency Evacuation Plan (PEEP)**. A **PEEP** must be put in place prior to the use of the site i.e. a pupil with a broken leg must have a **PEEP** in place prior to returning to the school/academy. **PEEPs** should be completed by the **SENDCo** or suitably qualified person and approved by the **Principal.**

7. Staff Training and Support

7.1. Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy.

7.2. The school/academy will ensure that a sufficient number of staff are appropriately trained in administering medication. A training record should be maintained and submitted to the **TOM** for review at the beginning of each academic year and when changes are made.

7.3. A sufficient number of staff will receive training to ensure that where there is no designated administrator of medication available, pupils can still receive their medication from a trained member of staff.

7.4. **[Primary schools/academies only]** At least one person who has a current **Paediatric First Aid (PFA)** certificate must be on the premises and available at all times when children are present. The certificate must be for a full course. **PFA** training must be renewed every three years and be relevant for workers caring for young children. Providers should take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly. This should be included within the training record that is submitted to the **TOM** and retained on file by the **Compliance Officer** centrally**.**

7.5. **[Primary schools/academies only]** At least one person who has a current **PFA** certificate must always accompany children in Early Years Foundation Stage (EYFS) provision on trips/visits and clearly noted within the Trust defined educational visits and trips risk assessment system (EVOLVE).

7.6. Any staff member providing support to a pupil with medical conditions must receive suitable training, in advance of any care given.

7.7. Staff will not undertake healthcare procedures or administer medication without appropriate training.

7.8. Through training, staff will have the requisite competence and confidence to support pupils with medical conditions and fulfil the requirements set out in **IHCPs**. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

7.9. A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

7.10. Whole-school awareness training will be carried out on an annual basis for all staff and included in the induction of new staff members. Training will be commissioned and provided by the following bodies:

- Commercial training provider
- GP consultant
- Parents/carers of pupils with medical conditions

7.11. Parents/carers of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

7.12. The Trust will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

7.13. An **IHCP** may highlight or identify the need for some staff to have further information about a medical condition or specific training in supporting or administering a particular type of medicine or in dealing with emergencies. The **Principal** should arrange appropriate training, if necessary in collaboration with the Trust or with Local Health Services. All training should be recorded.

7.14. When staff agree to assist a pupil with medical needs, assist or administer medication, they should receive appropriate instruction and/or training and a training record should be maintained.

7.15. Through training, staff must:

- Have access to and understand the **Supporting Pupils with Medical Conditions and Administering Medication Policy and Procedures**.
- Have a basic knowledge and understanding of the medication and its use before assisting or administering.
- Understand the safe procedures for handling medications and understand their responsibilities in the administration of medication.
- Be able to assist, supervise or administer the medications safely and effectively.

7.16. The school/academy will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to pupils and that this is entirely voluntary, unless the supporting of pupils with medical conditions is central to their role within the school/academy.

7.17. Staff members will be made aware that if they administer medication to a pupil, they take on a legal responsibility to do so correctly. Staff members will not be encouraged to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

7. Supply Teachers

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school/academy's insurance arrangements.
- Return all documentation to the office before they leave at the end of the day.

8. Individual Health Care Plans (IHCPs)

8.1. The **Principal** of each school/academy has overall responsibility for the development of **IHCPs** for pupils with medical conditions.

8.2. The school/academy, healthcare professionals and parents/carers agree, based on evidence, whether an **IHCP** will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the **Principal** will make the final decision.

8.3. The school/academy, parents/carers and a relevant healthcare professional will work in partnership to create and review **IHCPs**. Where appropriate, the pupil will also be involved in the process. Plans will be reviewed at least annually or earlier if there is evidence that the pupil's needs have changed.

8.4. Plans will be developed and reviewed with the pupil's best interest in mind and will set out:

- Clear instructions on what needs to be in place.
- When these instructions need to be carried out.
- Identify who will have responsibility for which actions.

8.5. **IHCPs** will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, timings, testing and access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues. For example, crowded corridors, travel time between lessons or other environmental issues.
- The support needed for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in access and completing lessons and school work or counselling sessions.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.

- Arrangements for obtaining written permission from parents/carers and the **Principal** for medicine to be administered by school/academy staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities will be outlined and put in place to ensure that pupils with medical conditions can access and participate in these sessions, this information will for example be outlined in the risk assessments documents.
- Where confidentiality issues are raised by the parents/carers or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

8.6. Where a pupil has an emergency health care plan prepared by their lead clinician, this will be used to inform the **IHCP**.

8.7. **IHCPs** will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

8.8. **IHCPs** will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner. **IHCPs** will be reviewed earlier if evidence is presented that the child's needs have changed.

8.9. Where a pupil has an EHC plan, the **IHCP** will be linked to it or become part of it.

8.10. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their **IHCP**.

8.11. When a child is returning from a period of hospital education, alternative provision or home tuition, the school/academy will work with the LA and education provider to ensure that their **IHCP** identifies the support the child will need to reintegrate.

9. Self-Management

9.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their **IHCP**.

9.2. Where appropriate and agreed, pupils will be allowed to carry their own medicines and relevant devices. This information will be documented on the pupil's management information system (MIS) record and reflected in their **IHCP**.

9.3. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. The location will be secured and in accordance with the medicine or device formal instructions. Locations will have restricted access defined by the school/academy.

9.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's **IHCP** will be followed. Following such an event, parents/carers will be informed so that alternative options can be considered.

