

Caring Achieving Respectful Exciting

DDAT Medication Policy and Management Procedure

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Hardwick Primary School Section 1 Introduction

This policy has been developed for Academy schools to ensure pupils/students are fully supported with medical conditions. It has been developed in line with the Department for Education statutory guidance on Supporting Pupils with Medical Conditions (2014) For Governing Bodies of Maintained Schools and Proprietors of Academies in England December 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

This policy has not been developed by a specific medical professional or organisation / body.

The policy has been used as a starting point and customised to reflect management, training, administering and medication storage procedures at Hardwick Primary School.

Hardwick Primary School Section 2 Medication Policy Statement

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units (PRUs) to make arrangements for supporting pupils at their school with medical conditions.

The aim of this policy is to ensure that Hardwick Primary School carries out their statutory duty to make arrangements to support pupils at school with medical conditions.

Hardwick Primary School will:

- ensure that the arrangements detailed within this policy are implemented effectively, by the Head of School, who has overall responsibility for policy implementation.
- administer prescribed medicine to support a pupil's continuous attendance at school, when written consent has been provided by a parent/carer (see Template B).
- have clear roles and responsibilities to be able to support pupils so that they have full access to education, including school trips and physical education.
- ensure full co-operation with all relevant parties; healthcare professions, local authority and clinical commissioning groups (CCGs) as required
- provide support and training to enable staff to support pupils with medical conditions
- ensure that clear arrangements are in place to manage the administration and storage of all medicines on the premises
- ensure that the appropriate level of insurance is in place to appropriately reflect the level of risk
- ensure that written records are kept of all medicines administered to pupils
- ensure that emergency procedures are in place and shared with all staff
- ensure that all staff are aware of what practice is not acceptable
- ensure that a complaints procedure is in place regarding the support provided to a pupil with a medical condition

The following sections in the Management Procedures outline how the Academy will ensure that the Medication Policy Statement is implemented.

Hardwick Primary School

Section 3 Medication Management Procedures

Further reference documentation and guidance is detailed at the end of the policy.

Hardwick Primary School Section 3.1

Roles and Responsibilities

The Governing Body:-

- must make arrangements to support pupils with medical conditions in school, including making sure that this policy is implemented.
- should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- should ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Head of School:-

- should ensure that the school's policy is developed and effectively implemented with all partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- should ensure that systems are in place so that all relevant staff, including external providers, i.e. Before/After School and activity clubs, are aware of pupil's conditions.
- should ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- should make sure that school staff are appropriately insured, and are aware that they are insured to support pupils in this way.
- should be aware that they have overall responsibility for the development of individual healthcare plans.

School Staff:-

- should be aware that they may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be directed to do so unless it is within the staff member's contract.
- should take into account the needs of pupils with medical conditions that they teach, although administering medicines is not part of teachers' professional duties.
- should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

SENCO:-

- should contact the school nursing service to seek advice and information in the case of any child
 who has a medical condition that may require support at school, but who has not yet been brought
 to the attention of the school.
- should liaise with parents, healthcare professionals and staff to coordinate individual health care plans where needed, following medical guidance.
- liaise with external professionals to arrange necessary training for the implementation of individual health care plans.

Healthcare professionals (including School Nurse, GP, paediatricians, nurse specialists/community paediatric nurses):-

- should notify the school and work jointly when a pupil has been identified as having a medical condition that will require support at school.
- may provide advice on developing healthcare plans and guide the school on how to meet the child's medical needs in school.
- specialist local health teams may be able to provide support in schools for pupils with particular conditions (e.g. asthmas, diabetes, epilepsy).
- should ensure any prescribed medications, including dosages, are appropriately monitored and reviewed.

Pupils:-

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

Parents/Carers:-

- should provide the school with sufficient and up to date information about their son/daughter's medical needs.
- should be involved in the development and review of their son/daughter's individual healthcare plan.
- should carry out any action they have agreed to as part of its implementation (e.g. provide
 medicines and equipment and ensure that they or another nominated adult are contactable at all
 times).
- should provide written consent and details of medication to be given in school in accordance with this policy.

