

Supporting Pupils with Medical Conditions and Administration of Medicines Policy

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V1.0	31/10/2019	J Wood	First draft version
V1.1	19/12/2019	J Wood	First published version. Amendment to S7.4
V1.2	31/01/2020	N McDermott	Updated to S12.2 retention of records
V1.3	06/03/2020	N McDermott	Addition of S14 (Complaints) in line with DCC Education for Children with Medical Needs policy
1.4	22/11/2020	J Wood	Reviewed no changes
1.5	28/02/2022	B Manning	Minor changes to agreed designation of school leadership staff, removal of "Headteacher" references. Minor changes to terminology; EHCP, SEND, SENDCo. Substitution of "roll" for "role" as in "on roll". Addition of information to clarify the situation regarding the availability of generic pain relief medication.

1. Policy Statement

- 1.1. The Board of Trustees is committed to ensuring that all pupils with medical conditions can access and enjoy the same opportunities at any of the Trust's schools as any other pupil and to ensuring that they are able to play a full and active role in school life, remain healthy and achieve their academic potential.
- 1.2. Trustees will also ensure that the Trust schools implement and maintain effective management systems for the administration of medicines to all pupils in their care to provide support to individual pupils with medical needs.
- 1.3. For the purpose of this document:
 - 1.3.1. Dartmoor Multi Academy Trust is referred to as 'the Trust'.
 - 1.3.2. 'Pupils' refers to all pupils or pupils being educated or on site at any one of the schools/academies within the Trust

2. Responsibilities

- 2.1. Trustees have overall responsibility for the implementation and review of this policy.
- 2.2. Principals/Executive Principals are responsible for:
 - 2.2.1. ensuring that adequate numbers of staff are suitably trained and can access all relevant information and support materials required to assist pupils with medical conditions.
 - 2.2.2. ensuring that adequate numbers of trained staff are always available to support pupils' medical needs whilst they are under the care of the Trust, including making contingency plans for staff absence and emergency situations.
 - 2.2.3. ensuring that information regarding an individual pupil's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need-to-know basis.

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- 2.2.4. ensuring that, where required, risk assessments consider any additional hazards posed to individual pupils because of their medical conditions.
- 2.2.5. the overall development and monitoring of Individual Healthcare Plans (IHCP) at their school.
- 2.2.6. Ensuring accurate and compliant Record Keeping in line with the relevant section of this policy.

3. Liaising with Parents

- 3.1. The Trust promotes on-going communication with parents to ensure that the specific medical needs of all pupils are known and met.
- 3.2. Parents must inform the individual school if their child has or develops a medical condition and, where appropriate, provide the school with appropriate medical evidence and/or advice relating to their child's medical condition.
- 3.3. Where appropriate, parents will be invited to consult with the school concerned and relevant healthcare professionals to produce an IHCP for their child.
- 3.4. Parents should inform the school concerned where their child will require either prescription or non-prescription medication (please see restriction in paragraph 6.3 below) to be taken at school and parents are responsible for the supply of this medication to the school.
- 3.5. It is also the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a pupil's need for medication.
- 3.6. The Trust requests that medication is only taken at its schools when it is essential and where it would be detrimental to the pupil's health not to administer the medication during the school day. Where possible, medicines should be taken at home, before and after attending school.
- 3.7. Trust staff will not administer any medication to a pupil without obtaining prior, written permission from parents. Where generic over the counter pain relief medication such as paracetamol is required by pupils, this will only be administered when a supply of such medication has been deposited at the school/academy and in compliance with the written permissions and other relevant sections of this policy. Ensuring that supplies of in-date generic medications are deposited with the school/academy remains the responsibility of the parent. The consent from in Appendix 1 will be used.

4. Individual Health Care Plans

- 4.1. The Trust requires its schools to focus on the needs of each individual pupil and how their medical condition impacts on their school life, their ability to learn and will take steps to help increase pupils' confidence and ability to self-care.
- 4.2. Where identified as being necessary, Individual Healthcare Plans (IHCP) will be developed between Principals//Executive Principals, assisted by the SENCO, and relevant healthcare professionals (i.e. NHS asthma and diabetic nursing team members) and parents so that the steps needed to help a pupil manage their condition and overcome any potential barriers to their education.

