



Pupils with medical issues and the Administration of Medicines Policy

Audience:	Parents • Academy staff and volunteers • Local Governing Bodies • Trustees • Cluster Boards • Local Authorities
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REAch2 pupils with medical conditions and administration of medicines policy



At REAch2, our actions and our intentions as school leaders are guided by our Touchstones:

Integrity	We recognise that we lead by example and if we want children to grow up to behave appropriately and with integrity then we must model this behaviour
Responsibility	We act judiciously with sensitivity and care. We don't make excuses, but mindfully answer for actions and continually seek to make improvements
Inclusion	We acknowledge and celebrate that all people are different and can play a role in the REAch2 family whatever their background or learning style
Enjoyment	Providing learning that is relevant, motivating and engaging releases a child's curiosity and fun, so that a task can be tackled and their goals achieved
Inspiration	Inspiration breathes life into our schools. Introducing children to influential experiences of people and place, motivates them to live their lives to the full
Learning	Children and adults will flourish in their learning and through learning discover a future that is worth pursuing
Leadership	REAch2 aspires for high quality leadership by seeking out talent, developing potential and spotting the possible in people as well as the actual

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils, staff and parents understand how our school will support pupils with administration of any medicines
- Pupils with medical conditions and requirements for administration of any medicines are properly supported to allow them to access the same education as other pupils, including school trips
- The safety and welfare of pupils, including their physical and mental wellbeing, is promoted at all times
- A culture of safety, equality and protection is promoted

We will ensure implementation of this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of a pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions and administration of medicines
- Developing and monitoring healthcare plans
- Developing individual Personal Emergency Evacuation Plans (PEEPs)

The named person with responsibility for implementing this policy is Cathy Leicester, Headteacher and named members of staff

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is based on the requirements outlined in the Department for Education's statutory guidance 'Supporting pupils at school with medical conditions', and is intended to be in accord with all other statutory/guidance documents referenced therein. Please see the statutory guidance itself for further information.

For the purposes of this policy, 'parents' refers to any individual who holds parental responsibility for the child in question.

3. Roles and responsibilities

3.1 The governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions, which includes the administration of medicines. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions and/or administration of medicines.

3.2 Key roles

The Headteacher 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 healthcare plans and requirements for administration of medicines, including in contingency and emergency situations
- Take overall responsibility for the development of healthcare plans

- Ensure that liaison takes place with named healthcare professionals in the case of any pupil who has a medical condition that may require support at school
- Ensure that systems are in place for obtaining information about a child's medical needs and any needs for administration of medicines, 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 and/or administration of medicines will receive sufficient and suitable training, and will achieve the necessary level of competence before doing so. Staff required to administer medicines are covered by the Academy's liability insurance, a copy of which is available on request. 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, including required information about administration of medicines
- Be involved in the development and review of their child's healthcare plan
- Carry out any action they have agreed to as part of the implementation of the healthcare plan
- Submit a completed permission form prior to before bringing medicine into school
- Provide the school with the medicine their child requires
- Notify the school if their child's medical condition and/or medicine changes or is discontinued, or any changes in the dose or administration method
- Ensure they, or another nominated adult, are contactable at all times in case of medical emergencies. N.B. we request that there are two or more emergency contact phone numbers for all pupils

3.5 Pupils

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

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school activities, including trips and visits, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely. Risk assessments for any activity will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included, which will include any need for administration of medicines. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

Parents are expected to notify the school as soon as they are aware of a new medical condition, or any changes to an existing medical condition, for their child. When notified of this, the process outlined below will be followed to decide whether the pupil requires a healthcare plan. The school will make every effort to ensure

that arrangements are put into place within two weeks, or by the beginning of the relevant term for pupils who are new to our school.

6. Healthcare plans

The Headteacher has overall responsibility for the development of healthcare plans for pupils with medical conditions. Operational oversight of these tasks has been delegated to the DSL as named in Appendix 1.

Not all pupils with a medical condition will require a healthcare plan. It will be agreed with a healthcare professional and/or parents when a healthcare plan would be inappropriate or disproportionate. This will be based on evidence.

Healthcare plans will be developed with the pupil's best interests in mind and will set out what needs to be done, when and by whom. They will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. The healthcare plan will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the healthcare plan as required. The final agreement of a parent will be sought before implementation.