Hardwick Primary School Section 3.2

Training / Qualifications for Supporting Pupils with a Medical Condition

Hardwick Primary School will ensure that adequate first aid cover is available at all times. The Head of School will review the number of trained first aiders in school on an annual basis and following staff changes and identify where there are additional training needs. The first aider role is key in emergency procedures – see section 3.5. However, a first aid certificate does not constitute appropriate training in the general day to day support of a pupil with a medical condition.

Training will also be provided to ensure that adequate numbers of staff are trained to administer medications/injections for specific medical conditions at Hardwick Primary School.

Named staff will be responsible for administering a pupil's medication. When a controlled drug has been prescribed for a pupil's medical condition, at least two members of staff should be trained on how to manage this medication.

Arrangements should be in place to cover staff absence, or staff turnover, so that someone is always available.

Where a child has health and medical needs beyond the administration of temporary medicines, an Individual Health Care Plan (IHCP) will be set in place in discussions with the parents/carers, child (where appropriate), SENCo, school staff involved in the child's care and healthcare professionals. Specific support and training needs will be identified through the Individual Health Care Plans (IHCP), together with who will provide the training. The advice of healthcare professionals involved in the child's care will be central within this, as they may be able to offer training or identify the training required. This will enable staff who support a pupil with a medical condition to understand the specific conditions, their implications, preventative and emergency procedures.

All training will be recorded in individual CPD logs and a whole school record will be maintained with a clear plan for refresher sessions. If a pupil's condition changes, their IHCP will be reviewed along with identifying any changes to training needs.

Hardwick Primary School will ensure that whole school awareness training takes place every year, and upon induction of new staff. This will include the contents of this policy and other related policies such as the school's First Aid Policy. Additional whole school training will be arranged by Hardwick Primary School in conjunction with the school nurse or external health teams as needed, including for common conditions such as asthma, allergies, epilepsy and diabetes.

It is recognised that it is not a requirement to have specific training to administer non-prescribed medications such as pain relief or antihistamines.

The medicine box is kept in the Rainbow Room / Staff Fridge / Foundation Fridge and all staff who work in this area must be aware of:-

- what medication is in the box
- who it belongs to and a copy of the parental consent see Template B
- the dose and frequency of administration to the pupils concerned
- who will administer this medication

Hardwick Primary School Section 3.3

Managing Medicines on School Premises

LIABILITY AND INDEMNITY

DDAT will ensure that a level of insurance is in place that appropriately reflects the level of risk for managing medication on the premises. The Department for Education's guidance for "Supporting Pupils at School with Medical Conditions 2015" refers to the appropriate level of insurance being in place, or that the Academy is a member of the Department for Education's Risk Protection Arrangements (RPA). RPA is a scheme provided specifically for academies.

https://www.gov.uk/guidance/academies-risk-protection-arrangement-rpa

The insurance arrangements will cover staff providing support to pupils with medication conditions. Insurance policies should be accessible to staff providing such support.

The level and ambit of insurance cover required must be ascertained directly from the insurers. Any requirements of the insurance, such as the need for staff training, should be complied with. Insurers should be updated when a pupil is newly diagnosed, if a pupil's condition changes resulting in extra support needs, or if a pupil with a medical condition leaves the Academy.

INDIVIDUAL HEALTH CARE PLAN (IHCP)

Where children have ongoing medical conditions requiring support in school beyond routine administration of temporary prescribed medication, an Individual Healthcare Plan – see Department for Education's Template A - will be used to record the individual support required. The SENCo will coordinate the completion (or review of IHCPs set by medical professionals) and appropriate sharing of the IHCP on behalf of the school in partnership with the pupil where appropriate, parent/carer, school nurse, specialist nurse (where appropriate) and relevant healthcare services. The DfE's model process in Appendix 1 will be followed.

Where a child has SEN but does not have a statement of EHC plan, their special educational needs are mentioned in their IHCP.

