Hope SENTAMU LEARNING TRUST

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND ADMINISTERING MEDICATION POLICY

THIS POLICY APPLIES TO THE HOPE SENTAMU LEARNING TRUST BOARD, THE CENTRAL TEAM, ALL TRUST SCHOOLS/ACADEMIES AND THE WORKFORCE DEVELOPMENT TEAM. IT IS TO BE READ IN CONJUNCTION WITH THE TRUST'S PUPILS WITH HEALTH NEEDS WHO CAN NOT ATTEND SCHOOL POLICY, THE TRUST'S SEND POLICY AND THE TRUST'S COMPLAINTS PROCEDURE

Document Management:
Date Policy Approved: 19th May 2021 *for 1st September 2021 implementation*
Date Amended:
Next Review: May 2022
Version: 1.0
Approving Body: Trust Board

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Policy updates

Date	Page	Policy updates
March 2021		NEW policy

Statement of Intent

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

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

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

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

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

Signed by:

_____ Chief Executive Officer Date: _____

_____ Chair of the Trust Board Date: _____

1. Aims

This policy aims to ensure that:

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

2. Legal framework

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

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

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

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2016) Multi-Agency Guidance for the Management of Long Term Health Conditions for Student's and young people.
- DfE (2000) 'Guidance on first aid for schools'
- DfE (2019) Automated external defibrillators (AEDs) A guide for schools
- Ofsted (2019) 'Education inspection framework'

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

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

- Special Educational Needs and Disabilities (SEND) Policy *(Trust-wide policy)*
- Accessibility Plans *(School policy)*
- Complaints Procedures *(Trust- wide policy)*
- Student Mental Health and Well-being Policy *(Trust-wide policy)*
- Attendance Policy *(School policy)*
- Pupils with health needs who cannot attend school Policy *(Trust-wide policy)*
- First Aid Policy *(Trust policy)*
- First Aid Policy *(School policy)*

3. Roles and responsibilities

3.1. The LGC is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school/academy.
- Working with the LA, Hope Sentamu Learning Trust, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school/academy because arrangements for their medical conditions have not been made.

- Ensuring that pupils' health is not put at unnecessary risk. As a result, the LGC holds the right to not accept a pupil into school/academy at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

3.2. The Headteacher/Principal holds overall responsibility for implementation of this policy.

3.3. The Headteacher/Principal is responsible for:

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

3.4. Parents/carers are responsible for:

- Notifying the school/academy if their child has a medical condition.
- Providing the school/academy with sufficient and up-to-date information about their child's medical needs. For example any changes or alteration to a prescription.
- Being involved in the development and review of their child's IHCP.
- Carrying out any agreed actions contained in the IHCP.
- Ensuring that they, or another nominated adult, are contactable at all times.
- Providing any medicine and/or equipment that the child needs.

It must be remembered that the prime responsibility for a pupil's health rests with the parents/carers. Where possible medicines should be administered by parents/carers, outside of the school day.

3.5. Pupils are responsible for:

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

3.6. School staff are responsible for:

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

- If a member of staff have any doubts or confusion about arrangements for administering medication, staff must consult with the parents/carers and Headteacher/Principal.
- Make sure that no pupil under the age of 16 will be given prescription medicines without written consent from the parent/carer.

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

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

3.7. Clinical Commissioning Groups (CCGs) are responsible for:

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

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

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

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

3.10. The LA is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

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

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

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

4. Admission

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

4.2. **Reasonable adjustments**: the school understands it's duties under the Equality Act 2012 to make reasonable adjustments and enable students and young people to have equitable access to education. Students with complex or significant medical needs will be included in activities as much as their health permits.

5. Equality Statement

5.1. The school is mindful of its Equality Duties; respecting religious belief and ensuring that support is provided for those with disability needs that might be affected by this policy. Where there are language or communication issues, and to avoid any misunderstanding, the parents/carers and Headteacher/Principal will agree an appropriate course of action. The Headteacher/Principal will engage interpreters or signers when required to ensure that full understanding of a pupil's medicine needs are determined accurately. All information relating to the cultural or religious requirements of a young person must be accurate and up to date as this may have an impact on how they wish to receive care.

