



Discovery Schools
Academy Trust

Medication and Management Policy

This policy was approved as follows:

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This policy applies to all DSAT schools. The Headteacher is responsible for ensuring that all school specific information is completed and that the policy reflects the context and needs of their school.

Document History

Version	Version Date	Author	Summary of Changes
V1.0	January 2019	L Braithwaite	Policy created
V1.1	April 2019		Policy approved by the Board of Trustees subject to amendments
V2.0	January 2020	L Braithwaite	Policy updated and finalised

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1. Introduction

- 1.1 This document has been developed in line with the Department for Education guidance '[Supporting pupils at school with medication conditions](#)' (September 2015).
- 1.2 The Children and Families Act (Section 100) places a duty on proprietors of academies to make arrangements for supporting pupils with medical conditions.
- 1.3 This policy covers the general administration of prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one-off basis or for a longer term or continual period for pupils with ongoing support needs. Pupils who have longer term support needs should have an individual health care plan developed, recorded and reviewed at least annually.
- 1.4 Guidelines and information on administration of specific medicines for specific conditions are included in the appendices.

2. General Principles

- 2.1 The school aims to ensure that pupils with medication needs receive appropriate care and support while at school so that they have full access to education.
- 2.2 The headteacher accepts responsibility for members of the school staff giving or supervising pupils taking prescribed or non-prescribed medication during the school day.
- 2.3 When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role.
- 2.4 Where staff do not volunteer to administer medicines an adult with parental consent may attend school to administer prescribed or non-prescription medication.
- 2.5 Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or guardian.
- 2.6 Non-prescription medication should only be administered on a short-term basis, no longer than two weeks, without a medical diagnosis which outlines the need for administration of a non-prescription medication for a longer period.
- 2.7 Medication must be in its original packaging.
- 2.8 Non-prescription medicines such as hay fever treatment or cough/cold remedies will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose and frequency of administration.
- 2.9 Prescribed medicines should be in original containers labelled with the pupil's name, dose, and frequency of administration, storage requirements and expiry date.
- 2.10 Generally, it is not necessary for an over the counter medicine to be prescribed by a medical practitioner in order to be administered in the school setting. The exception is where the child may already be taking prescribed medication and there may be an interaction between prescribed and non-prescribed medicines. In this instance all medications should be prescribed. Aspirin should not be given to children under 16 years of age unless prescribed.
- 2.11 Pupils that have ongoing, long term or potentially emergency medication requirements should have an individual care plan completed and reviewed at least annually with parents and the school

SENDCo. Pupils who require temporary, short term medication only require a consent form to be completed.

3. Responsibilities

3.1 Governance

The Board of Trustees has ultimate responsibility to make arrangements to support pupils with medical conditions, these arrangements are outlined in this policy.

The school Advisory Board will monitor the implementation of the policy and ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

3.2 The Headteacher

The headteacher is responsible for implementation of this policy and will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

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. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing 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 a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should, wherever possible, be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

3.6 School nurses and other healthcare professionals

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

4. Managing medicines

Storage

- 4.1 Medication should be kept in a known, safe, secure location. This may need to be a fridge depending on the medication and manufacturer requirements.
- 4.2 Under no circumstance may pupils be in charge of storing their own medication in bags or other personal places without the knowledge and permission of the class teacher and/or another suitable member of staff.
- 4.3 Prescribed emergency medication, such as diabetic insulin pens, epi-pens or asthma inhalers, should remain within reach of the pupil at all times and stored in a place known by the class teacher and/or another member of staff.
- 4.4 Parents/guardians are responsible for ensuring that the school has an adequate amount of medication for their child. As a general rule, no more than four weeks of medication should be stored at any one time.

Disposal of medication

- 4.5 Procedures using sharp items should be disposed of safely using a sharps bin. These are available on prescription where needed and supplied by the parents/guardians.
- 4.6 Parents/guardians are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term.
- 4.7 Parents/guardians are responsible for ensuring that medication is within its expiry date and that any expired medication is returned to the pharmacy for safe disposal.