The IHCP will cover the following: -

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, whether it is a controlled drug, side
 effects and storage) and other treatments, time, facilities, equipment, testing, access to food
 and drink where this is used to manage their condition, dietary requirements and any
 environmental issues (crowded corridors, travel time between lessons)
- specific support for the pupil's educational, social and emotional needs for example how absences will be managed, requirements for extra time to complete exams, rest periods or additional support in catching up with lessons
- the level of support needed, including emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation
 of proficiency to provide support for the pupil's medical condition from a healthcare
 professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the pupil's condition and the support required

- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the pupil's conditions
- emergency plans, including whom to contact and contingency arrangements.

Hardwick Primary School will keep a centralised register of IHCPs, and identify a member of staff to have responsibility for this register.

IHCPs will be reviewed regularly, at least every year, or whenever the pupil's needs changes.

The parents/carers, specialist nurse (where appropriate) and relevant healthcare services should hold a copy of the IHCP. Relevant school staff will be made aware of, and have access to the IHCP for the pupils in their care and will be supported to understand their role in its implementation. This may involve seeking additional training so that staff members feel confident and are competent in supporting the child's medical needs.

ADMINSTERING MEDICATIONS

Hardwick Primary School will only administer prescribed medicine when it is required 4 or more times per day, at a specific time during school hours or when it would be detrimental to a pupil's health or school attendance not to do so.

Hardwick Primary School will not give any medication prescribed to a child under 16 without a parent's written consent except in exceptional circumstances under direction of a medical professional.

A child under 16 years of age should never be given medicine containing Aspirin unless prescribed by a healthcare professional.

Some medicines need to be given at specific times, for example

- before, with or after food the absence/presence of food in the stomach can affect how the medicine works and may cause unwarded effects
- some illness can only be controlled with very precise dose timings, for example, seizures may only be controlled if the medication is taken at set times

Schools must have robust communication procedures in place to ensure that any information relating to the administration of medications, whilst in their care, is shared with external providers. For example, extra curriculum activity, including Before and After School clubs, whether led by the school or an external provider.

Oral Mixtures

A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Instructions on the medication label must be followed. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves. Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.

Tablets/capsules

Pupils who need tablets usually take them before or after their meal according to their GP's instructions. They may however be needed at other times of the day.

Pupils should go to the *Rainbow Room* and ask for their tablets from the appropriate member of staff (see Training)

Inhalers

Inhalers will be kept in individual classrooms in a medical bag, unless there is a specific reason why this is not appropriate, which should be documented. Medical bags will be taken with classes to PE lessons and external visits. When the pupil needs to take their inhaler, e.g. before a PE lesson, or at break time/lunchtime, the teacher/admin staff should record this on a daily record. Where a child increases the number of times they need their inhaler, staff will be alerted to this by the record, and they are able to pass this information onto the parents, so that the 'preventer' inhaler dose can be checked by their GP.

Pupils are trained how to access and use their inhaler, and about the importance of adult supervision. Pupils should be supervised when they take their inhaler. If they have any difficulty, a First Aider should be called to assist.

If parents request that their child keeps their inhaler with them during the day, the pupil must be reminded by the class teacher to record when a dose has been taken.

Emergency Salbutamol Inhalers

Hardwick Primary has chosen to hold an emergency inhaler for use by pupils who have been diagnosed with asthma and prescribed a reliever inhaler, OR who have been prescribed a reliever inhaler.

Written parental consent for its use has been obtained, and a record of this is kept with the emergency inhalers to establish which pupils have this in place. The Pupil Administrator is responsible for ensuring that this register is reviewed and kept up to date. This information will also be included on the pupil's IHCP if one is in place.

If there is an emergency situation whereby consent has not been received, either for a pupil with diagnosed asthma, or for a pupil with no previous history or knowledge of asthma <u>and</u> symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.

An emergency kit is in place, kept in the Rainbow Room, which includes: -

- a salbutamol metered dose inhaler
- at least two plastic spacers
- instructions on using the inhaler and spacer, together with cleaning/storage instructions

To reduce the possible risk of cross-infection, the Emergency inhaler must be used with the plastic spacer which will be thoroughly cleaned in between each use. The inhaler can be cleaned and reused.

If a pupil has used the emergency inhaler, their parent/carer will be informed as soon as possible, and at least by the end of the day if the pupil is well enough to remain in school, by the class teacher.

