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	<b>2</b>	Academy specific appendices
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## Summary of Changes from Previous Version

Version	Date	Author	Note/Summary of Revisions
V2.0	August 2022	SGR	Amalgamation of Administration of Medicines Policy and Supporting Children with Medical Conditions Policy

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## 2.0 INTRODUCTION

Within the Maltby Learning Trust we have a full commitment to ensuring that all students accessing education within our Academies are supported in order to enable them to succeed and maximise their potential. This policy has been formulated to enable Academies to make provision for students with medical needs and ensure that their needs are met. The Maltby Learning Trust is committed to safeguarding and promoting the welfare of children and expects all staff, volunteers and visitors to share this commitment; ensuring student medical needs are met is integral to this. It is therefore imperative that students with either short or long medical conditions are empowered to enable them to thrive in the academy environment and secure continuity of learning.

## 3.0 RATIONALE

The Maltby Learning Trust values the abilities and achievements of all its students and is committed to providing for each student the best possible environment for learning. We actively seek to remove the barriers to learning and participation that can hinder or exclude individual students, or groups of students. This means that equality of opportunity must be a reality for our students. We achieve this through the attention we pay to the different groups of students within our Academies.

This policy sets out the framework within which we will ensure that students with short or long term medical conditions are able to access learning consistently within MLT academies and be empowered to achieve their potential. Within this policy we are mindful that we have a duty to safeguard children by including them wherever possible, but only through ensuring adequate training, support and guidance is in place to make sure this is done in a safe manner. This is done by planning the most appropriate way to meet a student's needs in partnership with parents, medical professionals and the student themselves.

It is vital that plans are agreed in partnership and this policy provides clarity on what MLT academies will do to ensure students with medical conditions thrive. This policy is based on relevant government guidance, for example it should be noted that "medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so" DFE Publication: Supporting Pupils at School with Medical Conditions. August 2017

## 4.0 LEGISLATIVE FRAMEWORK

Section 100 of the Children and Families Act 2014 places a duty on governing boards to make arrangements for supporting students at their Academy with medical conditions. Many students, at some point during their time at school, will have a medical condition which may affect their potential to learn and their participation in Academy activities. For most, this will be short term (perhaps finishing a course of medication or treatment) other students may have a medical condition that, if not properly managed, could limit their access to education. Students attending an MLT Academy with medical conditions will be properly supported so that they have full access to education, including Academy trips and physical education

This policy is based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions. It also makes provision for the Trust to meet its obligations under the Equality Act 2010 and ensure every effort is made to ensure the wellbeing of all students, staff and adults on site. The Policy is also compliant with our funding agreement and articles of association and should be read alongside the MLT Intimate Care Policy and First Aid Policy.

## 5.0 AIMS AND OBJECTIVES

- To ensure that students with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in Academy life, remain healthy and achieve their academic potential.
- To establish a positive relationship with parents and carers, so that the needs of the student can be fully met. Parents of students with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because students with long-term and complex medical conditions may require on-going support, medicines and care while at school to help them manage their condition and keep them well. Other students may require interventions in particular emergency circumstances. It is also the case that a student's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that their child's medical condition will be supported effectively by the Academy and that they will be safe.
- To work in close partnership with health care professionals, staff, parents and students to meet the needs of each child. In making decisions about the support they provide, it is crucial that academies consider advice from healthcare professionals and listen to and value the views of parents and students.
- To ensure any social and emotional needs are met for students with medical conditions – Students may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition.
- To minimise the impact of any medical condition on a child's educational achievement – In particular, long term absences due to health problems affect student's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into the Academy should be properly supported so that students with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term absences, including those for medical appointments, (which can often be lengthy), also need to be effectively managed.
- To ensure that a Health Care Plan is in place for each child with a medical condition and for some students who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively.
- To ensure that roles and responsibilities for the safe administration and storage of medication are understood by all Trust staff, parents/carers and children including safe procedures for managing medicines on educational visits.

## 6.0 ROLES AND RESPONSIBILITIES

Supporting a student with a medical condition during Academy hours is not the sole responsibility of one person. Partnership working between Academy staff, healthcare professionals, and parents and students will be critical.

### **The Board of the Maltby Learning Trust/Academy Local Governance Committee:**

The MLT Board has a legal and strategic responsibility for supporting students with medical needs; this includes ensuring that each Academy is appropriately insured, and that staff are aware that they are insured to support students. . The local governing committee has responsibility for ensuring arrangements are in place to support students with medical conditions. They will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting students with medical conditions.

### **Academy Principal:**

The Academy Principal will:

- Ensure that the policy is effectively implemented to meet the needs of students with medical conditions.
- Ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensure that all staff who need to know are aware of the student's condition

- Ensure that staff have received suitable training and are competent before they take on responsibility to support students with medical conditions; this includes the administration of medicines.
- Recruit, if deemed necessary, a member of staff for the purpose of administering medicines where a child has severe/acute needs.
- Ensure that parents/carers are aware of the policy, including the Academy's procedures for administration of medicines. Ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This will be recorded on form E (Appendix 2) which will be kept in their personnel file.
- Take overall responsibility for the development of Individual Healthcare Plans (IHPs).
- Ensure that the school nursing service is contacted in the case of any student who has a medical condition that may require support at the Academy but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a student's medical needs and that this information is kept up to date.

