



SUPPORTING CHILDREN WITH MEDICAL CONDITIONS

2019-2022

MAT Board Approval:

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Member of Staff Responsible:

Mrs Claire Davies

This policy is a guidance document, providing a framework for each individual DoWMAT academy to include details specific to the arrangements within the academy.

Our Vision

‘To Love, To Learn, To Serve’ sums up the DoWMAT’s vision for those who come together to create the MAT, enabling all to flourish both as individuals and in community with each other; living life in all its fullness (John 10:10).



Our Values

To Love

The New Testament sums up the entire law as a call to “love your neighbour as yourself” (Galatians 5:14). The Bible teaches that we are only able to love because God first loved us (1 John 4:10). This love is expected to characterise the way in which the DoWMAT operates, makes decisions, builds relationships, and carries out its day-to-day business: each person putting the needs of others before their own, with a commitment to the flourishing of all. The exposition of love in 1 Corinthians 13 reminds us that love is patient, kind, forgiving, generous, humble, trusting, respectful, hopeful, resilient and enduring. Those who learn and work in the DoWMAT, and all who come into contact with it, can expect to experience that love in the way that they are treated.



To Learn



The DoWMAT is a Christian learning community that is committed to enabling all to live a life of freedom and transformation as a result of the hope and wisdom that learning brings. Learning is at the heart of the Church of England’s vision for and commitment to education. Growing in wisdom is celebrated in the Bible and all are exhorted to listen, to seek guidance, to acquire knowledge and to learn discretion (Proverbs 1: 1-6), largely through human relationships and interactions. Jesus’ teaching, as summed up in the Beatitudes (Matthew 5:3-10), describes human beings who are learning to live a life that is characterised by humility, compassion, mercy, righteousness and peace. The learning that takes place within the DoWMAT is expected to be recognisably rooted in these godly characteristics and focused upon enabling the holistic development of people who are made in the image of God.

To Serve

Service and servant leadership, was a striking feature of the way in which Jesus lived his life. The example he gave to his disciples in washing their feet (John 13:1-17) provides us with a role model for the way in which we should seek to live in community with others. Putting the needs of others before our own, supporting people in their growth and development as holistic human beings, enabling people’s gifts and talents to come to the fore as a result of our service to them are all defining characteristics of the way in which the DoWMAT operates. In serving others and meeting their needs through generosity of spirit, we manifest God’s grace and love for others (1 Peter 4:8-11).



These core values underpin all aspects of our Trust as we strive to make a positive difference to the lives of all DoWMAT pupils whilst they are at school and in later life. Through these values, we can be sure our community is one of hope; a place of transformation and trust, where all are treated with respect and dignity.

OUTSTANDING PROFESSIONALS | COLLABORATIVE PARTNERSHIPS | STRONG SYSTEMS | CONFIDENT LEARNERS

1. INTRODUCTION

- 1.1. **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.
- 1.2. The aim of this policy is to ensure that each DoWMAT Academy carries out their statutory duty to make arrangements to ensure pupils with medical conditions, in terms of both physical and mental health, will be properly supported in school so that they can play a full and active role in school life, remain healthy, achieve their academic potential and access and enjoy the same opportunities at school as any other child.
- 1.3. We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. We recognise that each child's needs are individual.
- 1.4. We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The school will focus on giving pupils and their parents every confidence in the school's approach.
- 1.5. The school recognises that some children who require support with their medical conditions may also have special educational needs and may have a statement or Education Health Care Plan (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority where this is in the best interest of the child. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.
- 1.6. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made.
- 1.7. In carrying out this duty, the Diocese of Worcester Multi Academy Trust (DoWMAT) and all its academies will have due regard to the following documents:
 - Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', April 2014 (This statutory guidance also refers to other specific laws.)
 - For Governing Bodies of Maintained Schools and Proprietors of Academies in England December 2015, please refer to the following guidance.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Special Educational Needs Code of Practice
- Other school policies, such as Child Protection, Equal Opportunities, Behaviour, Administering Medicines, Intimate Care and Special Educational Needs.