5. Record keeping

- 5.1 Consent forms must be signed before any medication is given. The school is responsible for storing copies of signed consent forms. Consent forms should include:
 - The pupil's name, age and class.
 - Contact details of the parent/guardian and GP.
 - Details of any allergies the pupil may have.

- Clear instructions on the medication required, dose to be administered, frequency of dose and period of time medication will be needed for.
 - Acknowledgement that the pupil has previously taken the required medication with no adverse reactions.
 - A dated signature of the parent/guardian.
- 5.2 Changes to prescriptions or medication requirements must be communicated to the school by the pupil's parent/guardian and a new consent form signed.
- 5.3 Individual care plans should be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/guardians, the school and other professional input as appropriate.
- 5.4 A signed record of medication given or supervised being taken should be kept including the date, time and dose taken. Parents/guardians should be informed that medication has been taken on the same day or according to the individual care plan.

6. Training

- 6.1 All staff will be made aware of their role in implementing the policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.
- 6.2 Members of staff who volunteer to administer medicines will be offered professional training and support as appropriate and required.

7. Medical Emergencies

- 7.1 In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate.
- 7.2 A record of emergency medicines and their expiry dates should be kept and recorded each term for schools which store such medications (for example epi-pens or asthma inhalers).
- 7.3 Emergency medicines should only be given to pupils with a signed consent form and following clear, agreed procedures detailed in the consent form or individual care plan.

8. Day trips, residential visits and sporting activities

- 8.1 Pupils with medical conditions should not be precluded from taking part in day trips, residential visits or sporting activities unless evidence from a clinician such as a GP states that this is not possible.
- 8.2 School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely.
- 8.3 Where pupils are required to take medicine during a day trip etc, arrangements should be made to administer them in accordance with this policy.
- 8.4 Teachers should be aware of how a pupil's medical condition may impact on their participation.
- 8.5 School will consider any reasonable adjustments that may need to be made to enable pupils with medical conditions to participate fully and safely on visits.

9. Complaints

9.1 Parents concerned about the support provided for their child with a medical condition should be directed in the first instance to the SENDCo or the Headteacher in the SENDCo's absence. If the concern cannot be resolved, they will direct parents to the school's complaints procedure.

10. Review

10.1 This policy will be reviewed annually by DSAT to assess its effectiveness, and will be updated as necessary or when guidance is updated through the Health & Safety team. Significant changes will be presented to the Board of Trustees for approval.

11. Further relevant information

Appendices for information and templates are available the DSAT Intranet site (policies section).

Appendix 2	Template forms including: Individual Health Care Plan (IHCP) for pupils Record of medicine administered to an individual child Record of medicine administered to all children Staff training record – administration of medicines Contacting emergency service Model letter inviting parents to contribute to individual healthcare plan development
Appendix 3	Epilepsy Health and record forms from health professionals
Appendix 4	Emergency action plans for anaphylaxis from health professionals
Appendix 5	Diabetes health forms from health professionals
Appendix 6	Supporting pupils at school with medical conditions - Department of Education document.
Appendix 7	Guidance on the use of emergency asthma inhalers in schools - Department of Education guidance.
Appendix 8	Salbutamol Inhaler - School Letter Template to Pharmacy
Appendix 9	Antihistamine action plan
Appendix 10	Emerade action plan
Appendix 11	Epipen action plan
Appendix 12	Jext action plan

Further information can be found on Leicestershire Traded Services website www.leicestershiretradedservices.org.uk under 'A' for Administration of medicines and Medication and Management Procedures (logon required).