9.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with the Trust's **Behaviour Policy.**

10. Managing Medicines

10.1. Schools/academies within the Trust may be required to manage medications for the pupils within their care. Pupils may need medication in the following circumstances:

- During a short-term illness or condition, such as the requirement to take a course of antibiotics.
- For treatment of long-term medical conditions which may require regular medicines.
- Medication in particular circumstances, such as pupils with severe allergies who may need an emergency treatment such as adrenaline injection.
- Daily medication for a condition such as asthma, where children may have the need for daily inhalers (and, potentially additional assistance during an asthma attack).

10.2. Most pupils with medical needs can attend the school/academy or setting regularly and take part in everyday activities, sometimes with support. Where it is required an **IHCP** can help staff identify the necessary safety measures to support pupils with medical needs.

10.3. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable the medicine to be taken outside of school hours. Parents/carers should be encouraged to ask the prescriber about this.

10.4. Prescription Medicines will only be administered at the school/academy when it would be detrimental to a pupil's health or school attendance not to do so.

10.5. Non-prescription medicines may only be administered in the following situations:

- When it would be detrimental to the pupil's health or school attendance not to do so, and parental consent has been provided.
- When instructed by a medical professional, for example, if a pupil suffers a severe allergic reaction a 999 responder may instruct the use of an EpiPen.

10.6. A limited amount of non-prescription medicines (provided by the parent/carer), including pain relief and antihistamines (such as ibuprofen, paracetamol, cetirizine (excluding use in EYFS) and Loratadine) may be stored by the school/academy in accordance with the medication formal instructions.

10.7. **Written authorisation will be sought from the parent/carer prior to any non-prescription medication being administered to a pupil for the first time.** Written medication authorisation by parents/carers must state the required dose and interval which should be checked against the medication dosage. If the parent/carer request exceeds the recommended dosage, this must be refused in writing. Any medication

administered must be recorded under the normal procedures on the Trust approved estates management system under 'accidents and incidents' *(accidents and incidents > other circumstances > medical incident/minor illness).*

10.8. If a school/academy does need to administer non-prescription medication, this will be recorded on an administration of medication form, detailing the circumstances and the reasons for administering a non-prescribed medicine (**Appendix 4**) and parents/carers must be informed immediately.

10.9. Any non-prescription medication will be reviewed regularly to ensure the medication is within the appropriate use by date. Any medication which is close to the expiry date will be disposed of appropriately.

10.10. The school/academy will only accept prescribed medicines that are:

- In date
- Clearly labelled, including the pupil's name
- Provided in the original container, as dispensed by the pharmacist and includes instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

10.11. Pupils under 16 years old will not be given prescription medicines without their parents/carers written consent, except where the medicine has been prescribed to the pupil without the parents/carer's knowledge. In such cases, the school/academy will encourage the pupil to involve their parents/carers, while respecting their right to confidentiality.

10.12. No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.

10.13. Medicines will not be administered without first checking with parents/carers when the previous dose was taken and the maximum dosage allowed. Parents/carers will be requested to confirm this information in writing to ensure an auditable trail is available.

10.14. If medication is required, that is not agreed within the **IHCP**, this must first be discussed with parents/carers. The school/academy will only be permitted to support in the administration of this medication if mutually agreed and confirmed in writing. Any medication provided must be within the original packaging, within date and clearly labelled with the pupils' name and date of birth.

10.15. All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility.

10.16. Medications retained within the school/academy will be returned to the parents/carers at the end of each term, as a minimum, or when advised that they are no longer required. Parents/carers will be responsible for the collection of the medication and safe disposal if no longer in use or out of date.

10.17. Sharps boxes will be used for the disposal of needles and other sharps.

10.18. Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered.

10.19. The school/academy will hold asthma inhalers for emergency use. The inhalers will be stored in a secure location defined by the school/academy and their use will be recorded.

10.20. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

10.21. Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when and by whom. A record of side effects presented will also be held.

10.22. Parents/carers may wish to use 'over the counter' remedies to treat minor symptoms for short periods. This can include alternative medicines such as herbal remedies, vitamins and supplements. Staff should not administer these medicines to pupils. Nor will the school/academy store these items for pupils.

Managing medicines for a staff member's own use

10.23. An employee may need to bring medicine into the school/academy for their own use. All staff have a responsibility to ensure that these medicines are kept securely and that young people will not have access to them, for example, locked desk drawers or held within the staff room.

10.24. Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or young person.

11. Administering Medicines

11.1. A pupil's personal privacy and dignity is paramount and medicines should always be administered in an area where this will not be compromised.

11.2. In all circumstances the medication administered must be recorded, see Record Keeping.

11.3. Medicines should be administered directly from the dispensed container. Medication, can however, be placed in a small pot after removing it from the dispensed container as a way of hygienically handling it to the pupil if necessary.

11.4. Medication must never be secondary dispensed for someone else to administer to the pupil at a later time or date.

11.5. Medication must not be given to a pupil covertly, for example hiding in food without consultation with parents/carers and an agreement documented in the **IHCP**.

11.6. Crushing or dissolving medication can destroy the medication properties reducing its effectiveness. Crushing or dissolving of medication is not permitted unless a pupil's health or wellbeing would be detrimentally affected. Parental approval must be sought and documented in the **IHCP**.

12. Pupil refuses, or is not well enough to take medicines

12.1. If a pupil refuses to take medicines as prescribed, the records must state this clearly and the parents/carers must be informed immediately. Pupils will not be forced to receive medicine if they do not wish to do so. If this does occur a normal record should be made but with REFUSED stated in the dosage column.