The level of detail in the healthcare plan will depend on the complexity of the child's condition and how much support is needed. The following factors as a minimum will be considered when deciding what information to record:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medicine (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support 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 catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. N.B. if a pupil is self-administering any medicines, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Headteacher for any medicines to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

Please see the appendices to this policy for templates for general conditions, and for asthma and anaphylaxis specifically, which are suggested for use. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Administration of medicines

If administration of medicines is required during the school day, parents are requested to inform the school as soon as possible and to complete the relevant paperwork. Prescribed medicines, can be administered at school by first aid trained staff but parents will be required to provide evidence from the child's GP about administration details, including dosage and frequency etc.

Where possible, we request that all medicines be administered at home by parents before or after school, unless otherwise stated by a medical professional. By arrangement with the school parents may also be called to come to the school to administer doses of non-prescribed medication. **School staff cannot administer non-prescribed medication.** This applies whether the child is on school site or on an educational visit. Evidence of any required change to prescribed medicines must be provided to the school immediately to ensure efficient and accurate implementation; this may require supplying newly labelled prescriptions or items in line with such changes.

All staff authorised to administer medicines will follow administration procedures as advised by a healthcare professional and as agreed with the parents and child. Where the medicine requires specialist techniques or equipment, e.g. an inhaler, the members of staff responsible for administration will be required to demonstrate competence before taking on this role, as assessed by the Headteacher and additionally by a healthcare professional if required. In the event of pain medicine needing to be administered as part of a care plan, explicit consent will be needed from parents in order to check the most recent dosage and ensure administration is within safe guidelines; in this instance, contact will be made with parents to clarify the most recent dosage and to agree further administration of the pain medicine, if necessary. A written record of this discussion will be requested to be signed by parents at the end of the school day. This will be stored by the Admin Team and notes from the conversation will be added to CPoms and shared with relevant staff. Parents have the opportunity to come into school to administer any medicines should they wish to do so, or if this is deemed the most appropriate option for the child. If a child refuses to take medicines, staff will not force them to do so, but will note this in the records on CPoms and staff will inform parents immediately or as soon as is reasonably possible.

We may, in the event of a critical situation, administer medicine to a child without consent of a parent if the First Aider or medical services believe there is imminent life risk. Parents will be informed of this action as soon as is practically possible.

Receipt, storage and disposal of medicines

We will compile a medicines list detailing information concerning all medicines for which we have permission to be administered within the school, including details of dose and frequency. This will be stored confidentially, within easy reach of the medicine itself, so that it can be quickly and easily referred to.

Prescribed medication is stored in a locked cupboard in the Main Office. Office staff and SLT have access via a combination lock on the door. Refrigerated medicines are stored in the fridge in the Reprographics Room. This room is only accessible via a staff ID badge, so that children cannot enter the room.

All medicines must be delivered to the school office by the parent in person, who will then be required to complete and sign a permission form (see appendix) Under no circumstances will medicines be left in a child's possession, unless immediate emergency treatment is expected to be required, i.e. use of inhaler during sporting activity. We can only accept medicines in their original containers as dispensed by a healthcare professional, complete with original labels and/or accompanying written directions. We cannot accept medicines that have been taken out of their original container. Each item of medicine must be clearly labelled with the following information:

- Pupil's name
- Name of medicine(s)
- Dosage
- Frequency and timing of administration
- Date of dispensing
- Storage requirements (if relevant)
- Expiry date

If relevant, parents are required to provide full details of any rescue therapy, including the dosage and frequency of administration, and any additional action to be taken if this is not effective.

It is the parent's responsibility to ensure that all medicines are in date and suitable for use. The member of staff receiving the medicines will check the items against the information stated on the form, and place the items in the approved secure storage location, clearly named and labelled. Where a child is prescribed emergency medicines (e.g. inhalers, EpiPen) it will be securely stored in a location that is easily available if required in an emergency, including during any external activity or trip. If required, the temperature of the facility used to store any medicines, including a medicines fridge, will be recorded on a daily basis to ensure that the required temperature is maintained.

In the event of medicines needing to be transported to and from school on a daily basis, i.e. antibiotics, the parent is responsible for ensuring that both delivery and collection occurs.

The school is not responsible for disposing of medicines and in the event that medicines are out of date then parents will be requested to collect it. Parents are responsible for ensuring that expired or unwanted medicines are returned to the pharmacy for safe disposal. Parents must collect all unused medicines at the end of the agreed administration period. Should medicines be left at school beyond three months, despite attempts made to contact the parent to collect it, it will be given by the school to a pharmacy for safe disposal.

Documentation

Each occasion where medicines are administered will be recorded on an administration of medicines form. This information is confidential to school staff and will be stored and retained securely in line with REAch2's record retention policy.