A "Guidance on the use of Emergency Salbutamol Inhalers in School" consent form template, to be completed by parent/carers template is attached— See Appendix 2.

A "Guidance on the use of Emergency Salbutamol Inhalers in School" specimen letter to inform parents of the use of an emergency inhaler is attached - see Appendix 3.

Further information can be found in the Department of Health's "Guidance on the user of emergency salbutamol inhalers in school – March 2015"

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_in halers_in_schools.pdf

Emergency Medication for Anaphylactic Shock

Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHCP), with an emergency action plan, completed by their healthcare professional.

Where an adrenaline auto-injector has been prescribed, the pupil's parent/carer should ensure that an in date adrenaline auto injector (e.g. an Epi Pen) is kept in school. Usually, the auto will be kept in the child's classroom. If appropriate, the pupil may keep an auto injector on their person – refer to the section on Self-Management. If the pupil's IHCP state that they need immediate access to the auto-injector, but the child is not able to safely keep their auto injector on their person, a plan will be put in place for designated staff members to keep the auto-injector with them, e.g. a Midday supervisor at lunchtime. An adult emergency auto-injector and two child auto-injectors should be kept in the medicine cupboard in the School Office and be available for administering if the pupil goes into anaphylactic shock. Parental consent will be required for children who have auto-injectors in school.

If a pupil is going into anaphylactic shock, the emergency services will be called immediately – see Emergency Procedures 3.4.

If there is an emergency situation where a pupil has no previous history or knowledge of having an allergy <u>but</u> symptoms suggest anaphylactic shock is occurring, the emergency services will be called. If advised to do so by the emergency services, an emergency auto-injector (if in place) or another pupil's auto-injector will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.

Injections

School staff will not give a pupil an injection unless training to do so has been delivered. This training will be delivered following advice from the school nurse / relevant healthcare professional.

Ointments/creams

The Academy will only administer ointments/creams prescribed by healthcare professionals. All efforts should be made for the pupil's ointment/cream to be applied at home by parent/carers. If it is necessary to apply a prescribed dose during school hours, this should be recorded on Template C.

If it is a long-term prescription (i.e. more than 4 weeks), a Healthcare Plan should be provided by the pupil's healthcare professionals.

The pupil will be encouraged to apply the cream/ointment themselves, under supervision from a member of staff. Where this is not possible due to competency or location area on the body then Department for Education's Template B should be completed. A body map should be completed for the area where the cream/ointment is to be applied – See Appendix 4.

Eye, Nose and Ear Drops

Hardwick Primary School will only administer ear, nose or eye drops prescribed by healthcare professionals. All efforts should be made for the pupil's ear, nose or eye drops to be applied at home by parent/carers. If it is necessary to apply a prescribed dose during school hours, this should be recorded on Department for Education's Template C. The drops should be administered, following the label's instructions by a member of staff. Good infection prevention practice should be adhered to, i.e. using a clean environment, with handwashing facilities immediately available.

SELF MANAGEMENT

It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines from a relatively early age, and Hardwick Primary School will encourage pupils to manage the use of their inhalers and adrenaline auto injectors (Epi-Pens) accordingly. Hardwick

Primary School acknowledges that the age at which pupils are ready to take care of and be responsible for, their own medication varies. Health professionals need to assess, with parents and pupil, the appropriate time to make this transition. If health professionals and parents deem it appropriate for children to take on a greater self-management role, school will risk-assess this and record how this will be managed on the pupil's IHCP.

REFUSAL TO TAKE MEDICINE

If a pupil refuses to take their medication, staff should not force them to do so. If a prescribed condition critical medication/injection is refused, the Academy must take prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHCP.

If a refusal to take medication results in an emergency, Hardwick Primary School's emergency procedures should be followed – see Section 3.4.

STORAGE AND ACCESS

All medications should be stored safely. Pupils with medical conditions should know where they are at all times and have easy access to them.

Hardwick Primary School will provide cold storage for medications once opened, if required, as directed by prescription/written instructions from a healthcare professional.

Medications should not be stored in any first aid boxes on the premises.

Hardwick Primary School will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration.