This information must be recorded as part of the IHCP (if one is required) or in the child's personal records.

6. Notification procedure

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

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

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

6.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

7. Staff training and support

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

7.2. The school will ensure that a sufficient number of staff are appropriately trained in administering medication.

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

7.4. Any staff member providing support to a pupil with medical conditions will receive suitable training.

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

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

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

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

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

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

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

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

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

7.13. Through training, staff must:

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

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

7.15. Staff members will be made aware that if they administer medication to a pupil, they take on a legal responsibility to do so correctly. Staff members will not be encouraged to

administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

8. Supply teachers

Supply teachers will be:

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

9. Individual Health Care Plans

a. The Headteacher/Principal of each school has overall responsibility for the development of IHCPs for pupils with medical conditions.

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

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

d. Plans will be developed and reviewed with the pupil's best interest in mind and will set out:
   - Clear instructions on what needs to be in place.
   - When these instructions need to be carried out.
   - Identify who will have responsibility for which actions.

e. IHCPs will include the following information:
   - The medical condition, along with its triggers, symptoms, signs and treatments.
   - The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, timings, testing and access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues. For example, crowded corridors, travel time between lessons or other environmental issues.
   - The support needed for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to

complete exams, use of rest periods or additional support in access and completing lessons and schools work or counselling sessions.

- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the Headteacher/Principal for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities will be outlined and put in place to ensure that pupils with medical conditions can access and participate in these sessions, this information will for example be outlined in the risk assessments documents.
- Where confidentiality issues are raised by the parents/carers or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

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

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

h. IHCPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

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

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

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

10. Self-management

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

b. Where appropriate, pupils will be allowed to carry their own medicines and relevant devices.

c. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily.

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

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

11. Managing medicines

11.1. Schools within the Trust maybe required to manage medications for the pupils within their care. Pupils may need medication in the following circumstances:

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

11.2. Most pupils with medical needs can attend school or setting regularly and take part in everyday activities, sometimes with support. Where it is required an individual health care plan can help staff identify the necessary safety measures to support pupils with medical needs.

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

11.4. Prescription Medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so. Non-prescription medicines will not be stored or administered by the school.

11.5. Non-prescription medicines may only be administered in exceptional circumstances, and in the following situations:

- When it would be detrimental to the pupil's health not to do so.
- When instructed by a medical professional, for example, if a pupil suffers a serve allergic reaction a 999 responder may instruct the use of an EpiPen.

11.6. If a school does need to use these exceptional circumstances, this will be recorded on an administration of medication form, detailing the circumstances and the reasons for administering a non-prescribed medicine.

11.7. If a non-prescribed medicine has been or is due to be administered, parents must be informed immediately.

11.8. The school will only accept prescribed medicines that are:

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

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

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

11.11. Medicines will not be administered without first checking with parents/carers when the previous dose was taken and the maximum dosage allowed.

11.12. If medication is required, that is not agreed on the IHCP, this must first be discussed with parents/carers.

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

11.14. When medicines are no longer required, they will be returned to parents/carers for safe disposal.

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

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

11.17. The school/academy will hold asthma inhalers for emergency use. The inhalers will be stored in the medical room/School Office and their use will be recorded.

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

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

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

Managing medicines for a staff members own use

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

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

12. Administering Medicines

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

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

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

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

12.5. Medication must not be given to a pupil covertly, for example hiding in food without consultation with parents/carers and an agreement documented in the IHCP. Crushing or dissolving medication can destroy the medication properties reducing its effectiveness. Crushing or dissolving of medication is not permitted unless a student's health or wellbeing would be detrimentally affected. Parental approval must be sought and documented in the IHCP.

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

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

13.2. If a pupil is ill/injured and therefore unable to receive the agreed prescribed medication, the member of staff designated to administer or supervise the taking of the medicine will consult with parents/carers immediately and advise the Headteacher/Principal of their actions. If the student vomits or has diarrhoea soon after receiving medication, parents/carers must be contacted as soon as possible so that they can seek further medical advice.