12.2. If a pupil is ill/injured and therefore unable to receive the agreed prescribed medication, the member of staff designated to administer or supervise the taking of the medicine will consult with parents/carers immediately and advise the **Principal** of their actions. If the pupil vomits or has diarrhoea soon after receiving medication, parents/carers must be contacted as soon as possible so that they can seek further medical advice; readministration is not permitted.

13. Self-Medication

13.1. In some circumstances it might be appropriate for a pupil to self-administer medicines, for example inhalers or EpiPen. The school/academy will encourage those with long term medical conditions to take responsibility for administering their own medication but may continue to ask staff to supervise so that the appropriate records can be complete for safeguarding purposes.

13.2. If a pupil is to administer their own prescribed medication, this must be included on the **IHCP**. If an **IHCP** is not in place, or needs amending, parents/carers should request permission, for self-medication, from the **Principal** in writing. The parents/carers should provide relevant details about the type and dosage of the medicine. We understand the need for personal dignity in addressing this matter to avoid individual embarrassment. We advise that only one dose should be brought into the school/academy at a time in order to reduce any potential risks of the medicine being abused.

13.3. The age at which a pupil is ready to take care of, and be responsible for their own medicines varies. There is no set age when this transition should be made, and there may be circumstances where it is not appropriate for the pupil, of any age, to self-manage.

13.4. The pupil, where it is agreed that they will self-manage, may carry and administer (where appropriate), their own medicines, providing that parent/carers have completed and signed a letter to the **Principal** confirming this. This must be included in the **IHCP**.

14. Controlled Drugs

14.1. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. A Pharmacist will give advice as to whether a medication is a controlled drug or not. To keep up to date with the medications classified as a controlled drug information can be

viewed on the Home Office website: http://www.homeoffice.gov.uk/documents/cdlist.html

14.2. **Controlled Drugs Register:** A separate record of controlled drugs should be maintained to include the receipt, administration and possible disposal of controlled drugs. These records must be kept in a bound book or register with numbered pages. The book will include the balance remaining for each product with a separate record page being maintained for each child. It is recommended that the balance of controlled drugs be checked at each administration and also on a regular basis e.g. monthly. The book should be locked away when not in use.

14.3. Any authorised member of staff may administer a controlled drug to the child for whom it has been prescribed and they should do so in accordance with the prescriber's instructions in the presence of another member of staff as witness.

14.4. The administration of controlled drugs is recorded using the **Controlled Drugs Register** which can be purchased from a pharmacist and on the **Medication Administration Record Sheet**. Staff MUST NOT sign the record of administration unless they have been involved in the administration of the medication.

14.5. The recommended procedure for the administration of controlled drugs is as follows:

1) Check the child's Parental Consent form for details of dosage required etc. (see **Appendix 8** for further details).
2) Verify the quantity of medication as stated on the controlled drug register to ensure that the dose has not already been given.
3) Ensure two members of staff are present; one member of staff must witness the other administer the medication to the young person.
4) Both staff must sign the Medication Administration Record sheet and controlled drug register to confirm that the dose was given and the amount remaining.

14.6. If medication is refused or only partly taken both staff must witness the disposal of the remaining medication and record the details and sign to that effect. If a dose of medication is refused or only partly taken then the parents/carer should be contacted for advice on any adverse reactions and risk to the young person.

14.7. Where children and young people have been prescribed controlled drugs and are self-managing medication, staff must be aware of the storage requirements for controlled drugs and implement them. Controlled drugs must be stored behind a double lock and key e.g. this may be a personal lockable container/locker inside another lockable container to which the young person may have direct access to when required, if it is agreed that it is appropriate.

15. Storage of Medicines

15.1. All medicines will be stored safely within the school/academy. The school/academy will adhere to the advice contained in **Guidance and Code of Practice-First Aid at Work** (Issue 3 December 2015) and **Guidance for Administering Medicines in Schools and Early Years Settings** (DCC Sept 2012).

15.2. All medication is to be stored in the original container issued by the Pharmacist and must be stored away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Stock should be rotated as it is received. Never mix the remains of an old prescription with a freshly supplied prescription.

15.3. Medicine cupboard/cabinets must be of a suitable size to store all medication, and have a quality lock fitted where this is assessed as required.

15.4. The medication storage container must be secured to a wall and where a portable storage device is used it must be secured to a wall when not in use.

15.5. The medicine cupboard should be reserved for medicines, dressings and reagents only and the following must be stored separately within the cupboard:

- External use only medicines
- Oral medicines
- Injectable

15.6. The key to the medicine cupboard will be retained for the duration of the working day in a locked key cupboard. The key to the cupboard will be retained by an authorised person and access should be restricted to authorised members of staff only.

16. Medication Requiring Storage by Refrigeration

16.1. Regular Administration of Significant Quantities: Where significant quantities of medicines are administered on a regular basis, a lockable drug fridge is advised. The temperature of the fridge is to be monitored and recorded daily. In the event that medicines are stored outside the required range, usually between 2-8°C, the dispensing Pharmacist should be contacted for advice. Non-pharmaceutical items must not be stored in this fridge. The refrigerator should be cleaned and defrosted regularly.

16.2. Small quantities: Where low quantities are administered, medicines may be stored in a domestic fridge located in a secured location, with restricted access, defined by the school/academy. Medicines must be clearly labelled with the pupils' details. This fridge must not be used for any other purpose.

16.3. The temperature of the fridge is to be monitored and in the event that medicines are stored outside the required range, usually between 2-8°C, staff should contact the dispensing Pharmacist for advice.