Medicine should be clearly marked with the pupils name and dose to be taken. A photograph of the pupil can be attached if needed to the medication for clear identification. Facilities should be available to ensure that the medications are stored at the correct temperature if stated on the medication label/IHCP.

It is essential that a pupils' emergency medication is immediately accessible for that pupil, if participating in an extra curriculum activity, including Before and After School clubs, whether led by the school or an external provider.

Parents/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term.

RECORD KEEPING

As part of the Academy's admissions process and annual data collection exercise parents/carers are asked if their son/daughter has any medical conditions. These procedures also cover transitional arrangements between schools.

General Record Keeping

The pupil's confidentiality should be protected and the Academy should seek permission from parents/carers before sharing any medical information with any other party.

Hardwick Primary School will keep an accurate record of all medication administered, including the dose, time, date and supervising staff by using Template C.

CONTROLLED DRUGS (CDs)

Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school. Controlled Drugs require additional safety controls for storage, administration and disposal, under the Misuse of Drugs Regulations 2001. The Academy should follow these to ensure that all legal requirements and best practice are adhered to.

A list of commonly encountered controlled drugs can be found at the following link:-

https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation

Guidance on how a controlled drug is classified can be found at the following link:

https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency#appendix-1-classifying-and-controlling-drugs

An example of a medical condition that may require a controlled drug is ADHD, for which methylphenidate (Ritalin tm) may be prescribed.

Midazolam Buccal, which is a medication used for controlling seizures, is a Schedule 3 controlled drug, and does not require the same controls as other Schedule 1 and 2 controlled drugs under the legislation. However it is best practice to store and control this medication in the same way as other controlled drugs.

A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual healthcare plan – see the Department for Education's Template A: Individual Healthcare Plan. When a controlled drug is prescribed, and has to be administered during school hours, it should be highlighted on Template A. Extra training requirements should be highlighted and undertaken for staff administering a controlled drug. Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers.

The following requirements should be met, in line with the above legislation:-

storage:

- the medication should be locked and stored appropriately in its original packaging with the child's name and prescribed dose on the packaging. At Hardwick Primary School medication will be stored in a locked cabinet in the Rainbow Room, FS2 or in a lockable unit. The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP.
- o named staff only should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.

administering:

 two members of staff should be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration. Only one member of staff needs to be First Aid trained.

record keeping:

- a separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication. This register is to be kept for two years from the date of the last entry in the register.
- if misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Headteacher, and reported to the Police/Local Intelligence Network (LIN). Guidance on this should be sought from healthcare professionals.

destroying

 unused controlled drugs will be returned to parents to be disposed of appropriately following advice taken from healthcare professionals.

UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, the following is generally not acceptable practice and will be avoided wherever possible.

Hardwick Primary School will not:-

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- penalise pupils for their attendance record if their absences are related to their medication condition, e.g. hospital appointments.
- require parents, or make them feel obliged, to attend school to administer medications, or provide medical support to their child.
- assume that every pupil with the same condition requires the same treatment.
- ignore the views of the pupil or their parents; ignore medical evidence or opinion.
- send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- send a pupil to the school office/medical room if they become ill unaccompanied, or with an unsuitable person.
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- prevent pupils from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the pupil.

If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the Academy's disciplinary procedures are followed.

Hardwick Primary School will ensure that all staff responsible for administering medications understand that they must strictly adhere to the prescription dosage, and the implications for not doing so. This will be done at the time of agreeing to undertake this role.

Staff should be aware that they must not alter/amend any medications, i.e. by crushing tablets or increasing a dose if requested by the pupil. Specific written instructions will be given by a healthcare professional if there are any changes to a dose or methods of administration.

The Academy will make it clear to staff responsible for administering medicines of the implications for covertly taking medications and that the Academy will immediately undertake disciplinary action/police investigations as needed.

COMPLAINTS PROCEDURE

Hardwick Primary School will ensure that any complaints concerning the support provided to pupils with medical conditions are investigated appropriately and in line with the school Complaints Policy (available on the school website).