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- 4.3. As appropriate, the IHCP will include:
 - 4.3.1. the pupil's medical condition, its triggers, symptoms, medication needs, and the level of support needed in an emergency. also, it must include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons
 - 4.3.2. specific support for the pupil's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions
 - 4.3.3. who will provide this support, their training needs, expectations of their role and, where required, confirmation of proficiency to provide support from a healthcare professional
 - 4.3.4. cover arrangements and who in the school needs to be aware of the pupil's condition and the support required including supply staff
 - 4.3.5. arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable
 - 4.3.6. the designated individuals to be entrusted with the above information
 - 4.3.7. procedures in the event of the pupil refusing to take medicine or carry out a necessary procedure
 - 4.3.8. a template IHCP is set out in appendix 2.
- 4.4. Principals/Executive Principals will have the final decision on whether an Individual Health Care Plan is required.
- 4.5. Where appropriate, the IHCP should be linked with a pupil's statement of Special Educational Needs (SEND) and/or Education Health and Care Plan (EHCP). Where a pupil has SEND but does not have a statement or EHCP, their SEND should be mentioned in their IHCP.
- 4.6. The IHCP will be presented to the parents for approval prior to its implementation to ensure each school holds accurate information about the medical condition of any pupil with long- term needs.
- 4.7. The IHCP will be reviewed at least annually or more frequently if a pupil's needs change. The SENDCO will coordinate this process.

5. Training

- 5.1. Principals//Executive Principals will ensure that there are members of staff who are appropriately trained to manage medicine as part of their duties. Any staff responsible for the administration of medicine will have access to pupils' IHCPs and will be briefed as to its contents.
- 5.2. Where required, if the administration of medication involves technical, medical, or other specialist knowledge, appropriate training tailored to the individual pupil will be provided to identified staff by a qualified health professional.
- 5.3. Staff must not undertake health care procedures without appropriate training as identified in the IHCP.
- 5.4. Specific protocols to deal with individual pupils' medical conditions such as anaphylaxis, asthma, epilepsy, and diabetes will be detailed in the IHCP.

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- 5.5. All new staff will be made aware of the terms of this policy during their induction, and of details of protocols relevant to those pupils under their care as appropriate.
- 5.6. Asthma UK provides resources and guidance for schools. <https://www.asthma.org.uk/advice/resources/#schools> Education for Health is a charity that provides education, training courses and resources to support people with long-term medical conditions. Their asthma module is useful for anyone who works with children and can be accessed for free at <https://sch.educationforhealth.org/wp/>

6. The Administration of Medicine

- 6.1. Any parent/carer requesting the administration of medication will be signposted to this policy.
- 6.2. Subject to the requirements of paragraph 3.5 above, prescribed medication will be accepted and administered in Trust schools.
- 6.3. Non-prescription medication will only be accepted and administered when a young person has regular allergies, headaches, menstrual pain, or toothache or on residential visits where it may not be practicable to have medication prescribed. Pupils will never be given medicine containing aspirin unless it is prescribed by a doctor. Parents must provide their written consent for this to happen.
- 6.4. Principals//Executive Principals will have the final say as to whether medication will be administered or not.
- 6.5. Parents of all pupils at Trust schools are required to complete the relevant parental agreement to administer medicine form before medication is administered to their child. **This consent form can be found in Appendix 1.**
- 6.6. Only reasonable quantities of medication will be accepted. Each item of medication should be delivered in its original dispensed container. Each item of medication should be clearly labelled with the following information:
 - Pupil's name
 - Name of medication
 - Dosage and frequency of dosage
 - Date of dispensing (prescription only)
 - Storage requirements (if important)
 - Expiry date (if available)
- 6.7. The school will not accept items of medication which are in unlabeled containers or not in their original container.
- 6.8. Staff administering medicines will record and sign each time a medicine is administered. Written records of all medication administered to every pupil will be held by each school in a secure location and may be made available to parents on request. **The record of administration to be completed can be found in Appendix 3.**
- 6.9. If a pupil refuses their medication, staff will record this, report to parents as soon as possible and follow the protocol laid down in the IHCP.
- 6.10. The Trust's insurance will cover liability relating to the administration of medication.

