

# MEDICATION IN SCHOOL POLICY

# **Policy Statement**

This policy complies with the statutory requirements laid out in the DfE document "Supporting pupils with medical conditions" (December 2015).

The Children and Families Act 2014 (section 100) places a duty on Trustees / Governing Bodies of academies to make arrangements for supporting pupils at their school with medical conditions.

- It is the Trust's intention that all pupils at the school with medical conditions should be properly supported so that they have full access to education, including educational visits and physical education.
- The Trust is an inclusive community that aims to support and welcome pupils with medical conditions.
- The Trust aims to provide all pupils with all medical conditions the same opportunities as others within the Trust and to ensure that all staff understand their duty of care to children and young people in the event of an emergency.
- The Trust understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- The Trust understands the importance of medication being taken as prescribed.
- All staff employed within the Trust understand the common medical conditions that affect children at their respective academies. Staff receive training on the impact medical conditions can have on pupils.

Last review date:	08.05.24
Person Responsible:	Deputy Head: Estates, Logistics, Health & Safety (Southmoor Academy) Assistant Head: Personal Development (Sandhill View Academy)

# Policy Framework and Guidelines

#### The Trust is an inclusive community that aims to support and welcome pupils with medical conditions.

- a. The Trust understands that it has a responsibility to make each of the academies welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.
- b. The Trust aims to provide all children with all medical conditions the same opportunities as others at the academies within the Trust.
- c. Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the academies to help them do this.
- d. The Trust aims to include all pupils with medical conditions in all school activities.
- e. Parents of pupils with medical conditions feel secure in the care their children receive at academies within the Trust.
- f. The Trust ensures that all staff understand their duty of care to children and young people in the event of an emergency.
- g. All staff feel confident in knowing what to do in an emergency.
- h. The Trust understands that certain medical conditions are serious and can be potential life-threatening, particularly if ill managed or misunderstood.
- i. All staff understand the common medical conditions that affect children at academies within the Trust. Staff receive training on the impact this can have on pupils.
- j. The medication policy is understood and supported by the whole Trust and local health community.

# This policy has been drawn up in consultation with a wide range of local stakeholders within both the Trust and health settings.

- a. The Trust has consulted on the development of this policy with a wide range of key stakeholders and heath settings.
- b. The Trust will continue to work within the framework of City of Sunderland Medication in School Policies.

These key stakeholders include;

- Pupils with medical conditions
- Parents
- School nurse
- Headteacher
- Teachers
- SENCO
- Pastoral/Welfare staff
- Members of staff trained in First Aid
- All other school staff
- School Catering Managers
- Local emergency healthcare staff
- Local healthcare professionals
- Trustees and Governors
- c. The Trust recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.

# The policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation

- a. Pupils are informed and regularly reminded about the medication policy;
- Through the pupil representative body
- In newsletters at regular intervals during the year
- In personal, social and health education (PSHE)/Spiritual, Moral, Social and Culture development (SMSC) classes
- b. Parents are informed and regularly reminded about the medical conditions policy;
- By including the policy statement in the prospectus and signposting access to the policy
- At the start of the year when communication is sent out about Healthcare Plans
- By use of the Home/School Agreement document sent out at the start of each year
- In newsletters at regular intervals during the year
- When their child is enrolled as a new pupil
- Via the school website, where it is available all year round
- c. Trust staff are informed and regularly reminded about the medical condition policy.
- Through information at the start of each year during the first INSET Day
- Through whole school policy distribution for reading and signing each year
- Through the school intranet / policy area
- At scheduled medical conditions awareness and training sessions
- Through the key principles of the policy being displayed in several prominent staff areas and classrooms
- All supply and temporary staff are informed of the policy and their responsibilities
- d. Relevant local health staff are informed and regularly reminded about the school's medical conditions policy
- By letter accompanied with a printed copy of the policy, where necessary, at the start of the academic year.
- Via primary care trust (PTC) links and the school nurse

All staff understand and are trained in what to do in an emergency for the most common serious medical conditions within the Trust:

- a. All Trust staff are aware of the most common serious medical conditions at their Academy
- b. Staff at each Academy in the Trust understand their duty of care to pupils in the event of an emergency. In an emergency situation staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- c. All staff who work with groups of pupils within the Trust receive training and know what to do in an emergency for the pupils in their care with medical conditions.
- d. Training is refreshed for staff each year.