Should parent/carers be dissatisfied with the support provided, they should discuss their concerns directly with the Academy. If, for whatever reason this does not resolve the issue, they may make a formal complaint via the Academy's complaints procedure.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996, and after other attempts at resolution have been exhausted.

It will be relevant to consider whether the Academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Hardwick Primary School Section 3.4

Managing Medications on an Outing/Residential Visit

Risk assessments are completed before each school trip and outing. Risks for pupils with known medical conditions are considered, as well as any potential risk to others.

Pupils who require short-term medication for the duration of the trip/residential

Parent/carers complete medical forms before the visit at which point the Academy will establish, from parents/carers, the medication, circumstances in which it can be administered, the precise time the dose is given and the exact dose.

All medication must be provided in the original packaging as supplied from the pharmacy.

Pain Relief

Pupil's/students who require regular/prescribed pain relief that needs to be taken whilst on an outing/residential visit must bring in their own supply of the medication and parents must complete a separate medication consent form. All pupil/student medication will be held in by the Visit Leader.

Hardwick Primary School may take a central store of medication such as Calpol/paracetamol on a residential visit. Parental consent must still have been given for administration. This will be achieved as part of the parental consent to act in loco parentis in emergency situations. Prior to administering medication that has not been directly provided by the parent/carer, the Visit Leader will always attempt to contact the parent/carer to explain why the medication is being given.

Pupils with an Individual Healthcare Plan in place

For pupils with known medical conditions, staff will make contact with the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Group Leader.

For Early Years/Foundation Stage pupils, where it is assessed that the pupil cannot self-manage their inhaler, Group Leaders will ensure that staff keep the inhalers for pupils allocated to them. All doses administered need to be recorded.

Controlled drugs

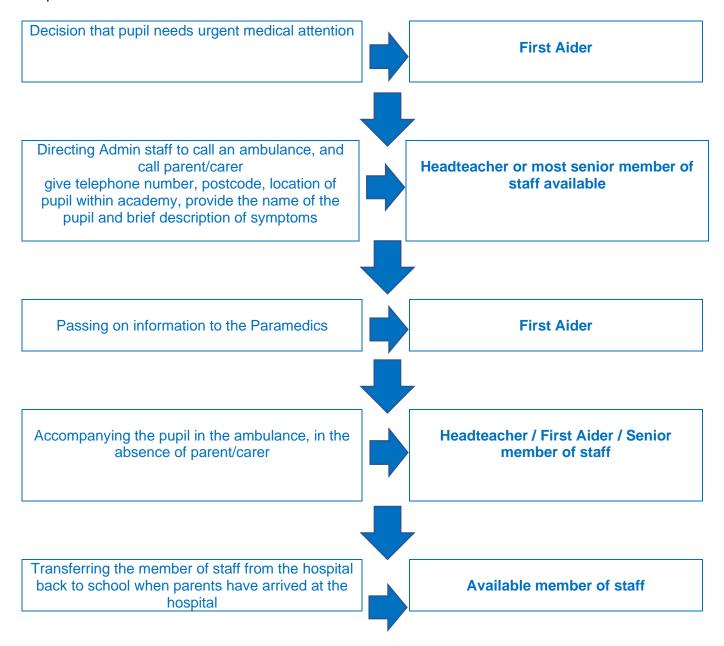
Hardwick Primary School will make every effort to accommodate pupils with a medical condition who require controlled drugs to be administered when in the school's care, but off the school premises. For a residential visit, consultation with the venue will need to take place, to ensure safe storage facilities will be in place.

Hardwick Primary School Section 3.5 Emergency Procedures

The flowchart follows Template F of the Department for Education statutory guidance.

Staff should not take pupils to hospital in their own vehicle.

Where an Ambulance needs to be called in school, there are several roles which need to be fulfilled. The responsibility for these roles is fluid, to cover staff absence/cover. All staff should be aware of the procedures.



Hardwick Primary School Section 3.6 Further Guidance / References

Royal Pharmaceutical Society of Great Britain (RPSGB) - The Handling of Medicines in Social Care

Department of Health - "Guidance on the use of emergency salbutamol inhalers in school – March 2015"

https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency#appendix-1-classifying-and-controlling-drugs

https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_a uto_injectors_in_schools.pdf

LEGISLATION:

Section 2 of the **Health and Safety at Work Act 1974** and the associated regulations, provides that it is the duty of the employer (the governing body and academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Misuse of Drugs Regulations 2001 and associated regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a pupil who has been prescribed a controlled drug.