Appendix A: Medicine Consent Form

[Name of school] Medicine Consent Form	
Child's name and class	
Child's date of birth	
My child has been diagnosed as having <i>(condition)</i>	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time/s of dose	
With effect from [start date]	
Until [end date]	
The medicine should be taken by <i>(mouth, nose, in the ear, other: please provide details as appropriate)</i>	
I consent/do not consent for my child to take the medicine by him/herself and therefore kindly request/do not request that you arrange for the administration of the above medicine as indicated. <i>(Please delete as appropriate)</i>	
The school will ensure my child's medication is kept in an accessible, known, safe, secure location and therefore kindly request the school to store it on his/her behalf. This medicine does/does not need to be kept in a fridge. <i>(Please delete as appropriate)</i>	
By signing this form I confirm the following statements:	
<ul style="list-style-type: none"> • That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions. 	
<ul style="list-style-type: none"> • That I will update the school with any change in medication routine use or dosage 	
<ul style="list-style-type: none"> • That I undertake to maintain an in date supply of the medication 	
<ul style="list-style-type: none"> • That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication 	
<ul style="list-style-type: none"> • That I understand the school will keep a record of medicine given and will keep me informed that this has happened. 	
<ul style="list-style-type: none"> • That I understand staff will be acting in the best interests of my child whilst administering medication. 	
Signed	
Name (please print)	
Contact details	
Date	
Staff member signature	
Name (please print)	
Date	

Appendix B: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil and ensure that the pupil's needs will be met in the educational setting.

Plans should be agreed by the headteacher and parents/guardians, be formally recorded and reviewed at regular intervals. A template/pro forma is available for download in the accompanying appendix file on the DSAT Intranet.

The procedure for development of an IHCP is given below:



Appendix C: Advice on Medical Conditions

The Community Paediatrician or nurse, on request, will give advice to schools regarding medical conditions. Parents or guardians of children with medical conditions seeking general information should be advised to seek advice from their GP, school health professionals (providing name and contact details) or from specialist bodies, a selection of which are listed below.

Asthma	
General information	Asthma UK: www.asthma.org.uk Asthma helpline: 0300 222 5800
For teachers	Guidance on Emergency asthma inhalers for use in schools: www.gov.uk
Epilepsy	
General information	Epilepsy action: www.epilepsy.org.uk Helpline: 0808 800 5050
For teachers	Guidance in Appendix 3: 'Epilepsy Health Forms for IHCPs'.
Infectious diseases	Public Health England: www.gov.uk ; Tel: 0344 225 4524 option 1
Haemophilia	The Haemophilia Society: www.haemophilia.org.uk ; Tel: 0207 939 0780
Anaphylaxis	
General information	Anaphylaxis Campaign: www.anaphylaxis.org.uk ; Tel: 01252 542 029
For teachers	See Appendix 4: 'Emergency Action Plan' forms for Epipen/Jext Pens. NB the need to report the administration of this medication to: Bridge Park Plaza, Fax: 0116 258 6694 and email to childrensallergy@uhl-tr.nhs.uk
Thalassaemia	UK Thalassaemia Society: www.ukts.org ; Tel: 020 8882 0011
Sickle Cell Disease	The Sickle Cell Society: www.sicklecellsociety.org ; Tel: 020 8961 7795
Cystic Fibrosis	Cystic Fibrosis Trust: www.cftrust.org.uk ; Tel: 020 846 47211
Diabetes	
General information	Diabetes UK: www.diabetes.org.uk ; Tel: 0345 123 2399
For teachers	See Appendix 5 on website. Note the opportunity to attend 'Diabetes in School' training days, regularly advertised on www.leicestershiretradedservices.org.uk and funded by Diabetes UK Diabetes Specialist Nurse: 0116 258 6796 Consultant Paediatrician: 0116 258 7737 Diabetes Care line services: 0345 123 2399
Other useful contact numbers	
Insurance Section LCC	David Marshal-Rowan, Tel: 0116 305 7658 (for additional insurance) James Colford, Tel: 0116 305 6516 (for insurance concerns)
Corporate Health, Safety & Wellbeing, LCC, County Hall,	Tel: 0116 305 5515 Email: healthandsafety@leics.gov.uk
County Community Nursing Teams	
<u>East Region</u> Market Harborough Rutland Melton	Locality managers: 1. Maureen Curley (PA: Janet Foster, Tel: 01858 438109) 2. Jane Sansom (PA: Clare Hopkinson, Tel: 01664 855069)
<u>West Region</u> Hinckley & Bosworth Charnwood	Locality managers: 1. Chris Davies } PA: Sally Kapasi, tel: 01509 410230 2. Teresa Farndon }