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

1.9. This policy should be used as a starting point and customised to reflect the management, training, administering and medication storage procedures of the individual academy.

2. POLICY IMPLEMENTATION

2.1. To ensure that the arrangements detailed within this policy are implemented effectively, each DoWMAT academy is expected to have due regard to the following:

- 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

2.2. Specific Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

2.3. The Local Academy Board

The Local Academy Board (LAB) will:

- Make arrangements to support pupils with medical conditions in school, including making sure that this policy is implemented.
- Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- 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.

2.4. Headteacher

The Headteacher will:

- Ensure that the Supporting Pupils with Medical Conditions Policy is developed and effectively implemented with partners, including all staff are aware of the policy and that they understand their role in implementing the policy.
- Ensure that all staff who need to know are aware of a child's condition
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all the Individual Health Care Plans, including in contingency and emergency situations
- Have overall responsibility for the development of Individual Health Care Plans and ensuring these are monitored frequently
- Ensure that all staff are appropriately insured to support pupils in this way
- Liaise with the school nurse in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service
- Ensure supply teachers are briefed on the needs of the child
- Ensure risk assessments are put in place for educational visits, and other school activities outside the normal timetable, and

2.5. School Staff

School Staff will:

- 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.
- Take into account the needs of pupils with medical conditions that they teach, although administering medicines is not part of teachers' professional duties.
- Receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

2.6. School Nurse

The School Nurse will:

- Be aware of their responsibilities for notifying the school when a pupil has been identified as having a medical condition which will require support in school
- Support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example, on training
- Liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs

2.7. Other Healthcare Professionals (including GP, paediatricians, nurse specialists/ community paediatric nurses)

Other Healthcare Professionals (including GP, paediatricians, nurse specialists, community paediatric nurses) will:

- Notify the school nurse and work jointly when a pupil has been identified as having a medical condition that will require support at school.
- Provide advice on developing healthcare plans
- Be able to provide support in schools for pupils with particular conditions (eg asthmas, diabetes, epilepsy)
- Ensure any prescribed medications, including dosages, are appropriately monitored and reviewed.

2.8. Pupils

Pupils with medical conditions may be best placed to provide information about how their condition affects them. They should be 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. Other children will often be sensitive to the needs of those with medical conditions.

2.9. Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Parents are seen as key partners and they will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. Parents should carry out the action they have agreed to as part of its implementation, eg. Provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

3. PROCEDURES TO BE FOLLOWED WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION

3.1. The school, in consultation with all relevant stakeholders including parents, will:

- Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing Healthcare Plans.
- Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- Put arrangements into place in time for the start of the new school term.
- In other cases, such as a new diagnosis or children moving to a new school mid-term, make every effort will be made to ensure that arrangements are in place within two weeks.
- Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.
- Ensure any staff training needs are identified and met.

4. INDIVIDUAL HEALTH CARE PLANS

4.1. The school's SENCO will be responsible for developing IHCPs. The purpose of the plan will be to ensure that there is clarity about what needs to be done, when and by whom. Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

- 4.2. The school, health care professionals and parents should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. A flow chart for agreeing the support required is provided in Annex A.
- 4.3. The Health Care Plan is a confidential document. The level of detail within will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan. Annex B shows a template for the Individual Health Care Plan and the information needed to be included.
- 4.4. Individual Health Care Plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. Specialist or community nurse. Wherever possible, the child will also be involved in the process. The aim is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Responsibility for ensuring the plan is finalised rests with the school.
- 4.5. The Individual Health Care Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption. Reviews will be linked to any education health care plan the child may have.
- 4.6. The information to be recorded on an EHCP - When deciding on the information to be recorded on Individual Health Care Plans, the following will be considered:
- The medical condition, its triggers, signs, symptoms and treatments
 - The pupil's resulting needs, including medication (dose, 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 environmental issues e.g. crowded / noisy conditions, travel time between lessons
 - Specific support for the pupil's educational, social and emotional needs – for example, exams, use of rest periods or additional support in catching up with lessons, counselling sessions
 - The level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
 - Who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child'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 child'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
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg. Risk assessments
- Where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency Health Care Plan prepared by their lead clinician that could be used to inform the development of their Individual Health Care Plan.