16.4. Storage of Controlled Drugs: In all settings, controlled drugs must be stored behind double lock and key. This must be a metal cupboard with an inner lockable cupboard or a metal lockable container within a cupboard. The cupboard must be secured to the wall.

16.5. Controlled drugs must be checked in by two members of staff, one of which must be authorised to carry out this duty. All records must be recorded in the **Controlled Drugs Register** and on the **Medication Administration Record Sheet**.

16.6. Storage of medication for young persons self-managing their medication: The storage of medication being self-managed by young persons must form part of the **IHCP**.

16.7. In the case of a medical emergency staff must have access to any personal lockable containers, with the permission of the young person. This information should be communicated to the young person's parent/carer and their written authorisation should be recorded. The School Nurse may be consulted for advice concerning transition to independence.

17. Medical Equipment

17.1. Some children and young people may be prescribed, as part of ongoing medical treatment, the use of certain medical equipment. This could include a range of testing devices – such as blood/urine testing equipment and sharps, such as needles. All equipment should, as far as possible, be kept in its original container/packaging.

17.2. It is important to record on the young person's care plan the type of equipment being used, and any make or model numbers, and to date the record. All medical equipment will be kept locked away. However, a risk assessment needs to be undertaken for individual children as to their ability to manage their condition and carry or access equipment themselves. For example, in the case of a diabetic when blood and urine testing equipment may be needed urgently.

18. Adrenaline auto-injectors (AAIs)

18.1. The school/academy's Allergen and Anaphylaxis procedures and Trust's **First Aid Policy** are implemented consistently to ensure the safety of those with allergies. A register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis.

18.2. Where a pupil has been prescribed an AAI, this will be written into their **IHCP**. This should also include an additional sheet produced by The British Society for Allergy and Clinical Immunology (BSACI), this document should be signed by the hospital allergy clinic specialist.

18.3. **[Secondary schools/academies only]** Pupils who have prescribed AAI devices can keep their device in their possession.

18.4. **[Primary schools/academies only - Pupils aged 7 years old or above]** Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession.

18.5. **[Primary schools/academies only - Pupils under the age of 7 years old]** For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; for example the school office. If this is not the most suitable place, an alternative appropriate area may be used, at the **Principal**'s discretion.

18.6. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

18.7. In the event of anaphylaxis, a designated staff member must be contacted immediately. All staff must be aware of who the designated member(s) of staff are and how to contact them.

18.8. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

18.9. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

18.10. The school/academy will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date.

18.11. The spare AAI will be stored in the medical room/School Office, ensuring that it is protected from direct sunlight and extreme temperatures.

18.12. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental/carer consent has been gained.

18.13. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.

18.14. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate. Please refer to **Appendix 8** for further details of how to record contact with the emergency services.

18.15. Where a pupil is or appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered. Please refer to **Appendix 8** for further details of how to record contact with the emergency services.

18.16. In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and informed whether this was the pupil's or the school/academy's device.

18.17. Where any AAIs are used, the following information will be recorded:

- Where and when the reaction took place
- How much medication was given and by whom

18.18. **[Primary schools/academies only - Pupils under the age of 6 years old]** For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

18.19. For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

18.20. **[Secondary schools/academies only - Pupils aged 13 years old or above]** For children aged over 12 years, a dose of 300 or 500 micrograms of adrenaline will be used.

18.21. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

18.22. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school/academy will give consideration to taking the spare AAI in case of an emergency.

18.23. The **Principal** and catering provider will ensure that all pre-packed foods for direct sale (PPDS) made on the school/academy site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

18.24. The catering provider will also work with any associated third parties to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

18.25. The **Principal**, if not utilising the catering provider for a food provision on or off site, must ensure that the food provision meets the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

19. Defibrillators

19.1. The school/academy has a specified number of automated external defibrillators (AED) as detailed in **Appendix 8**.

19.2. The AED will be stored in a safe and secure manner, as detailed in **Appendix 8**, to prevent tampering. It is advised that these devices should not be locked away, as it is important that these devices can be accessed quickly. Security considerations need to be balanced against the need to access the AED quickly in the event of an emergency. An unlocked cabinet with an alarm may be the most suitable way to store the AED if tampering is a concern.

19.3. All staff members and pupils will be made aware of the AED's location and what to do in an emergency.

19.4. A risk assessment regarding the storage and use of AEDs at the school/academy will be carried out and reviewed annually.

19.5. No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

19.6. The emergency services will always be called where an AED is used or requires using.

19.7. **[Primary schools/academies only - Pupils <u>under</u> the age of 8 years old]** Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

19.8. Maintenance checks will be undertaken weekly on AEDs by the site management team who will maintain an up-to-date record of all checks and maintenance work.

20. Record Keeping

20.1. Written records will be kept of all medicines administered to pupils.

20.2. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.

20.3. All prescription medicines brought in to be administered by the school/academy, must be recorded. The record must show:

- The name of the young person for whom the medication is prescribed for
- Date of receipt
- Name and strength of the medicine
- Quantity received
- The dosage required to be administered
- The time of the required dose
- Expiry date of medicines and any special warnings or precautions
- Signature of the employees receiving the medicines
- Signature of the parent/carer

20.4. That information recorded when administering medicines includes the following:

- Name of the pupil for whom the medication is prescribed
- Name of the medicine to be administered
- Confirmation that the medicine is being given and that it is not out of date
- The medicine has been administered to the correct person
- The dosage given
- The name and signature of the person administering or supervising
- The date and time the medicine was administered

21. Management of Errors/Incidents in Administration of Medicines

21.1. In the event that medication has been administered incorrectly or the procedures have not been correctly followed, then the following procedure is to be implemented:

- Ensure the safety of the young person. Normal first aid procedures must be followed which will include checking pulse and respiration.
- Telephone for an ambulance if the young person's condition is a cause for concern.
- Notify the **Principal** immediately.