- e. Action for staff to take in an emergency for the common serious conditions at each Academy is displayed in prominent locations for all staff including classrooms, kitchen areas and the staff room where necessary.
- f. The Trust uses Healthcare Plans (Appendix 2) to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help. These are also available on the school network.
- g. The Trust has procedures in place so that the copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it communicated) to the hospital as soon as possible.

# All staff understand and are trained in the Trust's general emergency procedures

- a. All staff know what action to take in the event of a medical emergency. This includes;
- Who to contact within the Academy
- How to contact emergency services and what information to give
- Following the Trust's Emergency Incident Procedures
- b. Training is refreshed for all staff at least once a year.
- c. Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, staff rooms, key offices, food preparation areas and sporting facilities.
- d. If a pupil needs to be taken to hospital, a member of staff will be made available to accompany them if the academy is unable to contact parents. The academy will try to ensure that the staff member will be one the pupil knows.
- e. Generally, staff should not take pupils to hospital in their own car. The Trust has clear guidelines from the local authority on when and if this appropriate.

#### The Trust has clear guidance on the administration of medication in school

Administration – emergency medication

- a. All pupils within the Trust with medical conditions have easy access to their emergency medication.
- b. Al pupils are encouraged to carry and administer their own emergency medication, when their parents and health specialist determine they are able to start taking responsibility for their condition. All pupils carry their emergency medication with them at all times, except if they are controlled as defined in the Misuse of Drugs Act 1971. This is also the arrangements on any off-site or residential visits.
- c. Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.
- d. Pupils who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them to take their medication safely.

#### Administration – general

- e. All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under supervision of a named member of staff within the Trust.
- f. The Trust understands the importance of medication being taken as prescribed.
- g. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.

- h. There are key members of staff within the Trust who have been specifically contracted to administer medication.
- i. Many other members of staff are happy to take on the voluntary role of administrating medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.
- j. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed.
- k. All staff have been informed through training that they are required, under common law duty of care, to act like any reasonable prudent parent in an emergency situation. This may include taking action such as administrating medication.
- I. In some circumstances medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult.
- m. Parents within the Trust understand that if their child's medication changes or is discontinued, or the dose or administration changes, that they should notify the academy immediately.
- n. If a pupil refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.
- o. If a pupil needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts may be provided. All drivers and escorts have the same training as academy staff, know what to do in a medical emergency and aware of any pupils in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Healthcare Plans.
- p. All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- q. If a trained member of staff, who is usually responsible for administering medication, is not available the relevant academy makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- r. If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the Trust's usual disciplinary procedures and the police will be informed.

# The Trust has clear guidance on the storage of medication at school

Safe storage – emergency medication

- a. Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- b. Most pupils in the Trust carry their emergency medication on them at all times. Pupils keep their own emergency medication securely.
- c. Pupils are reminded to carry their emergency medication with them.
- d. Pupils, whose healthcare professionals and parents advise the academy that their child is not yet able or old enough to self-manage and carry their own emergency medication, know exactly where to access their emergency medication.

Safe storage – non-emergency medication

e. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils

with medical conditions know where their medication is stored and how to access it.

f. Staff ensure that medication is only accessible to those for whom it is prescribed.

#### Safe storage – general

- g. There is an identified member of staff (and reserve member of staff) who ensures the correct storage of medication at each academy in the Trust.
- h. All controlled drugs are kept in a locked cupboard and only named staff have access, even if pupils normally administer the medication themselves.
- i. Three times a year the identified member of staff checks the expiry dates for all medication stored at the relevant academy.
- j. The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to the academy is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.
- k. All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- I. Medication is stored in accordance with instructions, paying particular note to temperature.
- m. Some medication for pupils may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- n. All medication is sent home with pupils at the end of the academic year. Medication is not stored during summer holidays.
- o. It is the parent's responsibility to ensure new and in date medication comes into the academy on the first day of the new academic year.