5. STAFF TRAINING AND SUPPORT

- 5.1. Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on the roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical needs will have been trained beforehand. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- 5.2. Specific support and training needs may be identified through the Individual Health Care Plans (IHCP), together with who will provide the training. This will enable staff who support a pupil with a medical condition to understand the specific conditions, their implications, preventative and emergency procedures.
- 5.3. The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and this will be supported by the LAB. Some training may be arranged by the school, and other types may make use of the skills and knowledge provide by the school nurse service, or specialist nurse services, among others. In some cases, the healthcare professional may be able to advise on easily accessible training such as on the jext website. Other training may involve on-site or off-site provision. Parents will be asked to supply specific advice and then this will be reinforced with healthcare professional advice.
- 5.4. All staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident enough to deliver the support.
- 5.5. 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.

- 5.6. All training should be documented together with a clear plan for refresher sessions, or updates if the pupil's condition deteriorates.
- 5.7. It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions.
- 5.8. The Supporting Pupils with Medical Conditions Policy will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the school.

6. THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

- 6.1. 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 the Academy will encourage pupils to manage the use of their inhalers and adrenaline auto injectors (epi pens) accordingly. The Academy 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.
- 6.2. 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.
- 6.3. If a pupil refuses to take a non-prescribed medication, this should be recorded in the pupil's records.
- 6.4. Parent/carers should be informed of the refusal on the same day.

7. MANAGING MEDICINES ON SCHOOL PREMISES

- 7.1. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:
 - Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
 - No child will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

- Non-prescription medicines will be administered by parents, should they be needed during the school day. For the administering of non-prescription medicines during an educational visit, parents should provide written consent.
- No child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Medicines will be stored safely. This may be in the school office or in a fridge in the kitchen. Some medicines may be stored in classroom store rooms. Children who need to access their medicines immediately, such as those requiring asthma inhalers, will be shown where they are. On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.
- If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.
- When no longer required, medicines should be returned to the parent / carer to arrange for safe disposal.

7.2. 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 **admin office/ XXXXX** and ask for their tablets from the appropriate member of staff (see Training)

7.3. Inhalers

- Inhalers will be kept in individual classrooms in a grab bag, unless there is a specific reason why this is not appropriate, which must be documented in the IHCP. 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 the importance of adult supervision. Pupils should be supervised when they take their inhaler. If they have any difficulty, the 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
- Written records will be kept of all medicines administered to children and parents will be informed if their child has been unwell at school.

7.4. 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 autoinjector has been prescribed, the pupil's parent/carer should ensure that two in date adrenaline auto injectors (e.g. an Epi Pen) are kept in the school. If appropriate, the pupil may keep an autoinjector on their person – refer to the section on Self Management. If this is not appropriate, the autoinjector should be kept safely in the pupil's classroom. The second autoinjector should be kept in the medicine cupboard in **XXXX** and be available for administering if the pupil goes into anaphylactic shock.

If a pupil is going into anaphylactic shock, the emergency services will be called immediately.

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

7.5. Injections

Academy staff will not give a pupil an injection unless staff have agreed and specific training to do so has been delivered. This training will be delivered by an appropriate person, such as the School Nurse or a Healthcare Professional.

7.6. Ointments/Creams

Each DoWMAT 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.

If it is a long-term prescription (ie, 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 the 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.

7.7. Eye, Nose and Ear Drops

Each DoWMAT Academy 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, ie using a clean environment, with handwashing facilities immediately available.