- The **Principal** must report this immediately to the **TOM,** or in their absence, the **Chief Operating Officer (COO)**.
- Contact the young person's parents/carers as soon as practicable.
- Contact the young person's GP/pharmacist for advice if necessary; out of hours contact the NHS directly via 111 or 999.
- Document any immediate adverse reactions and record the incident in the young person's file/Care Plan using the Medication Incident Report Form.
- The **Principal** must complete the Medication Incident Report Form and, if injury results, the Accident Investigation Report.
- The **Principal** must commence an immediate investigation about the incident, and, where applicable, inform any relevant regulatory body. Statements should be taken from both staff and young persons if they are self-medicating.
- The medication administration record sheet should reflect the error.
- Young person's parent/carer should be informed formally in writing.

21.2. It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors to his/her manager. **Managers** should encourage staff to report any errors or incidents in an open and honest way in order to prevent any potential harm or detriment to the young person. **Managers** must handle such reporting of errors in a sensitive manner with a comprehensive assessment of the circumstances.

21.3. A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action is taken. Please refer to **Appendix 9** for further details of how the investigation will be carried out.

22. Unaccounted for Drugs

22.1. If medications are unaccounted for this must be regarded as a serious situation. The **Managers** must decide on the action to be taken, dependent upon the circumstances. As a minimum a full internal investigation must be carried out by the **Principal**.

22.2. The **Principal** may determine that the situation is sufficiently serious to warrant informing the Police. In any case where controlled drugs are unaccounted for, the Police should be informed and a police investigation may take place.

22.3. The **Principal** must also inform the **TOM**, or in their absence, the **COO**.

23. Disposal of Medicines

Medication should not be disposed of via the sink, toilet or dustbin, this is both illegal and unsafe.

23.1. Staff must not undertake to dispose of any medication, except in the case of spoiled dose, following discussion with parents/carers. When medicines are no longer required, they must be returned to

parents/carers for safe disposal. All arrangements must be formally recorded and agreed by all parties.

23.2. The **Principal** must put arrangements in place for medicines held to be checked at regular intervals, to remove out of date or discontinued medicines. Discontinued medicines awaiting disposal should be kept segregated from medicines that are currently in use, for example, clearly labelled in a locked cupboard.

23.3. When a pupil leaves the school/academy, the medicines should be returned to their parent/carer unless they have positively consented to their safe disposal or passed to another authoritative source, for example a social worker. This should be formally recorded and agreed by all parties.

23.4. In situations where medication may need to be returned to the pharmacy, this should be formally recorded and agreed by all parties. In this situation the record should be made of the name, quantity of the medicine, reason and the date of disposal, which should be certified by two staff members. The pharmacist should be asked to sign for all returned medication.

23.5. A complete record of medicines leaving the setting must be kept. In the event of the death of a young person, all medicines must be retained for at least 7 days in case they are required by the **Coroner's Office.**

Disposal of sharps

23.6. Where any staff on site use syringes and needles, it is their responsibility to ensure the safe disposal of these items into a sharps box.

23.7. Used needles and syringes are not to be re-sheathed. They are to be disposed of immediately into the sharps box. Where regular use of the needles is required, consideration should be given to the use of retractable needles.

23.8. Pupils self-administering insulin or any other medication with a syringe, must be assisted by staff in the proper disposal of sharps. A sharps box will be provided, but kept safe by staff and locked away if necessary.

23.9. The school/academy can access local arrangements for the supply and disposal of sharps boxes using a registered contractor.

24. Emergency Procedures

24.1. Medical emergencies will be dealt with under the school/academy's emergency procedures.

24.2. Where an **IHCP** is in place, it should detail:

- What constitutes an emergency?
- What to do in an emergency.

24.3. Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

24.4. If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents/carers arrive.

24.5. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

24.6. Care is taken to ensure that all pupils are safe. The school/academy has '**First Aid at Work**' qualified first aiders and '**Emergency First Aid at Work**' qualified first aiders.

24.7. Pupils with life threatening medical conditions or that require close monitoring and/or supervision may have Health Care Plans issued by Health professionals that provide contact details for emergency situations, for example, anaphylaxis, diabetes or epilepsy. Asthma can also be life threatening. All cases deemed 'complex' or 'serious' medical conditions have emergency contact details held.

24.8. Pupils who are at risk due to their medical condition have information stored on the electronic system (collated information to pass to a doctor or ambulance crew in an emergency) and this must accompany them if they are going to the hospital. The purpose of the information is to provide emergency services with up to date information such as: diagnosis of principle conditions, key personnel and medical contacts (if required), medication taken (if required), up to date records of medicines that have been administered together with other relevant medical information and an agreement with parents/carers about how to proceed in an emergency situation.

25. Day Trips, Residential Visits and Sporting Activities

25.1. Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits. Medication and devices such as insulin pens and asthma inhalers will be readily available to staff and pupils.

25.2. Prior to an activity taking place, the school/academy will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents/carers and relevant medical professionals.

25.3. All arrangements for medicines, including the storage of medicines, **IHCP** and **Risk Assessments** or **Management Programmes** will apply for any off-site activities or school trips.

25.4. The school/academy will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

25.5. A member of staff will be appointed to ensure there are suitable arrangements for storage, as well as for recording of the medicines when assessing any risks associated with the trip, particularly for pupils with long term or complex health conditions.