### **Academy Staff:**

Supporting students with medical conditions during Academy hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students 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 students 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 students with medical conditions that they teach.

All staff will:

- know what to do and respond accordingly when they become aware that a student with a medical condition needs help.
- follow the procedures outlined in this policy and record actions using the appropriate forms.
- be fully aware of health care plans written by relevant health care professionals for children with complex or long-term medical needs.
- share medical information where necessary to ensure the safety of a child.
- retain confidentiality where possible.
- complete any training relevant to the administration of medicines in schools if they are willing to administer it.
- complete the relevant paperwork as outlined in this policy when administering medicines.
- take all reasonable precautions to ensure the safe administration of medicines.
- contact parents with any concerns or refused dose of medication without delay.
- take account of the medical needs of students and the need to administer medication when planning trips and excursions.

### **Parents/Carers**

Parents/carers will:

- Notify the Academy that their child has a medical condition and provide the Academy with sufficient and up-to-date information about their child's medical needs.
- Act as key partners and be involved in the development and review of their child's individual healthcare plan (IHP).
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Make reasonable requests of the Academy to support their student's needs and listen to medical and educational advice on how these reasonable adjustments can be made.

- Ensure medication is in date and labelled with the appropriate pharmacist dispensing label containing GP's dosage instructions.
- Ensure inhalers are in date and have sufficient medication left in them.
- Notify the Academy of any changes to the medication/dose; this must be supported by either a letter from the GP or medication labelled by a pharmacist with new dosage instructions on.
- Follow Trust procedures for bringing medication into the Academy.
- Take any long term medication (e.g. inhalers) home at the end of each academic year.
- Keep the child off school if they are acutely unwell or have a contagious condition. (Recommendations from the Health Protection Agency are used by the Trust).

### Students:

Students with medical conditions will often be best placed to provide information about how their condition affects them and will:

- be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs.
- comply with their IHPs.

### Healthcare Professionals:

- Notify the Academy when a student has been identified as having a medical condition that will require support in the Academy before the student starts to attend an Academy, wherever possible.
- Take a lead role in ensuring that students with medical conditions are properly supported while attending the Academy, including supporting staff on implementing a student's plan and providing advice, training and supervision where required. This may include liaison with lead clinicians locally including specialist nursing teams.
- Healthcare professionals, such as GPs and pediatricians, will liaise with the Academy's nurses and notify them of any students identified as having a medical condition.

## 7.0 EQUAL OPPORTUNITIES

The Maltby Learning Trust is committed to meeting its obligations under the Equality Act 2010. As such all Academies are clear about the need to actively support students with medical conditions to participate in trips and visits, or in sporting activities, and not prevent them from doing so.

Each MLT Academy will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

## 8.0 ASSISTING STUDENTS WITH LONG TERM OR COMPLEX MEDICAL NEEDS

A proactive approach is taken towards students with medical needs. Every student with a long term or complex medical need will be offered a home visit from the Inclusion Manager and/or class teacher at the onset of condition or change in condition. This enables the Academy / parents to identify potential issues/difficulties before a student returns to the Academy. Issues identified in the past have included access to classrooms, toilet facilities, additional adult support, lunchtime procedures and emergency procedures. A Health Care Plan (**Appendix 1 – Form A**) will be produced for any student with long term/complex medical needs and will be reviewed on a regular basis.

To assist students with long term or complex medical needs, the Academy will also consider whether any/all of the following is necessary:

- Adapting equipment, furniture or classrooms to enable the student to access a particular aspect of the curriculum or area of the Academy. To determine the needs and response, the Academy will involve the home and hospital support service.
- Arranging for additional adult support throughout specific parts of the Academy day.
- Adapting lesson plans.
- Establishing a phased attendance programme.
- Ensuring that there are procedures in place for the administration of medicine;
- Training for Support Staff/Teachers on a specific medical condition.
- Providing a programme of work for students who are absent from the Academy for significant periods of time.
- Providing appropriate seating during assembly/carpet time.
- Ensuring there is adequate supervision during play times so that the health and safety of all students is not compromised.
- Ensuring that arrangements are made to include a student with medical needs on Academy visits.

Where a child is returning to an Academy following a period of prolonged absence due to their medical condition, support will be identified and provided to ensure that their return to school is as smooth as possible. This reintegration plan will be written by a member of SLT and attached to the Healthcare Plan.

## 9.0 INDIVIDUAL HEALTH CARE PLANS

An Individual Healthcare Plan (Appendix 1 – Form A) is a document that sets out the medical needs of a student, what support is needed within the Academy day and details actions that need to be taken within an emergency situation. It provides clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of the student's condition and the degree of support needed. This is important because different students with the same health condition may require very different support.

Individual healthcare plans may be initiated by a member of Academy staff, the school nurse or another healthcare professional involved in providing care to the student. The Healthcare Plan should be reviewed at the beginning of each academic year as a minimum, or more frequently, depending on the nature of the child's particular needs. The Principal has overall responsibility for the development of IHPs for students with medical conditions. This is normally delegated to the Academy SENDCo or Designated Safeguarding Lead.