#### Safe disposal

- p. Parents are asked to collect out-of-date medication.
- q. If parents do not pick up out-of-date medication, or at the end of the academic year, medication is taken to a local pharmacy for safe disposal.
- r. A named member of staff at each academy is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented (Appendix 3).
- s. Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or pediatrician on prescription. All sharps boxes in the Trust are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.
- t. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to the academy or the pupil's parent.
- u. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

# This school has clear guidance about record keeping

# Enrolment forms

a. Parents are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each academic year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

#### Healthcare Plans

- b. The Trust uses a Healthcare Plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.
- c. A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:
  - at the start of the academic year
  - at enrolment
  - when a diagnosis is first communicated to the academy
- d. If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete.
- e. The parents, healthcare professional and pupil with a medical condition are asked to fill out the pupil's Healthcare Plan together. Parents then return these completed forms to the relevant academy.
- f. The Trust ensures that a relevant member of staff is also present, if required to help draw up a Healthcare Plan for pupils with complex healthcare or educational needs.

# Healthcare Plan register

- g. Healthcare Plans are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at each academy.
- h. The responsible member of staff follows up with the parents any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

# Ongoing communication and review of Healthcare Plans

- i. Parents are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.
- j. Staff use opportunities such as teacher-parent interviews and home-school diaries to check that information held by the academy on a pupil's condition is accurate and up to date.
- k. Every pupil with a Healthcare Plan within the Trust has their plan discussed and reviewed at least once a year.

Storage and access to Healthcare Plans

- I. Parents and pupils are provided with a copy of the pupil's current agreed Healthcare Plan.
- m. Healthcare Plans are kept in a secure central location at the relevant academy.
- n. Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy.
- o. All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care.
- p. When a member of staff is new to a pupil group, for example due to staff absence, the Trust makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care.
- q. The Trust ensures that all staff protect pupil confidentiality.
- r. The Trust seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.
- s. The Trust seeks permission from the pupil and parents before sharing any medical information with any

other party, such as when a pupil takes part in a work experience placement.

Use of Healthcare Plans

Healthcare Plans are used by the Trust to:

- inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical conditions in their care
- remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. The Trust uses this information to help reduce the impact of common triggers
- ensure that all medication stored at the academies is within the expiry date
- ensure the Trust's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
- remind parents of pupils with medical conditions to ensure that any medication kept at the academies for their child is within its expiry dates. This includes spare medication.

Consent to administer medicines

- t. If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for pupils taking short courses of medication (Appendix 5)
- u. All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.
- v. If a pupil requires regular/daily help in administering their medication the Trust outlines the agreement to administer this medication on the pupil's Healthcare Plan. The relevant academy and parents keep a copy of this agreement.
- w. Parents of pupils with medical conditions are asked at the start of the academic year on the Healthcare Plan if they and their child's healthcare professional believes the child is able to manage, carry and administer their own emergency medication.

# Residential visits

- x. Parents are sent a residential visit form to be completed and returned to the academy shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours (Appendix 9)
- y. All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.
- z. All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.
- aa. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

Other record keeping

- bb. The Trust keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible (Appendix 8)
- cc. The Trust holds training on common medical conditions once a year. All staff attending receive a certificate confirming the type of training they have had. A log of the medical condition training is kept by the Trust and reviewed every 12 months to ensure all new staff receive training.
- dd. All Trust staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The Trust keeps a register of staff who have had the relevant training.
- ee. The Trust keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

# The Trust ensures that the whole environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

Physical environment

- a. The Trust is committed to providing a physical environment that is accessible to pupils with medical conditions.
- b. Pupils with medical conditions are included in the consultation process to ensure the physical environment at the academies within the Trust is accessible.
- c. The Trust's commitment to an accessible physical environment includes out-of-school visits. The Trust recognises that this sometimes means changing activities or locations.