Policy review

This policy will be reviewed every three years. Review will take place more regularly in the event of changes to statutory requirements, or in light of feedback arising from pupils, parents or staff involved with supporting pupils with medical conditions and/or administration of medicines.

Appendix 1 Medical Roles & Responsibilities at DBJA

Area of Responsibility	Person Responsible	How often should they be checked/reviewed?	Notes from the policy (if applicable)
Asthma plans	MD PWO/DSL	Check they are in date and the logs are updated if needed. Conduct checks on asthma pumps in classrooms/office to check they are in date and re-order/contact parents if necessary (twice per half term)	N/A
Health care plans	DN PWO/DSL	Review yearly or as and when needed	<ul style="list-style-type: none"> Not all pupils with a medical condition will require a healthcare plan. It will be agreed with a healthcare professional and/or parents when a healthcare plan would be inappropriate or disproportionate. This will be based on evidence. Healthcare plans will be developed with the pupil's best interests in mind and will set out what needs to be done, when and by whom. They will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the healthcare plan as required. The final agreement of a parent will be sought before implementation.
Intimate care plans (includes menstruation)	AC AHT, SENDCo	Review yearly or as and when needed Check IC files and logs twice per half term	<ul style="list-style-type: none"> Not all pupils with a medical condition will require an intimate care plan. It will be agreed with a healthcare professional and/or parents when a healthcare plan would be inappropriate or disproportionate. This will be based on evidence. Intimate care plans will be developed with the pupil's best interests in mind and will set out what needs to be done, when and by whom. They will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the healthcare plan as required. The final agreement of a parent will be sought before implementation.
Medicine administration	JA Office staff	Review as and when needed/at the end of the medicine cycle	<ul style="list-style-type: none"> If administration of medicines is required during the school day, parents are requested to inform the school as soon as possible. Both prescribed and non-prescribed medicines, i.e. for hayfever, can be administered

			<p>at school: in the case of prescribed medicines, parents will be required to provide evidence from the child's GP; in the case of non-prescribed medicines, parents will be required to share the reasoning for the administration of the medicines and the anticipated timescale for this prior to the school giving agreement to do so.</p> <ul style="list-style-type: none"> Where possible, we request that medicines be administered at home by parents before or after school, unless otherwise stated by a medical professional.
Receipt, storage and disposal of medicine	JA Office staff	Check twice a half term Emergency epi-pens Emergency asthma pumps	<ul style="list-style-type: none"> Compile a medicines list detailing information concerning all medicines for which we have permission to be administered within the school, including details of dose and frequency. This will be stored confidentially, within easy reach of the medicine itself, so that it can be quickly and easily referred to.
Medical Tracker	First aiders	As and when used for first aid Ensure documents are sent home to parents	N/A
RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations	SG School Business Manager	As and when needed Review any incidents termly	N/A
First Aid boxes in class	All Class Teachers Teaching Assistants	Checked twice half termly that the medicines are in date. Inform relevant member of staff if they are not.	N/A

Appendix 2 – parent agreement to administer medicines in the school setting

Name of school	
Name of child	
Date of birth	
Class	
Medical condition or illness	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage, method, frequency and timing	
Total amount given to school	
Special precautions or other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – yes or no?	
Procedures to take in an emergency	
Emergency contact name	
Daytime telephone number	
Relationship to child	

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

Name: _____ Relationship to pupil: _____
 Signature: _____ Date: _____
 Headteacher: _____ Date: _____

Appendix 3 – Record of medicines administered

Name of school/setting				Child's name:			
Medicine:		Dose:		Time of day:		Method:	

Date	Time given	Stock prior to administration	Dose given	Administered by (Signature)	Checked by (Signature)	Stock after administration

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Pollen Stress

Exercise Weather

Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

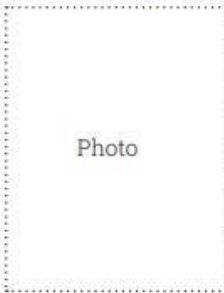
(Monday-Friday, 9am-5pm)

www.asthma.org.uk

This child has the following allergies:

Name: _____

DOB: _____



Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: _____ (If vomited, can repeat dose)
- Phone parent/emergency contact

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
<ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	<ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	<ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

- 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: . _____ . mg)
- 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: _____

2) Name: _____

How to give EpiPen®

- PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
- Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
- PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: _____

Print name: _____

Date: _____

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: _____

Hospital/Clinic: _____

_____ Date: _____