Plans will be drawn up in partnership with the Academy, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. Throughout the process all stakeholders should consider the whole child and whether they are best supported through a formal EHCP application. The IHP will form part of the evidence base for this process which, if successful will afford the child additional protection and accrue additional funding to enable the Academy to meet their needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) plan. If a student has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP. They should be developed in the context of assessing and managing risks to the student's education, health and social well-being and to minimise disruption.

Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Principal will make the final decision.

Parents will receive a copy of the Health Care Plan with the originals kept by the Inclusion Leader. Medical notices, including pictures and information on symptoms and treatment are placed in the staff room,

medical room and kitchen and given to the student's class teacher for quick identification, together with details of what to do in an emergency.

The level of detail in the plan will depend on the complexity of the student's condition and how much support is needed. The MLT and Academy Principals/SENDCos, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The student's resulting needs, including medication (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 student'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, access to counselling sessions.
- The level of support needed, including in emergencies. If a student is self-managing their medication, 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 student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the Academy needs to be aware of the student's condition and the support required.
- Arrangements for written permission from parents and the Principal for medication to be administered by a member of staff or self-administered by the student during Academy hours.
- Separate arrangements or procedures required for Academy trips or other Academy activities outside of the normal Academy timetable that will ensure the student can participate, e.g., risk assessments.
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

Most children with medical needs are able to attend school regularly and, with some support from the Academy, can take part in most normal activities. However, Academy staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk. Additional supervision must be written into the child's Health Care Plan. An individual risk assessment may need to be completed prior to the child carrying out any identified activities.

## 10.0 ADMINISTRATION OF MEDICINES

It must be noted that "medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so" *DFE Publication: Supporting Pupils at School with Medical Conditions. December 2015*

Under normal circumstances, Trust Academies will only administer to children any medicines that have been prescribed by a GP or consultant or have a dispensing label showing they have been prescribed by a pharmacist. Medication **MUST** be in the original packaging with the pharmacist's label attached stating the prescribing instructions. Trust Academies will only administer the dose prescribed in accordance with the instructions on the pharmacist's label. All the necessary paperwork must be completed by the parent before an Academy will accept any medication into the building (Appendix 7 Form B).

The Trust will not usually, except in the exceptional circumstance defined below, allow Academies to store or administer non-prescribed medication. This is because the medication will not have a dispensing label on the container providing all the relevant information required to ensure it is correctly administered to the correct child.

### Exceptional Circumstances

It is recognised that, in a very limited number of situations, Academy staff may need to administer non-prescription medication to ensure a child's wellbeing is maintained. The Trust defines which non-prescription medication will be administered and the circumstances in which it will be given.

Academy staff will only administer the following non-prescription medication and only in the following circumstances:

### **Travel Sickness Pills (Educational Visits Only)**

*Where students are travelling for periods of more than half an hour, the Academy will accept travel sickness pills for the children to take on the return journey. One day pills are effective and should be taken as a preference where possible before the child comes to the Academy.*

### **Analgesia (Residential Visits Only)**

Medication Allowed:

- Calpol (liquid paracetamol)
- Calprofen (liquid ibuprofen)

*When children are taken on a residential visit, they may develop headaches etc. for a variety of reasons. In these circumstances the Academy will ask for staff volunteers to administer paracetamol (Calpol) OR Ibuprofen solution (calprofen).*

**NO CHILD UNDER 16 SHOULD EVER BE GIVEN ASPIRIN OR PRODUCTS CONTAINING ASPIRIN.**

The medication outlined above will only be administered if written permission (form B – Appendix 7) is given by parents and the medication is in premeasured sachets in the original packaging. Parents will also be asked to confirm that the child has had the medication previously with no reaction (Form B – Appendix 7) and confirmation of when the last dosage was taken.

Where a child is on other medication, the Academy will require additional official written permission from a doctor or pharmacist stating that no reaction between the prescribed and non-prescribed medication can take place.

A record should be kept (Form G (Appendix 11)) of any non-prescription medication administered, and the medication should be held by the lead staff member in a sealed envelope clearly labelled with administration instructions and child's name. A record should be kept (Using Form G (Appendix 11)) showing when the medication has been administered and by whom.

A separate copy of this information can be found at Appendix 13 Note J.

## **Training**

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans). Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child or supporting a child with a medical condition will have appropriate training and guidance. They should also be aware of possible side-effects of any medicines and what to do if they occur. All staff will be able to notify the Principal or a member of SLT, if they are unwilling to administer medicines and they will not be asked to administer medicines. This will be kept in their personnel file. No volunteer will be asked to administer medication without the correct authorisation and check forms being completed. Please refer to Administering Medicines Procedures in Appendices 2 and 4 to 14.

Any medication that is to be administered to children in any form other than liquid or tablet will require additional training from the school nurse prior to staff agreeing to administer the medication. Staff will not administer medicines by injection, apart from administering insulin to diabetic children or through an epipen where there is an emergency for a child with a severe allergy. Training must not be provided by parents, carers or any other non-medical professional. The Academy will ensure that there are sufficient members of

staff who are appropriately trained to manage such medicines as part of their duties and provide robust cover for staff absence, visits etc. The Principal and SLT will ensure that there are appropriate systems for sharing information about children's medical needs.