#### Social interactions

- d. The Trust ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- e. The Trust ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as breakfast club, school productions, after school clubs and residential visits.
- f. All staff within the Trust are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the Trust's anti-bullying and behaviour policies.
- g. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Exercise and physical activity

- h. The Trust understands the importance of all pupils taking part in sports, games and activities.
- i. The Trust ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- j. The Trust ensures all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.
- k. Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.

- I. The Trust ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.
- m. The Trust ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- n. The Trust ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

#### Education and learning

- o. The Trust ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- p. If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at the Trust understand that this may be due to their medical condition.
- q. Teachers at the Trust are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.
- r. The Trust ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

#### Residential visits

- s. Risk assessments are carried out by the Trust prior to any out-of-school visit and medical conditions are considered during this process. Factors the Trust considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.
- t. The Trust understands that there may be additional medication, equipment or other factors to consider when planning residential visits. The Trust considers additional medication and facilities that are normally available at school.
- u. Risk assessments are carried out before pupils start any work experience or off-site educational placement. It is the Trust's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an employer or other education provider.

# The Trust is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The Trust is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this

- a. The Trust is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.
- b. Trust staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.
- c. The Trust uses Healthcare Plans to identify individual pupils who are sensitive to particular triggers. The Trust has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.
- d. Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of pupils with medical conditions.

e. The Trust reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

# Each member of the school and health community knows their roles and responsibilities in maintaining an effective medication policy

- a. The Trust works in partnership with all interested and relevant parties including the Board of Trustees / Governing Body, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.
- b. The following roles and responsibilities are used for the medication policy at the Trust. These roles are understood and communicated regularly.

# Employer

# The Trust has a responsibility to:

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions
- make sure the medication policy is effectively monitored and evaluated and regularly updated
- report to parents, pupils, staff and the local authority about the successes and areas for improvement of the Trust medication policy
- provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

#### Headteacher

#### The Headteacher has a responsibility to:

- ensure the academy is inclusive and welcoming and that the medications policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including pupils, staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, trustees / governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the academy is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical conditions policy
- delegate a staff member to check the expiry date of medicines kept at the academy and maintain the medical conditions register
- monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medication policy.

# All Trust staff

# All staff at the Trust have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the Trust's medication policy
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan allow all pupils to have immediate access to their emergency medication maintain effective communication with parents including informing them if their child has been unwell at school
- ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom be aware of pupils with medical conditions who may be experiencing bullying or need extra social support understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

# Teaching staff

# Teachers at the Trust have a responsibility to:

- ensure pupils who have been unwell catch up on missed school work
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- liaise with parents, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- use opportunities such as PSHE/SMSC and other areas of the curriculum to raise pupil awareness about medical conditions.

School nurse or school healthcare professional

# The school nurses within the Trust have a responsibility to:

- help update the Trust's medication policy
- help provide regular training for staff in managing the most common medical conditions across the Trust
- provide information about where the Trust can access other specialist training.

#### First aiders

# First aiders at the Trust have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the academies
- when necessary ensure that an ambulance or other professional medical help is called.
- Ensure refresher first aid training is up to date

#### Special educational needs coordinators

# Special educational needs coordinators at the Trust have the responsibility to:

- help update the Trust's medication policy
- know which pupils have a medical condition and which have special educational needs because of their

condition

- ensure pupils who have been unwell catch up on missed schoolwork
- ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

# Pastoral support staff

# The pastoral support staff at the Trust have the responsibility to:

- help update the Trust's medication policy
- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.

Local doctors and specialist healthcare professionals

# Individual doctors and specialist healthcare professionals caring for pupils who attend across the Trust, have a responsibility to:

- complete the pupil's Healthcare Plans provided by parents
- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self-manage their condition
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the academy with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- understand and provide input in to the Trust's medication policy.