8. STORAGE

- 8.1. All medications should be stored safely. Pupils with medical conditions should know where they are at all times and have access to them immediately.
- 8.2. The Academy should provide cold storage for medications once opened, if required, as directed by prescription/written instructions from a healthcare professional.
- 8.3. Medications should not be stored in any first aid boxes on the premises.
- 8.4. The Academy should only accept prescribed (and non-prescribed) medication that is in date, labelled and in its original container including prescribing instructions for administration.

- 8.5. Medicine (with the exception of individual inhalers) should be stored in a named Medical Box with each pupil's medicine clearly marked with the pupil's name and the dose to be taken. A photograph of the pupil can be attached 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.
- 8.6. 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.

9. EMERGENCY PROCEDURES

- 9.1. A child's Individual Health Care Plan will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.
- 9.2. If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

10. EDUCATIONAL VISITS AND SPORTING ACTIVITIES

- 10.1. The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.
- 10.2. The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

11. UNACCEPTABLE PRACTICE

- 11.1. Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:
 - Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
 - Assume that every child with the same condition requires the same treatment

- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Health Care Plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition e.g. Hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e. by requiring parents to accompany the child.

12. RECORD KEEPING

- 12.1. 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.
- 12.2. 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.
- 12.3. The Academy will keep an accurate record of all medication administered, including the dose, time, date and supervising staff by using Department for Education's Template C and D attached.

13. CONTROLLED DRUGS (CDs)

- 13.1. 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.

- 13.2. 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>
- 13.3. 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>
- 13.4. An example of a medical condition that may require a controlled drug is ADHD, for which methylphenidate (Ritalin tm) may be prescribed.
- 13.5. 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.
- 13.6. 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.
- 13.7. The following requirements should be met, in line with the above legislation:
- Storage:
 - The medication should be double locked, ie in an appropriate storage container, in a locked room. The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP.
 - 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.
 - 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 should be destroyed under specific controlled conditions. This should be referred to on the IHCP, and advice taken from healthcare professionals.

14. LIABILITY AND INDEMNITY

- 14.1. The Academy 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>
- 14.2. The insurance arrangements will cover staff providing support to pupils with medication conditions. Insurance policies should be accessible to staff providing such support.
- 14.3. 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.

15. COMPLAINTS

- 15.1. The Academy will ensure that any complaints concerning the support provided to pupils with medical conditions will be investigated appropriately.
- 15.2. 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.
- 15.3. 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.
- 15.4. 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.