The Principal and SLT will be responsible for making sure that staff have appropriate training to support children with medical needs and will arrange training appropriate to the needs of the Academy in conjunction with the School Nursing Service or specialist nursing teams.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure. The Principal and SLT will satisfy themselves that the training provided has given staff sufficient understanding, confidence and expertise and that arrangements are in place to update training (including refresher training) on a regular basis. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. The Academy administration office will maintain a record of staff members who are trained to administer medication through retention of form E (Appendix 2).

### **Storage of Medication**

Parents will be responsible for obtaining their child's medicine and ensuring these are up to date. Medication must not be brought into an Academy by the child. The parent must hand all medication to a member of the office staff. Medicines must be in date, in the original container in which dispensed with the dispensing pharmacy label attached and the prescriber's instructions for administration. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Staff should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction. The exception to this is insulin which may be provided in an insulin pen or pump, rather than its original container, but must be in-date and delivered as prescribed.

Parents must complete an authorisation form (Form B – Appendix 7), prior to any medication being brought into the Academy. Administration of this medication must then be agreed and the header of 'Form C – Record of medicine administered to a child' (Appendix 8) completed prior to medication being administered by Academy staff. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated. Please also refer to Administering Medicines Procedures (Appendix 4 – within the Academy OR Appendix 5 – during educational visits).

Large volumes of medication should not be stored (no more than one half term's supply should be kept in an Academy at a time\*.) Prescribed medication kept at the Academy should be kept in the administration office to be readily accessible when required. Children should know where their medicines are stored, who is administering it to them and be able to access them immediately.

All emergency medicines, such as asthma inhalers, blood glucose testing meters and adrenaline pens, must be readily available (in the medical room and classroom) to children and will not be locked away. Inhalers should always be available during physical education, break times, sports activities and educational visits. From KS2, children should be encouraged to carry their blue (preventer) inhaler with them (a second inhaler will be kept in the Academy office or medical room).

For primary age children, adrenaline pens (used for children with acute or severe allergic reactions to certain food or substances) should be in a named container with a large red cross on the box and instructions clearly written inside the box. All staff should be made aware of where these boxes are kept in the medical room and classroom (one in each location for each child); this will be recorded in each child's 'Individual Healthcare Plan' (Form A – Appendix 1). Secondary age children should be encouraged to carry their own adrenaline pen on their person at all times for ease of access, but parental permission obtained to use the emergency epiPen procured by the Academy.

All other medication will be kept in a locked cupboard or locked refrigerator. Under no circumstances should medicines be kept in first-aid boxes. No medication should ever be stored in the same refrigerator as food products.

\* Controlled drugs, such as Ritalin, Rectal Diazepam, Midazolam, are controlled by the Misuse of Drugs Act. Please refer to Controlled Drugs guidance below.

## **Refusal to Take Medication**

If a child refuses a dose of medication, the child will not be forced to take the dose. The parent/carer will be contacted that day. The missed dose and parental comments will be recorded in the 'missed dose section' of the appropriate form.

## **Spillages**

Any spillages (including broken / dropped tablets) will be recorded and parents will be informed. This will be recorded on form I (Appendix 12).

## **Record Keeping**

Records offer protection to staff and children and provide evidence that agreed procedures have been followed - recording formats are included at the end of this document. Records should be kept for a period of time as governed by the Trust data retention scheme.

## **Prior to Accepting Medication**

Often a parent will prefer to give medication themselves and therefore, where possible, medication should be given by parents outside Academy hours or by parents at the Academy. Where medication is specifically prescribed to be given during Academy hours, parents can request that this be given by a member of Academy staff. Children with long term medical conditions may require medication to be given on a regular basis and the Academy will ensure that staff who volunteer to give medication receive the relevant training to do this safely.

Short term medication should only be brought into the Academy if it is detrimental to the child's health not to have the medication during the school day. Most antibiotics/other medication can be given around school hours and the Trust asks parents to ensure that they request antibiotics which can be given at home. Where antibiotics/other medication have to be given during the school day this will be done by a trained member of staff who has volunteered to give medication.

Parents must complete an authorisation form (Form B – Appendix 7) prior to any medication being brought into the Academy, whether it is short or long term. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated. A decision will then be made as to whether the Academy can administer the medication or not and parents informed of the outcome.

## **Accepting Medication**

Trust Academies will not accept medication that has been taken out of the container as originally dispensed, nor make changes to the prescribed dose, unless this is insulin in an insulin pump or driver.

Medicines (other than the above exception) should always be provided in the original container as dispensed by the pharmacist and should include the prescriber's instructions for administration.

The medication should be brought into the Academy and the header of Form C (Appendix 8) completed prior to medication being administered by Academy staff. Upon receipt of medication, staff administering medication must check the following information is present on the pharmacy label and complete approval has been given for medication to be administered:

- Name of child.
- Name of medicine.
- Dosage.
- Written instructions provided by prescriber.
- Expiry date.
- Number/amount of medication provided.

NB: The label "To be taken as directed" does not provide sufficient information. Precise information must be supplied.

## **Administering Medication**

Where possible, the Academy will support the children to self-administer medication in the presence of an adult – except children from KS2 upwards who may self-administer blue asthma inhalers (preventer).