# Pupils

# The pupils across the Trust have a responsibility to:

- treat other pupils with and without a medical condition equally
- tell their parents, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another pupil is feeling unwell
- let any pupil take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- know how to gain access to their medication in an emergency
- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation.

#### Parents

# The parents of a child across the Trust have a responsibility to:

- tell the relevant academy if their child has a medical condition
- ensure the academy has a complete and up-to-date Healthcare Plan for their child
- inform the academy about the medication their child requires during school hours

- inform the academy of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- tell the academy about any changes to their child's medication, what they take, when, and how much
- inform the academy of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the academy with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

# The medication policy is regularly reviewed, evaluated and updated.

- a. The Trust's medication policy is reviewed, evaluated and updated on a regular basis in line with the Trust's policy review timeline.
- b. New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.
- c. In evaluating the policy, the trust seeks feedback on the effectiveness and acceptability of the medication policy with a wide-range of key stakeholders within the school and health settings. These key stakeholders include:
- pupils
- parents
- school nurse and/or school healthcare professionals
- Headteacher
- teachers
- special education needs coordinator
- pastoral support staff
- first aiders
- all other staff
- local emergency care service staff (including accident & emergency and ambulance staff)
- local health professionals
- school trustees / governors
- d. The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.

# Legislation and guidance

# Introduction

- Local authorities, schools and governing bodies are responsible for the health and safety of pupils in their care.
- Areas of legislation that directly affect a medical conditions policy are described in more detail in Managing Medicines in Schools and Early Years Settings. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968. This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.

# Managing Medicines in Schools and Early Years Settings (2004)

This provides guidance from the DfES (now DCFS) and DH on managing medicines in schools and early years settings. The document includes the following chapters:

- developing medicines policies
- roles and responsibilities
- dealing with medicines safely
- drawing up a Healthcare Plan
- relevant forms

Medical Conditions at School: A Policy Resource Pack is designed to work alongside Managing Medicines in Schools and Early Years Settings.

# Disability Discrimination Act 1995 (DDA) and the Special Educational Needs and Disability Acts (2001 and 2005)

- Many pupils with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'.
- The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues.

Schools' responsibilities include:

- not to treat any pupil less favourably in any school activities without material and sustainable justification
- to make reasonable adjustments that cover all activities this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other pupils. Examples of reasonable adjustments can be found in the DfES resource: Implementing the DDA in Schools and Early Years Settings\*
- to promote disability equality in line with the guidance provided by the DCSF and CEHR through the Disability Equality Scheme.

#### The Education Act 1996

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

#### The Care Standards Act 2000

This act covers residential special schools and responsibilities for schools in handling medicines.

#### Health and Safety at Work Act 1974

This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, pupils and visitors.

#### Management of Health and Safety at Work Regulations 1999

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

#### Medicines Act 1968

This act specifies the way that medicines are prescribed, supplied and administered.

#### Additional guidance

Other guidance resources that link to a medical conditions policy include:

- Healthy Schools Programme a medical conditions policy can provide evidence to help schools achieve their healthy school accreditation
- Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda
- National Service Framework for Children and Young People and Maternity Services (2004) provides standards for healthcare professionals working with children and young people including school health teams
- Health and Safety of Pupils on Educational Visits: A Good Practice Guide (2001) provides guidance to schools when planning educational and residential visits
- Misuse of Drugs Act 1971 legislation on the storage and administration of controlled medication and drugs
- Home to School Travel for Pupils Requiring Special Arrangements (2004) provides guidance on the safety for pupils when traveling on local authority provided transport
- Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).