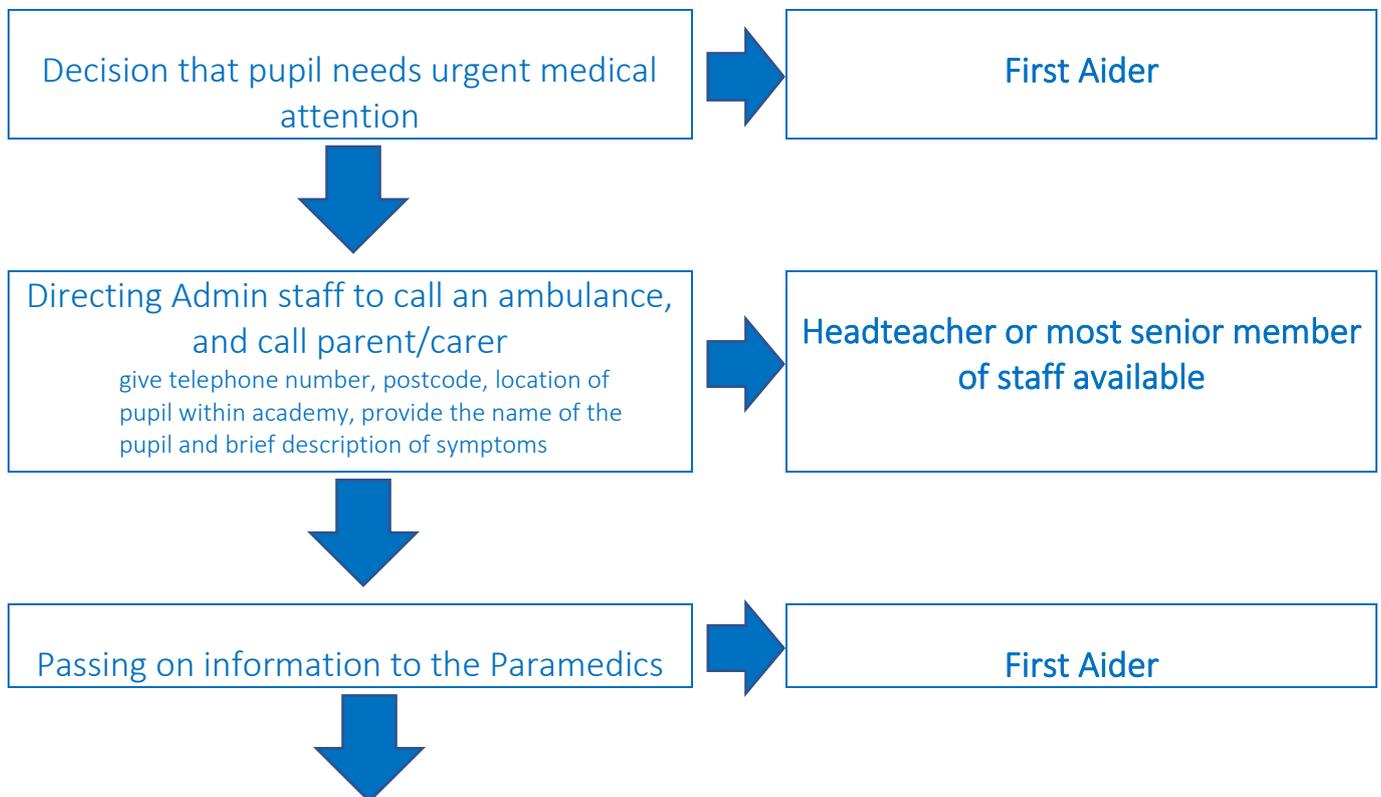
16. OTHER ISSUES FOR CONSIDERATION

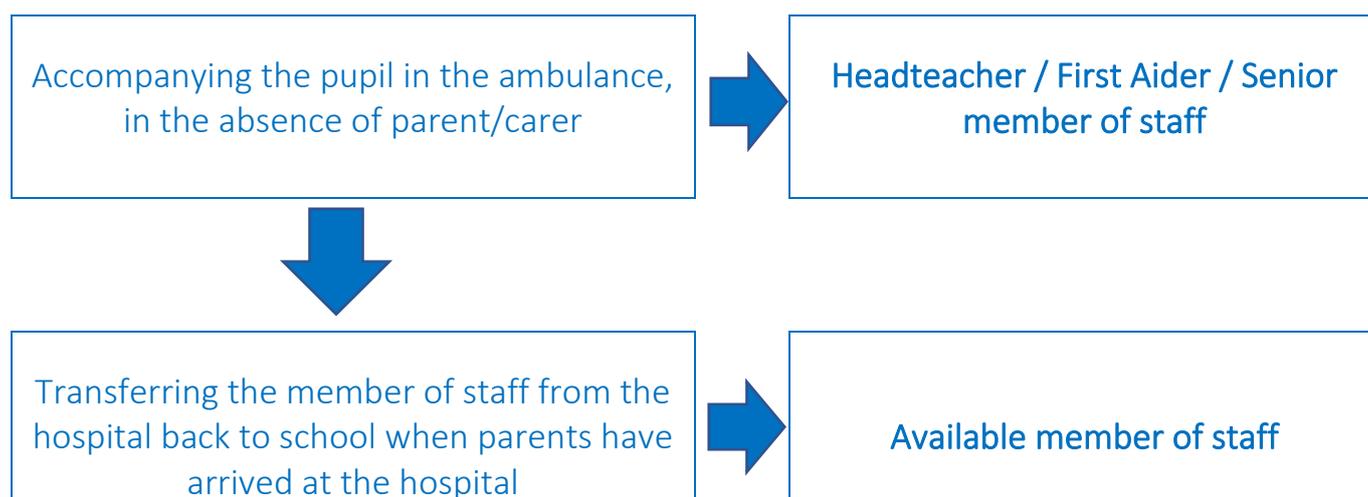
- 16.1. The school has a number of trained First Aiders amongst the staff. Where they have been trained in CPR, consideration may be given to the purchase of a defibrillator in the future. If installed, due consideration will be given to notify the West Midlands Ambulance Service.
- 16.2. The school will consider the use of asthma inhalers for emergency use once the regulations are changed by the Department for Health.