Prior written consent must be given by the parents/carers for any medication to be given to a child.

*This will be recorded on form C (Appendix 8).*

A record will be kept of all the drugs and medicines administered at the Academy.

Staff administering medication must complete the 'Record of Medication administered to an individual child' (Form C – Appendix 8) after every dose of medication is given. This record must be signed, dated and a time recorded. This record must be stored in the 'medicines folder' in the medical room. The 'Record of medication given to all children' (Form D – Appendix 9) must also be updated.

The record must be kept even if the child refuses to take the medication. The child should not be forced to take the medication. Parents should be notified immediately if a child refuses medication. Emergency services should be contacted if necessary.

The child should have had at least the first dosage of any new medication at home before it is brought into the Academy.

The parent/carer will be responsible for collecting the medication at frequent intervals in order to review expiry dates and quantity of remaining medication. Any medication that is no longer required must be returned to the pharmacy by the parent/carer for destruction.

## **Emergency Asthma Inhalers**

All Trust Academies have asthma inhalers in the Academies that will be available to students who have been diagnosed with asthma and who usually have an inhaler in school.

Emergency inhalers must only be used if a student's own inhaler is lost, broken or expired.

Parents or Carers of students must sign form B and tick to say they are happy for an emergency inhaler to be used if their child's own inhaler is not available/able to be used.

All students using an emergency inhaler must use a spacer for hygiene purposes.

Parents/Carers of students using an emergency inhaler must be informed immediately and a new inhaler provided as soon as possible.

Staff administering the emergency inhaler must log this in an individual child's administered medicines record (form C).

## **Timings**

Where the timing of medication allows, it should be administered at home by parents. However, when this is not possible, medication will be given as per the timings on the pharmacy instructions – where possible this will be at breaks or lunchtime in order to minimise the disruption to children's learning.

There will be two members of staff present at all times when any medication is administered. Staff will not be interrupted or approached to perform other duties whilst administering.

## **Controlled Drugs**

The Principal or Vice-Principal must be informed if controlled drugs are being stored on Academy premises.

Controlled drugs, such as Ritalin, Rectal Diazepam, Midazolam, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the Academy and parents.

No more than a week's supply of controlled drugs should be kept in the Academy at any one time and the amount of medication handed over to the Academy should always be recorded. See *Administering Medicines Procedures*.

Controlled drugs should be stored in a locked non-portable container and only specific, named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it.

The person administering the drug will receive appropriate training from the school nurse or an alternative appropriate health professional, prior to administering any medicines.

The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

Controlled drug administration will be recorded on Form F (Appendix 10).

### **Incorrect Administration of Medication**

If medication is given in the wrong dose, or the wrong medication is administered to a child, parents/carers and the Academy Principal must be informed immediately, and medical advice sought via the NHS '111' service. Under normal circumstances Academies will advise parents to take children immediately to the doctors in these circumstances or, in cases where there has been a very significant error either in the amount or type of medication (eg. controlled medication) administered, an ambulance may be called.

Form K (Appendix 14) MUST be completed once an incident is concluded and must be countersigned by the Academy Principal.

### **Storage of Medication – Foundation Stage**

Medication will be stored in accordance with the product instructions and follow the principles outlined above.

Inhalers/ Epipens for Foundation Stage will be kept in a safe place in the classroom so staff can access them readily if children require them. They will, however, be kept out of the reach of children for safety. Medication needing refrigeration will be stored in a fridge separate from any foods and in clearly labelled containers.

Foundation Stage children who stay at an Academy over the lunch time period will need an inhaler/Epipen to be kept with staff. This is because it is a long distance to retrieve an inhaler from the classroom should a child need it in an emergency.

### **Storage of Medication – KS1/2**

Key Stage 1/2 children should have two inhalers/epipens in the Academy at all times – it is the parent's responsibility to ensure that these are in date and have not run out. The inhalers/epipens will be kept both in a safe place in the classroom so staff can access them readily if children require them and in the Academy office – this way there will always be one in a known location at all times of day. They will, however, be kept out of the reach of children for safety.

The locked medicine cupboard (separate to the first aid box) in the office will be out of the reach of children and locked. The cupboard is easily accessible in case of an emergency.

Any medication requiring refrigeration will be stored in a lockable airtight container in the staff fridge.

Children will be informed where their medication is kept.

## **Medication on Academy Visits**

Arrangements will be made to support students with medical conditions participating in educational visits. Teachers will allow for flexibility in their plan for the trip so as to allow students with medical conditions to participate according to their own abilities. We will make arrangements for the inclusion of students in Academy trips and activities unless evidence from a medical professional states that this is not possible.

All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary individual risk assessments should be conducted.

It may be necessary for an additional teacher, parent or another volunteer to accompany a particular child on a 1:1 basis.

It should be ensured that a member of staff who is trained to administer any specific medication (e.g. epi-pens) accompanies the child and that the appropriate medication is taken on the visit.

Medicines should be kept in their original containers (an envelope is acceptable for a single dose - provided this is very clearly labelled)

When accompanying children on residential trips, all medicines must be stored in a locked, secure container.