25.6. All off-site activities and school trips will be evaluated in terms of proximity and accessibility to emergency services and any implications for those with short or long term medical conditions before

receiving approval to go ahead with the activity from the **Principal**.

25.7. If possible and appropriate, pupils will carry certain medications themselves, for example asthma inhalers. With consent from parents/carers.

25.8. If the medication is one that the pupil cannot carry themselves, for example capsules or if a pupil has complex needs that mean they need assistance with taking the medication, the medication will be carried by a designated member of staff for the duration of the trip or activity.

25.9. At least one member of staff, who is trained to administer medication, will be allocated to all out of school trips or activities, which pupils with medical conditions will attend.

26. Transporting Medication

26.1. When medication is transported, it must be placed in a suitable lockable carrying case or box that is secure during transportation. Controlled drugs must be kept in a lockable container within a lockable container. The medication container must be kept out of public vision at all times.

26.2. During educational visits, medication (with the exception of emergency medication) can be left in a vehicle if necessary. It must be a container as detailed above and the vehicle must be locked.

27. Unacceptable Practice

27.1. The school/academy will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents/carers.
- Ignore medical evidence or opinion, although this may be discussed and/or challenged.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school/academy, including lunch times, unless this is specified in their **IHCP**.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition. For example, hospital appointments.
- Make parents/carers feel obliged or forced to visit the school/academy to administer medication or provide medical support, including for toilet issues. The school/academy will ensure that no parent/carer is made to feel that they have to give up working because the school/academy is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

28. Liability and Indemnity

28.1. The **LGC** will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

28.2. The school/academy holds an insurance policy with the RPA covering liability relating to the administration of medication. The policy has the following requirements:

- All staff must have undertaken appropriate training.

28.3. The school/academy holds an insurance policy with the RPA covering healthcare procedures. The policy has the following requirements:

- All staff must have undertaken appropriate training.
- All staff providing such support will be provided with access to the insurance policies.

28.4. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school/academy, not the individual.

29. Confidentiality

29.1. The **Principal** and staff should always treat medical information confidentially. It should be agreed with the parent/carer who else should have access to records and other information about a young person.

29.2. When the medical status of a staff member or service user is known, either through recorded information or verbally, the indisputable "need to know" is the criteria for disclosure not "want to know."

29.3. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

30. Complaints

30.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school/academy in the first instance.

30.2. If they are not satisfied with the school/academy's response, they may make a formal complaint via the Trust's **Complaints Policy and Procedures.**

30.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

30.4. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

31. Home-to-School Transport

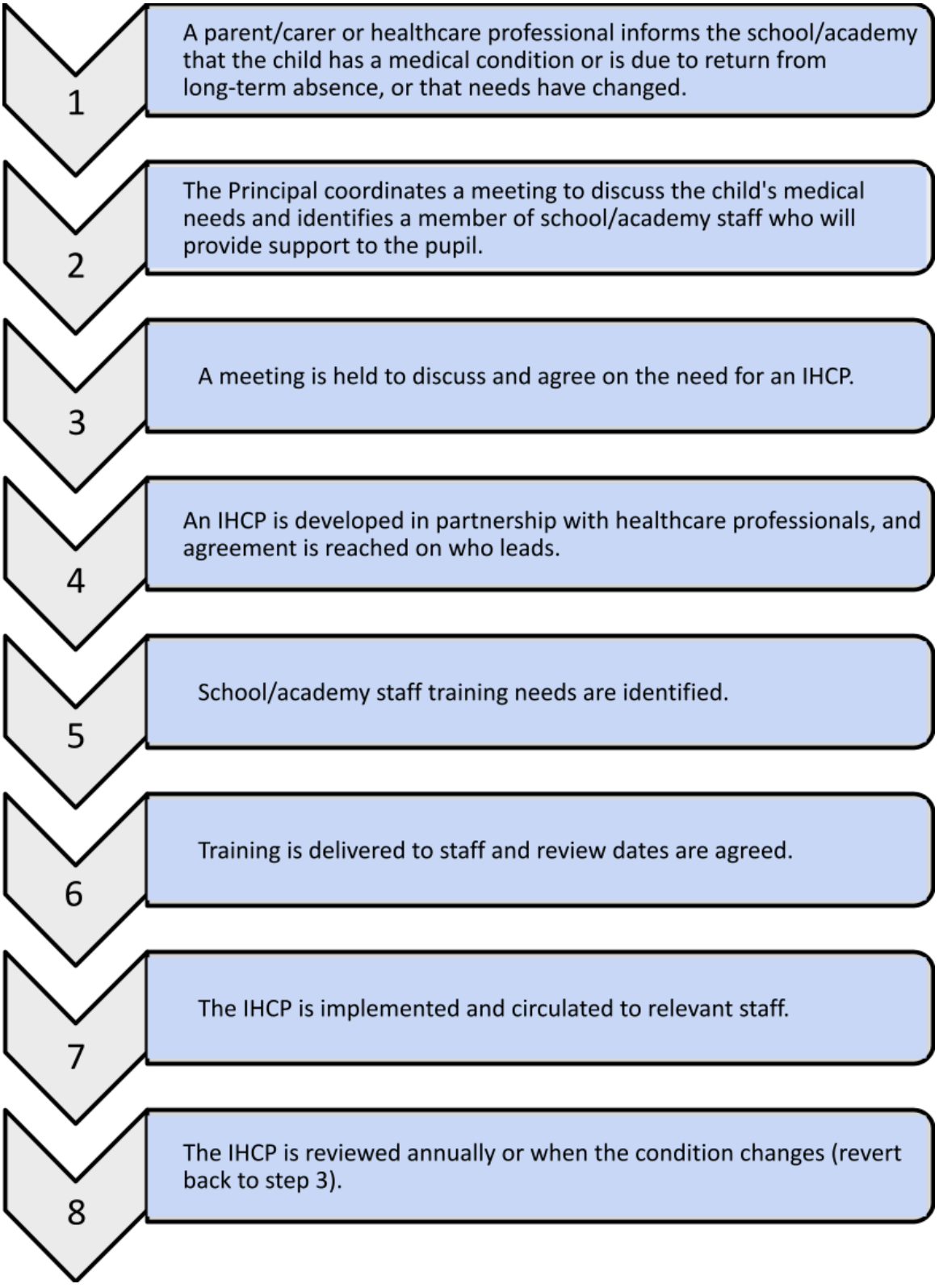
31.1. Arranging home-to-school/academy transport for pupils with medical conditions is the responsibility of the LA.