The following annexes are taken from a number of sources, to be used at the academy's discretion. 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.





XXXXX Academy 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 at least three weeks 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.

Older students who are competent to do so, may keep their own supply of medication, such as pain relief.(secondary school decision dependent on age etc)

The Academy 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

The Academy will make every effort to accommodate pupil's 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.

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_auto_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)

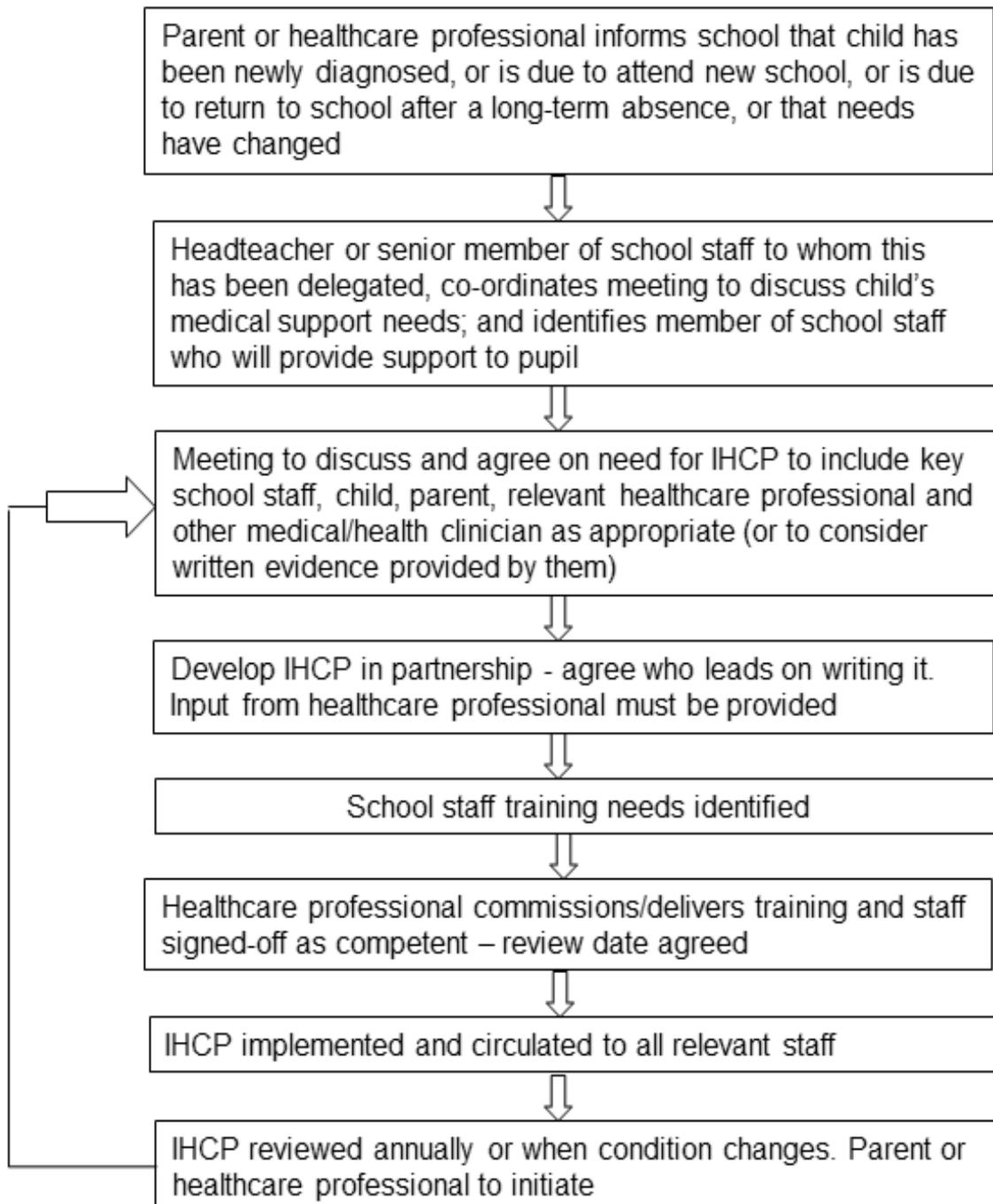
Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units (PRUs) to make arrangements for supporting pupils at their school with medical conditions.