Staff responsible for administering medicines on residential trips must meet with parents prior to the trip to ensure an authorisation form (form B – Appendix 7) is completed. Any necessary training will be given by the school nurse or alternative health professional prior to the trip. The 'Record of medicine administered to an individual child' must be completed (form C – Appendix 8).

If in doubt staff should speak to a member of the Senior Leadership Team before administering any medicines.

In the case of reliever medication, the child will be informed where their medication is kept and who to ask if they require it.

Any children requiring medication on an educational visit will be recorded on a log prior to leaving.

All children requiring inhalers/epipens etc should have them with them on any educational visit at all times. These may be carried by the child or by a responsible adult.

In the case of epipens all supervising adults should know where the epipen is.

This will be recorded on form G part A - Educational Visits: Log of children requiring medication (Appendix 11) and Form G part B - Educational Visits: Record of Medicines administered to all children (Appendix 11).

A separate first aid policy is in place and should be read alongside this policy.

## **11.0 UNACCEPTABLE PRACTICE**

Academy staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- Assume that every student with the same condition requires the same treatment.
- Ignore the views of the student or their parents in making reasonable adjustments to the educational provision.
- Ignore medical evidence or opinion (although this may be challenged).
- Send students with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal Academy activities, including lunch, unless this is specified in their IHPs\*.
- If the student becomes ill, send them to the Academy office or medical room unaccompanied or with someone unsuitable.
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the Academy is failing to support their child's medical needs.
- Preventing students from participating or creating unnecessary barriers to students participating in any aspect of Academy life, including Academy trips, e.g., by requiring parents to accompany their child.
- Administer, or ask students to administer, medicine in school toilets.

## 12.0 EMERGENCY PROCEDURES

Staff will follow the Academy's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do. In emergency situations, where possible, the procedure identified on a student's Healthcare Plan will be followed. When this is not available, a qualified First Aider will decide on the emergency course of action as laid down in the Trust's First Aid Policy. If it is deemed a student needs hospital treatment as assessed by the First Aider the procedures outlined in **Form H (Appendix 3)** must take place. This guidance should be displayed in the Academy Office, by Academy telephones and within the First Aid Policy.

If anyone other than a member of the office staff calls an ambulance then the Academy office needs to be informed immediately so they can ensure that the child's records, IHP etc. are copied for the ambulance crew.

In the absence of a parent/carer, the most appropriate member of staff must accompany the student to hospital with all relevant health documentation (Inc. tetanus and allergy status), the health plan and student details and stay until the parent/carer arrives. Staff should never take children to hospital in their own car; it is safer to call an ambulance. Healthcare professionals are responsible for any decisions on medical treatment when parents are not available.

A clear explanation of the incident must be given (as a statement) if the witness does not attend. A senior member of staff should attend the hospital to speak to parents/carers if deemed necessary.

## 13.0 HYGIENE AND INFECTION CONTROL

All staff should be aware of normal precautions for avoiding infections and follow basic hygiene procedures e.g. basic hand washing. The medical room has full access to protective disposable gloves and care is taken with spillages of blood and body fluid. Full guidance can be found in the Intimate Care Policy and First Aid Policy.

All staff will refer to the Health Protection Agency guidance when responding to a child who is ill and considered to potentially be infectious. In this case the need to safeguard other children may override the

need to be inclusive of the ill child and all staff will take necessary steps to prevent the spread of infection and take appropriate action. Parents/carers will be asked to collect children or keep them at home if there is a risk of infecting other children.

## 14.0 SPORTING ACTIVITIES

Some students may need to take precautionary measures before or during exercise. Staff supervising such activities should be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

## 15.0 EDUCATIONAL VISITS

We actively support students with medical conditions to participate in Academy trips and visits, or in sporting activities but are mindful of how a student's medical condition will impact on their participation. Arrangements will always be made to ensure students with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the school nurse or other healthcare professionals that are responsible for ensuring that students can participate. A copy of the student's health care plan should be taken with the student on an Educational Visit.

The class teacher must also ensure that medication such as inhalers and epi-pens are taken on all Academy trips and given to the responsible adult that works alongside the student throughout the day. A First Aid kit must be taken on all Academy trips. The Trip Leader must ensure that all adults have the telephone number of the Academy in case of an emergency.

An HSE approved first aider should attend all Academy trips. The first aider provisions at the destination of the trip should be included as part of the risk assessment. The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any student with a specific medical condition has access to prescribed medicine whilst on the trip. First Aid trained staff administering medication to students on Academy trips should follow the guidelines above.

## 16.0 EXTRA-CURRICULAR CLUBS/ACTIVITIES

It is the responsibility of those running clubs (from outside providers) to liaise with parents/carers and to send home a medical form for completion. Academies must ensure that all clubs know how to obtain medical assistance, where the medical room is, location of the medication and how to dial for an outside line if they need to call an ambulance.

## 17.0 BREAKFAST CLUB AND AFTER SCHOOL CLUB

Each club must have access to a trained First Aider and a first aid kit. Each club must also have access to the Academy's medical room. On the booking forms parents must state any medical needs and allergies and provide a contact number in case of emergency. Any student who requires medicine must have written confirmation from the parent.

## 18.0 STAFF TRAINING

Any member of Academy staff providing support to a student with medical needs must have received suitable training. It is the responsibility of the School Nurse to lead on identifying with other health specialists and agreeing with the Academy, the type and level of training required, and putting this in place. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific student.