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7. Specific Emergency Arrangements for Asthma

- 7.1. It is the policy of the Trust that each of its schools shall hold an emergency inhaler and spacer for the emergency treatment of an asthma attack *where they have a pupil on roll who is diagnosed with asthma*.
- 7.2. In such circumstances, the following arrangements shall be in place:
- 7.3. Identified staff in each school will be responsible for ensuring the following:
 - Instructing all staff on the existence of this policy
 - Establishing arrangements for the safe and secure storage, care, and disposal of the emergency inhaler
 - Instructing all staff on how to check the pupil medical register
 - Instructing all staff on the symptoms of an asthma attack
 - Instructing all staff on how to access and use the emergency inhaler
 - Making all staff aware of who are the designated staff and how to access their help
 - Keeping records of administration of the emergency inhaler.
- 7.4. Identified Trust staff will ensure that there has been written consent from parents/carers for the administration of the emergency inhaler and spacer. The emergency inhaler/spacer will only be available for pupils who have been prescribed a reliever inhaler AND for whom parental consent has been given. Where necessary, this information will be recorded in the pupil's IHCP plan (please refer to Section 4 above). This duty will be balanced against the duty of Trust staff to act 'in loco parentis' and act as the reasonable and prudent parent would in any emergency.
- 7.5. Identified Trust staff will be responsible for ensuring parents are informed in writing when the emergency inhaler/spacer has been used.

8. Specific Emergency Arrangements for Anaphylaxis

- 8.1. It is the policy of the Trust that each of its schools shall hold an emergency adrenaline auto-injector for the treatment of an anaphylaxis attack *where they have a pupil on roll who is diagnosed with anaphylaxis*.
- 8.2. In such circumstances, the following arrangements shall be in place:
- 8.3. Identified staff in each school will be responsible for ensuring the following:
 - Instructing all staff on the existence of this policy
 - Establishing arrangements for the safe and secure storage, care, and disposal of the auto-injector
 - Instructing all staff on how to check the pupil medical register
 - Instructing all staff on the symptoms of anaphylaxis
 - Instructing all staff on how to access and use the auto-injector
 - Making all staff aware of who are the designated staff and how to access their help
 - Summoning the Emergency Services following the use of the auto-injector
 - Keeping records of administration of the auto-injector.

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- 8.4. Identified Trust staff will ensure that there has been written consent from parents for the administration of the AAI. The AAI will only be available for pupils who have been diagnosed with anaphylaxis and have been prescribed an AAI AND for whom parental consent has been given. This information shall be recorded in the pupil's IHCP plan.
- 8.5. Identified Trust staff will be responsible for ensuring parents are informed in writing when the AAI has been used.

9. Self-Medication

- 9.1. Where appropriate, the Trust recognises that pupils should be allowed to carry their own medicines and relevant devices (such as inhalers) or should be able to access their medicines for self-medication quickly and easily.
- 9.2. Following consultation between the schools, parents and the pupil, a pupil will be permitted to store and carry their own medication if they are sufficiently competent to do so. This will be reflected in a pupil's IHCP. Schools will also consider the safety of other children and medical advice from the prescriber in respect of the pupil in reaching this decision.
- 9.3. It is essential that pupils with asthma, diabetes and anaphylaxis have immediate access to their medication whenever they need them. Medicines such as asthma inhalers, adrenalin or insulin pens and blood testing meters should be readily available to the pupil and will not be locked away. If the pupil is too young or immature to take personal responsibility for their medication, staff should make sure that it is stored in a safe but readily accessible place and clearly marked with the pupil's name. IHCPs will clarify these details.
- 9.4. Pupils will be made aware the medication is strictly for their own personal use and it should not be passed to any other pupils under any circumstances.

10. Storage of medication

- 10.1. Medicines will be securely stored in accordance with individual product instructions.
- 10.2. All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.
- 10.3. In the case of medication that is not required in an emergency, a secure location will be identified for each school where medication is stored. Where required, the facility to refrigerate certain medicines such as anti-biotics will be provided.
- 10.4. Parents should collect all medicines belonging to their child at the end of each academic year and are responsible for ensuring that any date-expired medication is collected from their school and replaced, as necessary. Date expired medication or uncollected medicines will be disposed of by the school at the end of each year.

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11. Off-site Visits and Sporting Events

- 11.1. The Trust actively supports all pupils with medical conditions to access and enjoy the same opportunities at its schools as any other pupil, which includes ensuring that they are able to take an active role in school trips and sporting activities, unless it is specifically prohibited by a medical professional involved in a pupil's care (such as their GP).
- 11.2. IHCPs will address the needs of off-site visits and school sport.
- 11.3. If a pupil attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy.
- 11.4. All pupils requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff shall carry the medication, individually labelled as described in paragraph 6.6 above.
- 11.5. Secure storage for medicines will be made available at all short-term accommodation used by Trust schools.