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

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies)

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units (PRUs) to make arrangements for supporting pupils at their school with medical conditions

Hardwick Primary School Section 3.7

Department for Education Templates

- Appendix 1: model IHCP flowchart
- Appendix 2: specimen letter from parent/carer for use of emergency inhaler
- Appendix 3: specimen letter to inform parent/carer of use of emergency inhaler
- Appendix 4: specimen letter from parent/carer for use of emergency adrenaline auto-injector
- Appendix 5: body map
- Template A: individual healthcare plan (IHCP)
- Template B: parental agreement for setting to administer long term medicine
- Template C: parental agreement for setting to administer short term medicine, including a record of medicine
- Template D: staff training record administration of medicines

Appendix 1: Model IHCP Flowchart

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them) Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided School staff training needs identified Healthcare professional commissions/delivers training and staff signed-off as competent - review date agreed IHCP implemented and circulated to all relevant staff IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

Appendix 2: Consent Form for use of Emergency Salbutamol Inhaler and administering long term medicines

PARENTAL CONSENT

ADMINISTRATION OF MEDICINES IN SCHOOL

TO BE COMPLETED BY THE PARENT/GUARDIAN OF ANY CHILD REQUESTING THAT DRUGS ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF OR WHERE A CHILD IS BRINGING MEDICINE INTO SCHOOL WHICH THEY WILL SELF- ADMINISTER.

If you need help to complete this form, please contact the school. Please complete in block letters

letters			
Name o	of Child	_ Date of Birth	
Addres	s	School	
		_	
		_	
Doctor's	's Name		
	CRIBED MEDICINES		
The Do	octor has prescribed (as follows) for my child	1:	
1 Nam	ne of drug or medicine to be given.		
2. Whe	en? (e.g. lunchtime? After food? When whee		
	v much? (e.g. half a teaspoon? 1 tablet? 2 dr	ops?).	
	ute, e.g. by mouth or in each ear. special storage instructions?		
1.			
2.			
3.			
4.			
5.			

DETAILS OF PUPILS MEDICAL CONDITIONS	
 Signs and symptoms of this pupil's condition?. Triggers or things that make this condition happed. What to do in an emergency? 	en?
1	
2	
3	
(Child's Name)	
can administer his/her own medication*/requires superassistance in administering his/her medicine*.	ervision to administer his/her own medicine*/requires
	with the above information by a named member of the I understand that it may be necessary for this treatment out-of- school activities, as well as on the school
I undertake to supply the school with the drugs and me provided by the Dispensing Chemist.	nedicines in the original duplicate labeled containers,
I accept that whilst my child is in the care of the school and that the school staff may, therefore, need to arra emergency, but I will be told of any such action as so	nge any medical aid considered necessary in an
I can be contacted at the following address/telephone	e during school hours:
Name	Name
Address	Address
Emergency Telephone Number	
Signed	
Date	

Appendix 3: Specimen Letter to Inform Parents of Emergency Salbutamol Inhaler Use

Name of pupil:
Class:
Dear,
[Delete as appropriate]
This letter is to formally notify you that your child has had problems with their breathing today. This happened when
They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.
Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.
[Delete as appropriate]
Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible and arrange for a new salbutamol inhaler to be provided and kept in school.
Yours sincerely,

Appendix 4: Consent Form Use of Emergency Adrenaline Auto Injector

Consent for use of emergency adrenalin auto injector for pupils who have been diagnosed with severe allergies and have a prescribed personal adrenalin auto injector.
Name of pupil:
Class:
1. I can confirm that my child has been diagnosed with a food (please state which food) / wasp/bee sting / latex allergy / [other allergy] and has been prescribed an adrenaline auto injector. [delete as appropriate].
2. My child has an in-date adrenaline auto injector, clearly labelled with their name, which they will have with them at school every day.
 In the event of my child displaying symptoms of anaphylaxis shock, and if their own adrenaline auto injector is not available or is unusable, I consent for my child to receive as injection from an emergency adrenaline auto injector held by the school for such emergencies.
Parent/carer signature
Parent/carer name