Training must be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional (**See Appendix 2 – Training record**). A first-aid certificate does not constitute appropriate training in supporting students with medical conditions.

It is important that all staff are aware of the Academy's policy for supporting students with medical conditions and their role in implementing that policy. Each Academy should ensure that training on conditions which they know to be common within their Academy is provided (e.g., asthma, epi pen, sickle cell, diabetes) Parents can be asked for their views and may be able to support Academy staff by explaining how their student's needs can be met but they should not provide specific advice, nor be the sole trainer.

## 19.0 RECORD KEEPING

The MLT Trust Board and Local Governance Committee will ensure that written records are kept of all medicine administered to students (see procedures above and Appendices 2 and 4 to 14. Parents will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

## 20.0 LIABILITY AND INDEMNITY

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the Academy's level of risk.

The MLT is insured through Zurich insurance and full indemnity is provided to staff providing appropriate medical care through the public liability section of the policy. Further information is provided via the following link:

<https://newsandviews.zurich.co.uk/strategic-focus/supporting-schools-pupils-medical-conditions/>

## 21.0 COMPLAINTS

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with the Year Group Leader, a member of SLT or the Principal.

If they do not feel they have been able to resolve the issue, then parents may make a formal complaint via the Trust's complaint procedure. Information regarding this can be found on the Academy website.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the Academy has breached the terms of its

Funding Agreement or failed to comply with any other legal obligation placed on it. Ultimately, parents (and students) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Name of Academy/setting

Student's name

Group/class/form

Date of birth

Student's address

Medical diagnosis or condition

Date

Review date


**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to student

Phone no. (work)

(home)

(mobile)


---

**Clinic/Hospital Contact**

Name

Phone no.

**G.P.**

Name

Phone no.

Who is responsible for providing support  
in school

Describe medical needs and give details of student's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

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

Arrangements for Academy visits/trips etc.

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

<b>Staff Training Record – Administrations of Medicines</b>	
<b>Name of Academy / setting</b>	
<b>Name</b>	

<b>Type of Training received</b>	
<b>Date of Training Completed</b>	
<b>Training provided by</b>	
<b>Profession and Title</b>	

**I confirm that the member of staff named above has received the training and is competent to carry out any necessary treatment covered in this training.**

**Signed:**

**I recommend that this training is updated (please state how often).....**

**I confirm that I have received the training detailed above.**

<b>Staff Signature</b>	
<b>Date</b>	
<b>Suggested Review Date</b>	

## 24.0 APPENDIX 3 – FORM H - CONTACTING EMERGENCY SERVICES

Request for an ambulance.

Dial 999, ask for an ambulance and be ready with the following information.

Your telephone number	
Give your location	
State that the post code is	
Give exact location in the Academy	
Give your name	
Give Name of student and a brief description of the student's symptoms	
Inform ambulance control of the best entrance and state that the crew will be met and taken to the student.	
Stay with the student and keep the operator informed of any change in behaviour.	

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

Keep a completed copy of this form by the telephone

## 25.0 APPENDIX 4 - PROCEDURES FOR ADMINISTERING MEDICINE DURING THE ACADEMY DAY

Following a parent/carer request for medicines to be administered, office staff must ask parents to complete an authorisation form. (Form B) *No medication can be accepted at this point.*

- All requests will be given to a member of SLT or Year Group Leader, who will arrange for a member of staff to provide the medicine.
- Staff administering medicines can receive training from the school nurse in how to administer the medication, if required. This should be discussed with a member of SLT.
- Once a member of staff has agreed to administer medicines, parents or carers can bring the medication to the Academy. Staff administering medicines must complete the header of Form C (Record of medication administered to an individual child) and verify, from the pharmacy label:
  - Name of child on medication.
  - Name of medicine.
  - Dosage is specified.
  - Written instructions provided by prescriber.
  - Expiry date.
  - Number/amount of medication provided.

A copy of the child's photograph will be attached to the form by office staff.

*No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber.*

### 1. When administering medicines staff must:

- Ensure they wear protective clothing if necessary.
- Check they have the correct child by comparing with the photograph attached to the form.
- Ensure a member of teaching staff witnesses them administering the medication.
- Ensure they complete an 'individual child administering medicines record' after each dose (form C).
- Update form D – record of medicine administered to all children.
- Ensure medication is kept in the 'Medications Fridge' after each dose.

## 26.0 APPENDIX 5 - PROCEDURES FOR ADMINISTERING MEDICINE DURING RESIDENTIAL TRIPS

- Parents wishing staff to administer medicines during residential trips must complete an authorisation form (Form B – Appendix 5) prior to trip departure date.
- Requests will be considered by a member of SLT, and staff accompanying children on the trip will be asked to volunteer to administer medicines.
- Once a member of staff has agreed to administer medicines, parents or carers can bring the medication into the Academy. This should not be done on the day of departure for the trip but should be done in advance when possible.
- Staff administering medicines must complete the header of form C 'Record of medicines administered to an individual child' and attach a photo of the child to it. Before giving any medication and verify (using the pharmacy label):
  - a. Name of child on medication.
  - b. Name of medicine.
  - c. Dosage is specified.
  - d. Written instructions provided by prescriber.
  - e. Expiry date.
  - f. Number/amount of medication provided.