12. Record Keeping

- 12.1. Records relating to medication (IHCPs, parental consent, administration records) are personal data and must be kept secure. Records should be made available to parents/guardians upon request.
- 12.2. This data will be retained for as long as the child is a pupil/student at the school. Records should be filed with the pupil record (scanned into SIMS or on paper file where these exist). Records should be disposed of securely.
- 12.3. Parental Agreement forms for asthma or other ongoing medication forms should be completed each year, to ensure dosage and frequency is up to date. It is best practice to also use the Asthma UK 'School Asthma Card' which can be downloaded here <https://www.asthma.org.uk/advice/resources/#schools>. Schools may also consider using the Easy Read Medicine Card (for Asthma).
- 12.4. In the event of an incident of misadministration (or the allegation of misadministration the incident or alleged incident should be recorded on the OSHENS accident reporting system. Any records relating to this incident should be stored as attachments to the investigation on the OSHENS system and should be retained until the pupil concerned reaches the age of 21 years.

13. Review

- 13.1. This policy and its procedures will be reviewed and updated by the Trustees on an annual basis.

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14. Complaints

- 14.1. In the first instance, parental complaints about the provision or organisation of SEND are dealt with through the procedures outlined in the Trust's Complaints Policy.
- 14.2. If there continues to be disagreement regarding SEND provision the Local Authority should make arrangements that include the appointment of independent persons with a view to avoiding or resolving disagreements between the parents/carers and the school. This includes access to mediation before tribunal. Parents/carers have a right to appeal to a SEND tribunal at any stage.

PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION OR NON- PRESCRIPTION MEDICINE

Name of School	
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Notes to Parent / Guardians

Note 1: This school will only give your child medicine after you have completed and signed this form.

Note 2: All medicines must either be in the original container as dispensed by the pharmacy, with your child's name, its contents, the dosage and the prescribing doctor's name (in the case of prescription medication) or in the original packaging (e.g.: sealed blister pack) for non-prescribed medicine.

Note 3: This information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your pupil.

Medication details

Date	
Pupil's name	
Date of birth	
Group/class/form	
Reason for medication	
Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e., dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions (e.g., to be taken with/before/after food)	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
I understand that I must deliver the medicine personally to ... <i>[name of staff]</i> ...	
Time limit – please specify how long your pupil needs to be taking the medication	<div style="display: flex; justify-content: space-around;"> day/s week/s </div>

I give permission for my child to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable
I give permission for my child to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my child to carry their own asthma inhalers and manage its use	Yes / No / Not applicable
I give permission for my teenage child to carry their adrenaline auto injector for anaphylaxis (epi pen)	Yes / No / Not applicable
I give permission for my child to be administered the emergency adrenaline auto-injector held by the school in the event of an emergency	Yes / No / Not applicable

PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION OR NON- PRESCRIPTION MEDICINE

I give permission for my child to carry and administer their own medication in accordance with the agreement of the school and medical staff	Yes / No / Not applicable
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Details of Person Completing the Form:

Name of parent/guardian	
Relationship to pupil	
Daytime telephone number	
Name and phone number of GP	
Agreed review date to be initiated by [named member of staff]	

- I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for the school to administer the medicine to my child.
- I confirm that the medicine detailed is in the original packaging (in the case of non-prescription medication).
- I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies. I understand uncollected supplies may be disposed of by the school.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature _____ Date _____
(Parent/Guardian/person with parental responsibility)

Log of Medicines Administered

Date	Time given	Dose given	No of pills remaining	Staff Name	Problems/side effects
Parent informed of use of emergency inhaler?					
Parent informed of use of emergency AAI					

***** Retain this form in pupil file/electronic file until child leaves school *****

INDIVIDUAL HEALTH CARE PLAN

Name of School	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date completed	
Review Date	
Name of person responsible for providing support in school	
Family Contact Information	
<i>Name/relationship to child</i>	
Phone number (work)	
Phone number (home)	
Mobile	
<i>Name/relationship to child</i>	
Phone number (work)	
Phone number (home)	
Mobile	
Clinic/hospital contact details	
Name	
Phone number	
GP Details	
Name	
Phone number	

INDIVIDUAL HEALTH CARE PLAN

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	
Daily care requirements	
Specific support for the pupil's education, social and emotional needs	
Arrangements for school visits/trips, etc.	
Other information	
Describe what constitutes an emergency and the action to take if this occurs	
Who is responsible in an emergency (<i>state if different for off-site activities</i>)	
Plan developed with	
Staff training needed/undertaken – who, what when?	
Form shared with	

Enter details in SIMS Section 7 Medical Conditions and upload copy of form. A copy must be held in the Medicines Administration folder.