Appendix 5: Body Map

For use for pupils who require assistance with the application of creams/ointments for medical reasons

(The body map must be completed by the parent/carer before any cream or ointment is applied at school)

Name of pupil:	.Date of Birth:
Class:	
Name of medication:	
Reason for, and frequency of application:	
Name(s) of staff to apply prescribed cream/ointr	ment:
Indicate below the affected areas where cream/	ointment may require applying.
Parent/carer signature	Date

Parent/carer name

Template A: individual healthcare plan

If no healthcare professional input has been received, choose one of the following statement: Delete one or both as appropriate

Mild ill health (seasonal/childhood asthma or allergies of a mild nature)

The ill health condition of the pupil does not require direct input from a healthcare professional. Parents/carers are confident that they are able to provide sufficient information to enable the pupil to be safety supported at school.

More serious medical conditions

Name of Academy/setting

(insert pupil name) healthcare professional (insert name) has been requested to provide information/assist in the development of the Individual Healthcare Plan

The healthcare professional (insert name) has declined to provide information/assist (attach response or date/time if a phone call).

The information and management controls within this plan have been developed from the information provided by parents/carers only, to the best of their ability without the requested healthcare professional assistance.

Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Family Contact Information Name	
Name	
Name Phone no. (work)	
Name Phone no. (work) (home)	
Name Phone no. (work) (home) (mobile)	

Phone no. (work)		
(home)		
(mobile)		
Clinic/Hospital Contact		
Name		
Phone no.		
G.P.		
Name		
Phone no.		
Who is responsible for providing support in Academy		
Describe medical needs and give details of equipment or devices, environmental issue	of child's symptoms, triggers, signs, treatments, facilities es etc.	۶,
Name of medication – dose, method of ad ndications, administered by/self-administered	ministration, when to be taken, side effects, contra- ered with/without supervision.	
f this is a controlled drug – detail the arrar	ngements required for storage, administering and dispo	sal
Daily care requirements		

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

Arrangements for Academy visits/trips etc
Other information
Describe what constitutes an emergency, and the action to take if this occurs
Who is responsible in an emergency (state if different for off-site activities)
Plan developed with
Staff training needed/undertaken – who, what, when
Form copied to

Template B: parental agreement for setting to administer short term medicines



SCHOOL MEDICINE RECORD

Both sides of form must be completed

Ole Halle Manne	
Child's Name	
Class Registration Group	
Name of Medicine	
Self-Administration	Yes No
How much to give (i.e. Dose)	
When to be given - time	
Date medication was dispensed by the pharmacy	
Last date medication needs to be given	
Procedures to take in an emergency	
Any other instructions (include details of inhalers, if any)	
Tel No of parent or adult contact	
Parent's signature obtained via parental consent form	

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

SCHOOL MEDICINE RECORD

	1	l	1	ı	1	1	1		
Date									
Time given									
Staff initials									
Date									
Time given									
Staff initials									
Date									
Time given									
Staff initials									
Otan Initials									
Date									
Time given									
Staff initials									
Date									
Time given									
Staff initials									
Date									
Time given									
Staff initials									
			<u> </u>						

Template D: staff training record – administration of medicines

Name of Academy/setting	g				
Name					
Type of training received					
Date of training complete	d				
Training provided by					
Profession and title					
confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].					
Trainer's signature					
Date					
confirm that I have received the training detailed above.					
Staff signature					
Date		_			
Suggested review date _		_			

Template F: contacting emergency services

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.

- 1. your telephone number
- 2. your name
- 3. your location as follows [insert Academy/setting address]
- 4. state what the postcode is please note that postcodes for satellite navigation systems may differ from the postal code
- 5. provide the exact location of the patient within the Academy setting
- 6. provide the name of the child and a brief description of their symptoms
- 7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- 8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of Hardwick Primary School's policy for supporting pupils with medical conditions for your information.

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

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

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

Yours sincerely