XXXX Academy 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 medicine
- Template C: record of medicine administered to an individual child
- Template D: record of medicine administered to all children
- Template E: staff training record – administration of medicines
- Template F: contacting emergency services
- Template G: model letter inviting parents to contribute to individual healthcare plan development

APPENDIX 1



APPENDIX 2

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
[Insert academy name]

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: _____

Date: _____

Name (print): _____

Child's name: _____

Class: _____

Parent's address and contact details: _____

Telephone: _____

E-mail: _____

APPENDIX 3

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: _____

Class: _____

Date: _____

Dear,

[Delete as appropriate]

This letter is to formally notify you that..... has had problems with his / her breathing today. This happened when

A member of staff helped them to use their asthma inhaler.

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.

Yours sincerely,

APPENDIX 4

CONSENT FORM:
USE OF EMERGENCY ADRENALINE AUTO INJECTOR
[Insert academy name]

Child showing symptoms of anaphylaxis shock

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 adrenalin 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.
3. 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 an injection from an emergency adrenaline auto injector held by the school for such emergencies.

Signed: _____ Date: _____

Name (print): _____

Child's name: _____

Class: _____

Parent's address and contact details: _____

Telephone: _____

E-mail: _____

APPENDIX 5

BODYMAP

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

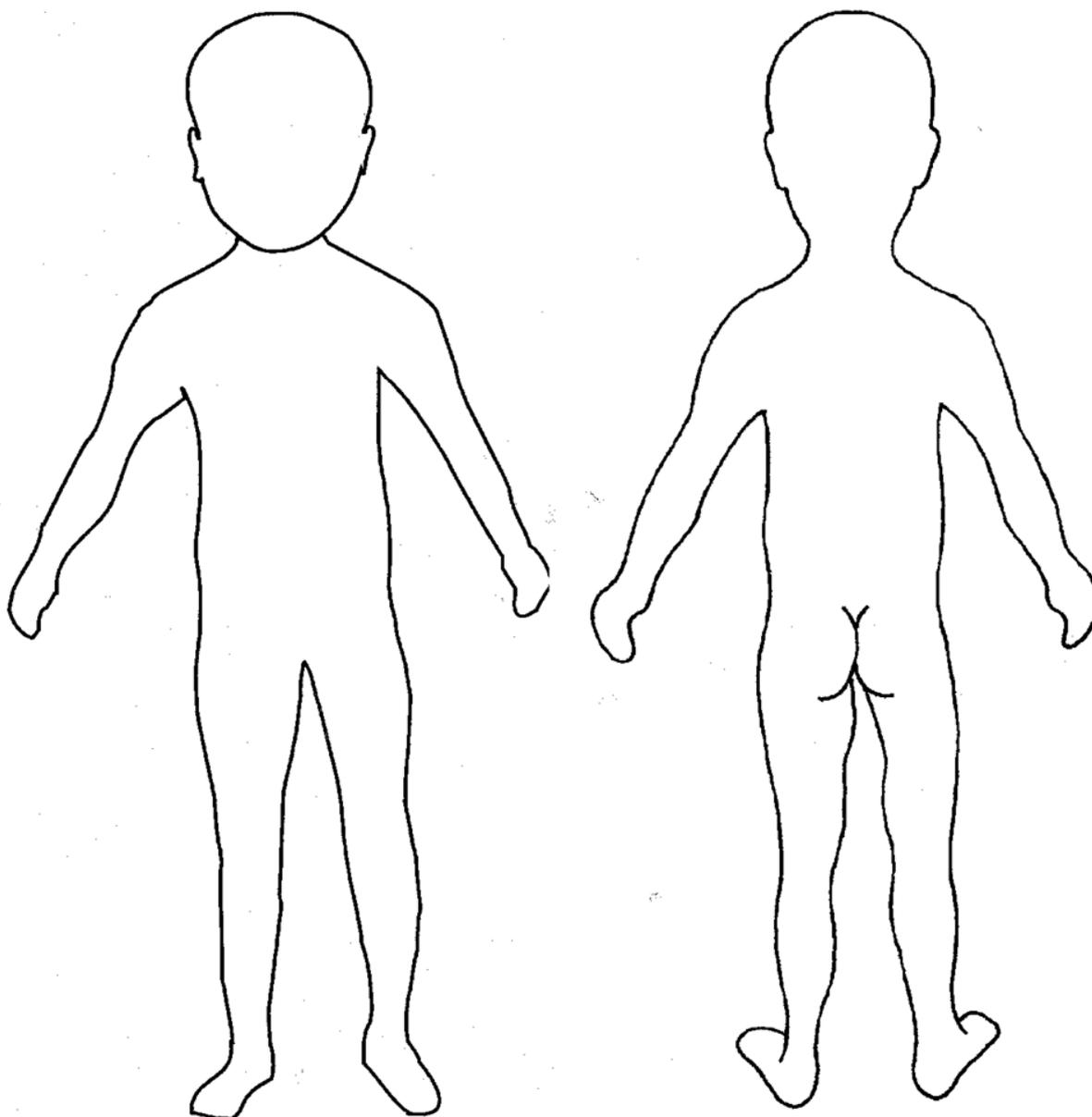
Name of pupil: _____ Date of Birth: _____

Class: _____

Name of staff to apply prescribed cream/ointment: _____

Name of medication: _____

Reason for, and frequency of application: _____



TEMPLATE A: INDIVIDUAL HEALTHCARE PLAN

Name of Academy/setting

--

Child's name

--

Group/class/form

--

Date of birth

--

Child's address

--

Medical diagnosis or condition

--

Date

--

Review date

--

Family Contact Information

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

Relationship to child

--

Phone no. (work)

--

(home)

--

(mobile)

--

Clinic/Hospital Contact

Name

--

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in Academy

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

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

If this is a controlled drug – detail the arrangements required for storage, administering and disposal

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 MEDICINE

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

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

Medicine

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

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

Contact Details

Name	
------	--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff]

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

Signature(s) _____

Date _____

TEMPLATE C: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of Academy/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature: _____

Signature of parent: _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			

Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

TEMPLATE E: STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Name of Academy/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I 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: _____

I 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 the Academy's policy for supporting pupils at Academy 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 Academy, 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 Academy 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

Ref: CD/Nov19