# APPENDICES

APPENDIX 1	Medication Process
APPENDIX 2	Health Care Plan Form
APPENDIX 3	Disposal of Medication Record Form
APPENDIX 4	Headteacher's Agreement to Administer Medication Form
APPENDIX 5	Parent Agreement to administer medication form
APPENDIX 6	Pupil accident record sheet
APPENDIX 7	Record of medication received sheet
APPENDIX 8	Record of medication administered form
APPENDIX 9	OS6b – Trips & Visits Pupil Medical Information Sheet

#### **MEDICATION PROCESS**

- As pupils mature we increasingly expect them to take responsibility for their own lives and pupils with medical needs are no different. Therefore pupils of secondary age may wish to carry their own medication with them, but they should only bring the amount needed for the day, and should be made aware of the need for vigilance over access and use of such medication.
- Generally speaking, pupils should be discouraged from carrying medication with them unless absolutely
  essential. In the case of inhalers and epipens pupils are expected to be mature enough to manage their
  own medication, however spares can be kept in the academy as part of the Medication in Schools
  procedure.

#### WHEN A PARENT/CARER REQUIRES THE ACADEMY TO MANAGE MEDICATION

- If a parent/carer requires the school to manage medication for their child an appointment must be made with:
  - Mrs. K. Gaff (for pupils attending Southmoor Academy)
  - Mrs. A. Knight, Mrs B. Hills (for pupils attending Sandhill View Academy)
- At the appointment a Care Plan will be completed. This gives information such as a medical diagnosis, emergency contact details, GP and hospital contacts. It also describes medical needs and symptoms, medication and dosage and what the academy needs to do in an emergency situation. The care plan will be reviewed termly.
- All medication must be brought into the academy by the parent/carer and will be recorded.
- In general, the academy will only accept medicines that have been prescribed by a doctor, dentist, nurse
  practitioner or pharmacist prescriber. Medicines should always be provided in the original container as
  dispensed by a pharmacist and include the prescriber's instructions for administration. The pupil's name
  and ideally their date of birth should be clearly marked on the label. The container must contain the
  number of tablets or the amount of fluid described on the label. If any labels have been altered or tablets
  substituted then the medication will not be accepted. A separate prescription should be obtained to be
  kept in school.
- The academy will only accept non-prescription medication under specific circumstances (e.g. Paracetamol to support a pupil with period pain). Non-prescription medication must be treated in exactly the same way as prescription medication.
- The academy will not accept changes to dosages on parental instructions.
- It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. If medication needs to be taken 3 times a day then this could be taken in the morning, after school and at bedtime.
- All medication will be kept in a locked cabinet or fridge except in the case of epipens and inhalers which will be accessible to all staff.
- A record of all medication administered will be kept.

<i>Last update:</i> 10.04.24	
By:	Mr. D. Martin

#### ASPIRE NORTH EAST MULTI ACADEMY TRUST

#### HEALTH CARE PLAN

NAME OF CHILD
FORMDATE OF BIRTH
ADDRESS
MEDICAL DIAGNOSIS OF CONDITION
DATE REVIEW DATE
CONTACT INFORMATION
NAME
PHONE NUMBER (HOME)
(WORK)
(MOBILE)
NAME
PHONE NUMBER (HOME)
(WORK)
(MOBILE)
CLINIC/HOSPITAL CONTACT

NAME	 •
PHONE NUMBER	

#### <u>GP</u>

NAME ..... PHONE NUMBER .... DESCRIBE MEDICAL NEEDS AND GIVE DETAILS OF SYMPTOMS ..... DAILY CARE REQUIREMENTS (E.G.) BEFORE SPORT/AT LUNCHTIME DESCRIBE WHAT CONSTITUTES AN EMERGENCY FOR THE CHILD AND THE ACTION TO TAKE IF THIS OCCURS

# **DISPOSAL OF MEDICATION**

PUPIL NAME	MEDICATION	DATE OF DISPOSAL	REASON FOR DISPOSAL	SIGNATURE OF CHEMIST

# ASPIRE NORTH EAST MUTLI ACADEMY TRUST

#### Headteacher's agreement to administer medicine

It is agreed that (name of pupil) .....will receive medication (quantity and name of medication) .....at (time medication to be administered e.g. lunchtime/breaktime) .....

(Name of pupil) ......will be given/supervised whilst he/she takes their medication by .....

This arrangement will continue until the end of the course of medication or until instructed by parents.

Date .....