14. Self-Medication

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

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

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

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

15. Controlled Drugs

15.1. The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. A Pharmacist will give advice as to whether a medication is a controlled drug or not. To keep up to date with the medications classified as a controlled drug information can be viewed on the Home Office website: http://www.homeoffice.gov.uk/documents/cdlist.html

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

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

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

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

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

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

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

16. Storage of Medicines

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

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

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

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

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

- External use only medicines
- Oral medicines
- Injectable

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

17. Medication requiring storage by refrigeration

17.1. Regular Administration of Significant Quantities: Where significant quantities of medicines are administered on a regular basis, a lockable drug fridge is advised. The temperature of the fridge is to be monitored and recorded daily. In the event that medicines are stored outside the required range, usually between 2-8°C, the dispensing

Pharmacist should be contacted for advice. Non-pharmaceutical items must not be stored in this fridge. The refrigerator should be cleaned and defrosted regularly.

17.2. Small quantities: Where low quantities are administered, medicines may be stored in a domestic fridge located in a staff only area. To avoid contamination medicines must be stored separately in a locked container labelled "medicines - authorised access only".

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

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

17.5. Controlled drugs must be checked in by two members of staff, one of which must be authorised to carry out this duty. All records must be recorded in the controlled drugs register and on the Medication Administration Record sheet.

17.6. Storage of medication for young person's self-managing their medication: The storage of medication being self-managed by young persons must form part of the IHCP.

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

18. Medical Equipment

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

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

19. Adrenaline auto-injectors (AAIs)

19.1. A register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis.

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

19.3. Pupils who have prescribed AAI devices can keep their device in their possession.

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

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

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

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

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

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

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

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

19.12. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

19.13. Where a pupil is or appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

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

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

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

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

19.17. For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

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

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

20. Defibrillators

20.1. The school/academy has two automated external defibrillator (AED).

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

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

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

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

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

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

21. Record keeping

21.1. In accordance with paragraphs 11.16, 11.17, 11.19 and 19.17, written records will be kept of all medicines administered to pupils.

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

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

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

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

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

22. Management of Errors/Incidents in Administration of Medicines

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

- Ensure the safety of the young person. Normal first aid procedures must be followed which will include checking pulse and respiration.

- Telephone for an ambulance if the young person's condition is a cause for concern.
- Notify the Headteacher/Principal/Head of School immediately.
- Contact the young person's parents/carers as soon as practicable.
- Contact the young person's GP/pharmacist for advice if necessary. (Out of hours contact NHS Direct).
- Document any immediate adverse reactions and record the incident in the young person's file/Care Plan using the Medication Incident Report Form.
- The Headteacher/Principal/Head of School must complete the Medication Incident Report Form and, if injury results, the Accident Investigation Report.
- The Headteacher/Principal/Head of School must commence an immediate investigation about the incident, and, where applicable inform any relevant regulatory body. Statements should be taken from both staff and young persons if they are self-medicating.
- The medication administration record sheet should reflect the error.
- Young person's parent/carer/guardian should be informed formally in writing.

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

22.3. A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action is taken.

23. Unaccounted for Drugs

23.1. If medications are unaccounted for this must be regarded as a serious situation. The Managers must decide on the action to be taken, dependent upon the circumstances. As a minimum a full internal investigation must be carried out by the setting Headteacher/Principal/Head of School.

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

23.3. The Headteacher/ Principal/Head of School must also inform the Local Governing Committee and the CEO.

24. Disposal of Medicines

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

24.1. Staff must not undertake to dispose of any medication, expect in the case of spoiled dose, following discussion with parents/carers. When medicines are no longer required, they must be returned to parents/carers for safe disposal. All arrangements must be formally recorded and agreed by all parties.

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

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

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

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

Disposal of sharps

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

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

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

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

25. Emergency procedures

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

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

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

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

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

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

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

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

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

26. Day trips, residential visits and sporting activities

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

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

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

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

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

26.6. All off-site activities and school trips will be evaluated in terms of proximity and accessibility to emergency services and any implications for those with short or long term medical conditions before receiving approval to go ahead with the activity from the Headteacher/Principal.