31.2. Where appropriate, the school/academy will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

32. Monitoring and Review

32.1. The approver of this policy and the next scheduled review date is shown on the cover page of this document.

Appendix 1 - Individual Health Care Plan Implementation Procedure



Appendix 2 - Individual Health Care Plan Template Form

Individual Health Care Plan (IHCP)	
Pupil's name:	
Group/class/form:	
Date of birth:	
Pupil's address:	
Medical diagnosis or condition:	
Date:	
Review date:	
Family contact information	
Name:	
Relationship to pupil:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to pupil:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to pupil:	
Phone number (work):	
(home):	
(mobile):	

Clinic/hospital contact	
Name:	
Phone number:	
Child's GP	
Name:	
Phone number:	
Medical Support	
Who is responsible for providing support in school?	
Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices, environmental issues, etc:	
Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by staff member/self-administered with/without supervision:	
Daily care requirements:	
Other Information	
Specific support for the pupil's educational, social and emotional needs:	
Arrangements for school visits and trips:	
Any other information:	
Describe what constitutes an emergency, and the action to take if this occurs:	

Responsible person in an emergency (state if different for off-site activities):	
Plan developed with:	
Staff training needed or undertaken – who, what, when:	
Form copied to:	

Appendix 3 - Letter Inviting Parents to Contribute to IHCP Development

ADDRESS LINE ONE
ADDRESS LINE TWO
TOWN/CITY
POSTCODE
DATE

RE: Developing an Individual Health Care Plan (IHCP) for your child

Dear parent/carer,

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

A central requirement of the policy is for an IHCP to be prepared, setting out what support each pupil needs and how this will be provided. IHCPs are developed in partnership with the school/academy, parents/carers, pupils (where appropriate), and the relevant healthcare professionals who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although IHCPs are likely to be helpful in the majority of cases, it is possible that not all pupils will require one. We will need to make judgments about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within IHCPs will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's IHCP has been scheduled for **ENTER DATE OF APPOINTMENT**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will involve myself (the **Principal**), a relevant healthcare professional and where applicable, the school nurse. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached IHCP template and return it to the school office, together with any relevant evidence, for consideration at the meeting.

Please note, I have included a copy of your child's Individual Health Care Plan (IHCP) to this letter.

I would be happy for you to contact me via **ENTER EMAIL ADDRESS HERE** or **ENTER TELEPHONE NUMBER HERE** if this would be helpful.

Yours sincerely,

NAME

JOB ROLE

Appendix 4 - Record of Medicine Administered to an Individual Pupil

Instructions for Medicine to be Administered to an Individual Pupil	
Name of Pupil	
Group / Class / Form	
Date Medicine Provided by Parents/Carers	
Quantity Received	
Name of Medicine	
Strength of Medicine	
Expiry Date	
Quantity Returned	
Dose and frequency of medicine	
Staff Signature	
Parent / Carer Signature	

Record of Medicine Administered to an Individual Pupil			
Date			
Time Given			
Dose Given			
Name of Member of Staff			
Staff Initials			

Record of Medicine Administered to an Individual Pupil			
Date			
Time Given			
Dose Given			
Name of Member of Staff			
Staff Initials			

Record of Medicine Administered to an Individual Pupil			
Date			
Time Given			
Dose Given			
Name of Member of Staff			
Staff Initials			

Record of Medicine Administered to an Individual Pupil			
Date			
Time Given			
Dose Given			
Name of Member of Staff			
Staff Initials			

Record of All Medicine Administered to Pupils

Date	Pupil's Name	Time	Name of Medication	Dosage Given	Reactions (if any)	Staff Signature	Name of Administerer

Appendix 6 - Staff Training Record - Administration of Medication

Staff Training Records for the Administration of Medication	
Line Manager to Complete	
Name of School/Academy	
Name of Staff Member	
Type of Training Received	
Date of Training Completed	
Training Provider to Complete	
Training Provided by	
Profession and Title	
I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type.	
Trainer's Signature	
Print name	
Date	
Staff Member to Complete	
I confirm that I have received the training detailed above.	
Staff Member's Signature	
Print name	
Date	
Suggested review date	

Incident Reporting Form			
Date of Incident		**Time of Incident**	
Place of Incident			
Name of Ill or Injured Person			
Details of the Illness or Injury			
Was first-aid administered? If so, give details			
What happened to the person immediately afterwards?			
Name of First-Aider			
Signature of First-Aider			

Please refer to the below for details of the AEDs located on site. A copy of this form should be completed and displayed within the school office.