Signed	
(Headteacher)	

# PARENTAL AGREEMENT FOR ACADEMY TO ADMINISTER MEDICATION

NAME AND STRENGTH OF MEDICINE
EXPIRY DATE
DOSAGE
WHEN TO BE GIVEN
ANY OTHER INSTRUCTIONS
NUMBER OF TABLETS/QUANTITY TO BE GIVEN TO SCHOOL

# NOTE: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY

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

PARENT'S SIGNATURE .....

PRINT .....

DATE .....

#### Pupil Accident Record Sheet

A separate accident record should be completed for each injured person. Please note that all other accidents should be recorded on the Incident Report Form (IR1)

Injured Person Details	Name		Age	Year Group		Class / Form	
Incident Details	Date	Time		Locatio	on	I	
Description of incident	What happened?				Injury		Part of body injured
Details of treatment	Pupil Treated by -					Job Title	<b>)</b> -
Treatment Given						Parents	informed Yes / No
Person Reporting incident	Name -				Job Title -		Date

Where a detailed accident investigation is required an Incident Report Form must be completed (IR1) in addition to this record.

NB Only one record per sheet due to Data Protection

# **RECORD OF MEDICATION RECEIVED**

NAME OF CHILD .....

FORM ......DATE OF BIRTH .....

ADDRESS .....

.....

NAME OF PERSON WHO BROUGHT IT IN	NAME OF MEDICATION	AMOUNT SUPPLIED	FORM SUPPLIED	EXPIRY DATE	DOSAGE REGIME	STAFF SIGNATURE
	NAME OF PERSON WHO BROUGHT IT IN	NAME OF PERSON WHO BROUGHT IT IN MEDICATION	NAME OF PERSON WHO BROUGHT IT IN       NAME OF MEDICATION       AMOUNT SUPPLIED         Image: Supplied state s	NAME OF PERSON WHO BROUGHT IT IN       NAME OF MEDICATION       AMOUNT SUPPLIED       FORM SUPPLIED         Image: Supplied structure       Image: Supplied structure       Image: Supplied structure       Image: Supplied structure         Image: Supplied structure       Image: Supplied structure       Image: Supplied structure       Image: Supplied structure         Image: Supplied structure       Image: Supplied structure       Image: Supplied structure       Image: Supplied structure         Image: Supplied structure       Image: Supplied structure       Image: Supplied structure       Image: Supplied structure         Image: Supplied structure       Image: Supplied structure       Image: Supplied structure       Image: Supplied structure         Image: Supplied structure       Image: Supplied structure       Image: Supplied structure       Image: Supplied structure         Image: Supplied structure       Image: Supplied structure       Image: Supplied structure       Image: Supplied structure         Image: Supplied structure       Image: Supplied structure       Image: Supplied structure       Image: Supplied structure         Image: Supplied structure       Image: Supplied structure       Image: Supplied structure       Image: Supplied structure         Image: Supplied structure       Image: Supplied structure       Image: Supplied structure       Image: Supplied structure         Image: S	NAME OF PERSON WHO BROUGHT IT IN       NAME OF MEDICATION       AMOUNT SUPPLIED       FORM 	NAME OF PERSON WHO BROUGHT IT IN       NAME OF MEDICATION       AMOUNT SUPPLIED       FORM SUPPLIED       EXPIRY DATE       DOSAGE REGIME         Image: Description of the problem

# **REGISTER OF MEDICATION ADMINSTERED**

NAME OF CHILD .....

FORM ......DATE OF BIRTH .....

DATE	MEDICATION	AMOUNT GIVEN	AMOUNT LEFT	TIME GIVEN	ROUTE OF ADMINISTRATION (eg. Oral)	ADMINISTERED BY	COMMENTS/ACTION SIDE EFFECTS



#### SUMMARY OF MEDICAL INFORMATION ABOUT PUPILS AND ADULTS PARTICIPATING IN A VISIT

No.	NAME	D.O.B.	ADDRESS	NEXT OF KIN	CONTACT PHONE NUMBER	RELEVANT MEDICAL INFO

OS6b – Pupil Medical Form