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

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

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

27. Transporting Medication

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

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

28. Unacceptable practice

28.1. The school/academy will not:

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

29. Liability and indemnity

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

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

- All staff must have undertaken appropriate training.

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

- All staff must have undertaken appropriate training.

- All staff providing such support will be provided with access to the insurance policies.

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

30. Confidentiality

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

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

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

31. Complaints

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

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

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

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

32. Home-to-school transport

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

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

33. Monitoring and review

33.1. This policy is reviewed on an annual basis by Trust Board.

33.2. Any changes to this policy will be communicated to all staff, parents/carers and relevant stakeholders.

33.3. The next scheduled review date for this policy is recorded on the cover page.

Individual Healthcare Plan Implementation Procedure

APPENDIX A

1. A parent or healthcare professional informs the school/academy that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
2. The Headteacher/Principal/SENCO coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the pupil.
3. A meeting is held to discuss and agree on the need for an IHP.
4. An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads.
5. School staff training needs are identified.
6. Training is delivered to staff and review dates are agreed.
7. The IHP is implemented and circulated to relevant staff.
8. The IHP is reviewed annually or when the condition changes (revert back to step 3).

Individual Healthcare Plan

APPENDIX B

Pupil's name:	
Group/class/form:	
Date of birth:	
Pupil's address:	
Medical diagnosis or condition:	
Date:	
Review date:	

Family contact information

Name:	
Relationship to pupil:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to pupil:	
Phone number (work):	
(home):	
(mobile):	

Clinic/hospital contact

Name:	
Phone number:	

Child's GP

Name:	
Phone number:	

Who is responsible for providing support in school?	

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

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by staff member/self-administered with/without supervision:

Daily care requirements:

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

Arrangements for school visits and trips:

Other information:

Describe what constitutes an emergency, and the action to take if this occurs:

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed or undertaken – who, what, when:

Form copied to:

Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Administration of medication form

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

Medicine

Name and/or type of medicine *(as described on the container):*	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions and/or other instructions:	
Any side effects that the school needs to know about:	
Self-administration – Yes/No:	
Procedures to take in an emergency:	

NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I will personally deliver the medicine to:	**Office Manager**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. 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.

Signature _____ Date _____

Record of Medicine Administered to an Individual Pupil

Name of pupil:	
Group/class/form:	
Date medicine provided by parents:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	

Staff signature: _____

Parent signature: _____

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:			
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Dose given:			
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Staff initials:			

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

Record of All Medicine Administered to Pupils

APPENDIX E

Date	Pupil's name	Time	Name of medicine	Dose given	Reactions, if any	Staff signature	Print name

APPENDIX F

Staff Training Record - Administration of Medication

Name of school:	
Name of staff member:	
Type of training received:	
Date of training completed:	
Training provided by:	
Profession and title:	

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____

Date: _____

Suggested review date: _____

Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly, and be ready to repeat information if asked.

- The telephone number: 01904 798722
- Your name.
- Your location as follows: Millfield Lane, York
- The postcode: YO26 6PA
- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.

Letter Inviting Parents to Contribute to IHP Development

Manor CE Academy
Millfield Lane
York
YO26 6PA

RE: Developing an individual healthcare plan (IHP) for your child

Dear parent,

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

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

Although IHPs are likely to be helpful in the majority of cases, it is possible that not all pupils will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within IHPs 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 IHP has been scheduled for **DATE**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the Headteacher/Principal), a relevant healthcare professional and the school nurse. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

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

[Attach Appendix B, Individual Healthcare Plan, to this letter.]

I would be happy for you contact me via g.reagan@mce.hlt.academy or 01904 798722 if this would be helpful.

Yours sincerely,

Graham Reagan

SENCO

Incident Reporting Form

APPENDIX I

Date of incident	Time of incident	Place of incident	Name of ill or injured person	Details of the illness or injury	Was first-aid administered? If so, give details	What happened to the person immediately afterwards?	Name of first-aider	Signature of first-aider