Automated External Defibrillators (AED)	
Relates to item 20.1 within the Trust Supporting Pupils with Medical Conditions and Administering Medication Policy	
Number of AEDs in the school/academy	
Locations of the AED(s)	
Names of staff trained in cardiopulmonary resuscitation (CPR)	

Please refer to the below for details to be recorded during contact with emergency services. A copy of this template document should be displayed within the school office.

Contacting Emergency Services	
Relates to item 19.13 within the Trust Supporting Pupils with Medical Conditions and Administering Medication Policy	
A copy of the below Emergency Procedures is to be stored by the phone in the school office.	
Request an ambulance – dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly, and be ready to repeat information if asked.	
School/Academy Telephone Number:	
Name:	
School/Academy Location:	
The exact location of the individual within the school/academy:	
The name of the individual and a brief description of their symptoms:	
The best entrance to use and where the crew will be met and taken to the individual:	

Parental Agreement Form for the School/Academy to Administer Medicine

The school/academy will not give your child medicine unless you complete and sign this form.	
Administration of Medication	
Date for review to be initiated by:	
Name of child:	
Date of birth:	
Group/class/form:	
Medical condition or illness:	
Medicine	
Name and/or type of medicine *(as described on the container):*	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions and/or other instructions:	
Any side effects that the school needs to about:	
Self-administration – Yes/No:	
Procedures to take in an emergency:	
NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to t insulin, which may be available in an insulin pen or pump rather than its original container.	
Contact Details	
Name	
Daytime telephone number:	
Relationship to child:	
Address:	

I will personally deliver the medicine to:	**Name and position of staff member**
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school/academy staff to administer medicine in accordance with the relevant policies. I will inform the school/academy immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.	
Signature	
Date	

Appendix 9 - Management of Errors in Administering Medication

The **Principal** should complete this form in the event that medication has been administered incorrectly, or the procedures within the Trust's **Supporting Pupils with Medical Conditions Policy** have not been correctly adhered to:

Medication Incident Report Form			
Relates to item 21.3 within the Trust Supporting Pupils with Medical Conditions and Administering Medication Policy			
Date of Incident:		**Time of Incident:**	
Place of Incident (please include specific details)**:**			
Name of Ill or Injured Person:			
Details of the Incident/Error in the Administering of Medication(s): *(please include details of whether the child was self-medicating, or whether medication has been administered by a member of staff)*			
Please provide details of any additional first-aid provided:			
Please detail any immediate adverse reaction(s):			
N.B. If an injury has occurred due to an error or incident involving the administration of medication, please complete the Accident Investigation Report Form.			
Name of First-Aider present:			
Signature of First-Aider:			
Name of Principal:			
Signature of Principal:			

N.B. The completed form should be added to the child's IHCP or pupil file.

This form should be completed by the **Principal** in conjunction with the 'Medication Incident Report Form' following any incident involving suspected or confirmed errors in the administration of medication to pupils:

Accident Investigation Report Form	
Relates to item 21.3 within the Trust Supporting Pupils with Medical Conditions and Administering Medication Policy	
Incident Reporting	
Please confirm the approximate **time** and **date** the incident/error was reported to the **Principal**:	**Time:**
	Date:
The following section must be completed by the Principal (please tick):	
Did the employee(s) involved in the incident ensure the safety of the child? Were normal first aid procedures followed, for example checking pulse and respiration?	
Was an ambulance called for immediately, if the child's condition was a cause for concern?	
Were the child's parents/carers contacted, via telephone, as soon as practicable?	
Was this incident/error reported as soon as practicable to the **Trust Operations Manager**, or in their absence, the COO?	
Has the child's GP or local pharmacist been contacted to seek advice and guidance, where necessary?	
Has the Medication Incident Report Form been completed, including details of any immediate adverse reactions?	
Has the Medication Incident Report form been added to the child's IHCP or pupil file?	
Has the incident been logged on Sypro's accident and reporting module OR B-Safe, in the case of serious incidents, for the **Trust Operations Manager** and/or local authority to review/monitor?	
Were the details/agreed instructions included in the child's IHCP followed by staff members?	
Were the details/agreed instructions included in the child's IHCP followed by the child, if they were self-medicating?	
Have the child's parents/carers been informed of the incident formally in writing?	
Has a meeting been arranged, where necessary, to discuss amending the child's IHCP to remove their responsibility to self-medicate during school-hours?	
Has the medication administration record sheet been updated to reflect the error?	
Has it been deemed necessary to inform any applicable regulatory body of the incident/error?	

Has a statement been provided by any member(s) of staff involved in the incident? (please attach)	
Has a statement been provided by the pupil involved in the incident, if they are self-medicating? (please attach)	
Has a statement been provided by any witnesses to the incident or subsequent first-aid, where applicable? (please attach)	

Additional Information	
Please provide any further comments regarding the incident which may relate to the child's IHCP, or how you perceive this should be adapted:	
Please provide details of any regulatory body the incident has been reported to, who by and when this occurred (where applicable):	
Please provide details of any communication received from parents/carers following the incident (particularly regarding the child's condition):	
Please detail any advice or guidance issued by the **Trust Operations Manager**, or in their absence, the **COO**, following the incident being reported to them:	
Please provide details of any suggested strategies/procedures to prevent recurrence of similar incidents/errors:	
Please provide details of any additional training needs identified:	

Has it been deemed necessary to follow any formal HR procedures as a result of this incident?	
Has a complaint been received from the child's parents/carers following the incident?	

Declaration	
Name of Principal:	
Signature of Principal:	
Date:	

N.B. The completed form should be added to the child's IHCP or pupil file.