*No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber.*

- Record the child on form G - Educational Visits - Log of children requiring medication.
- All medicines must be kept in secure, locked containers throughout the duration of the trip.
- One identified person is responsible for administering each child's medicines on the trip. (For example, adult A administers child A's medicine.)
- When administering medicines staff must:
  - g. Ensure they wear protective clothing if necessary.
  - h. Check they have the correct child by comparing with the photograph attached to the form.
  - i. Ensure a member of teaching staff witnesses them administering the medication.
  - j. Ensure they complete an 'individual child administering medicines record' after each dose (form C).
  - k. Update 'Educational Visits - Log of children requiring medication (form G - part B).
  - l. Ensure medication is kept in the medications fridge after each dose.
- At the end of the trip all medicines must be returned to parents.

- Parents must tick to give consent on the form giving consent for the child's regular inhaler.
- If a child presents as needing an inhaler then an emergency inhaler can be used.
- These are kept in the medical room in the Academy office.
- A spacer must be attached.
- The child should administer the recommended dose, with adult support if needed.
- Parent/Carer of the child must be informed immediately.
- The adult present must complete an 'individual child administering medicines record' after each dose (form C).
- Parents/Carer must supply a new asthma inhaler as soon as possible.

## 28.0 APPENDIX 7 - FORM B: PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE

The Academy/setting will not give your child medicine unless you complete and sign this form, and the Academy or setting has a policy that the staff can administer medicine.

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

If this permission is for a salbutamol inhaler, do you consent for the Academy's emergency inhaler to be administered if needed?	YES/NO (please delete as appropriate)
--	--

Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the Academy/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) Date

29.0 APPENDIX 8 – FORM C: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of Academy/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

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

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

Form C: Record of medicine administered to an individual child (Continued)

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			
Time given			
Dose given			
Name of member of staff			
Staff initials			

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







FORM G – Part B

Record of medicines administered to all children

Name of Academy:

Date	Child's name	Time	Name of medicine	Dose Given	Any reactions	Signatures of staff	Staff Names
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

Date:	Name of Parent contacted:	Time:
Child's Name:		
Dose refused:	Parent Comment:	

Name of Child	
Class	
Date	
Medication	
Amount Spilled	
Parent / Carer informed	
Staff Name	
Staff Signature	
Staff Name	
Staff Signature	

## 34.0 APPENDIX 13 – NOTE J – ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

The Academy will not normally administer non-prescription medication. This will only be done in exceptional circumstances and only a defined set of medicines will be administered.

### **Educational Visits:**

#### **Travel Sickness Pills**

Where students are travelling for periods of more than half an hour, the Academy will accept travel sickness pills for the children to take on the return journey.

One day pills are effective and should be taken as a preference where possible before the child comes to the Academy.

Travel sickness pills will only be accepted where the Academy has a written statement (Form B) from the parent stating the medication has been taken before with no adverse reaction AND the child is on no other medication.

Where a child is on other medication, the Academy will require additional official written permission from a doctor or pharmacist stating that no reaction between the prescribed and non-prescribed medication can take place.

Form G should be completed and the tablet should be given to the lead staff member in a clearly labelled envelope with administration instructions and child's name. The tablet will be given back to the child at the appropriate time for them to self-administer (recorded on Form G).

### **Residential Visits:**

#### **Analgesia**

Allowed Medication:

Calpol (liquid paracetamol)

Calprofen (liquid ibuprofen)

When children are taken on a residential visit they may develop headaches etc. for a variety of reasons. In these circumstances the Academy will ask for staff volunteers to administer paracetamol (Calpol) OR Ibuprofen solution (calprofen).

These medicines will only be administered if WRITTEN permission (form B – Appendix 7) is given and the medication is provided in pre measured sachets in the original packaging.

The stated medication will only be given where the parent has given a written statement saying the child has had the medication previously with no reaction AND where the child is on no other medication.

Where a child is on other medication, the Academy will require additional official written permission from a doctor or pharmacist stating that no reaction between the prescribed and non-prescribed medication can take place.

Any medication received will be recorded on Form G. If the medication is administered this will be recorded on Form G Part B.

NB - NO CHILD UNDER 16 SHOULD BE GIVEN ASPIRIN

## 35.0 APPENDIX 14 – FORM K – INCORRECT ADMINISTRATION OF MEDICATION

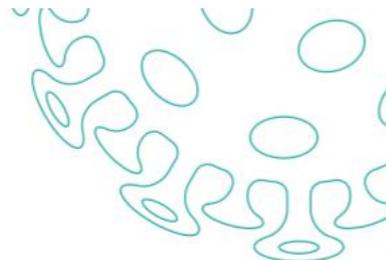
Name of Child	
Class	
Date	
Medication	
Amount Given	
Parent / Carer informed/ Action taken	
Staff Name	
Staff Signature	
Principal Name	
Principal Signature	
Further Treatment Received	

## 36.0 APPENDIX 15 – PROCESS TO IDENTIFY AND IMPLEMENT INDIVIDUAL HEALTHCARE PLAN

When the Academy is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP. The Academy will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to the Academy.



Public Health  
England



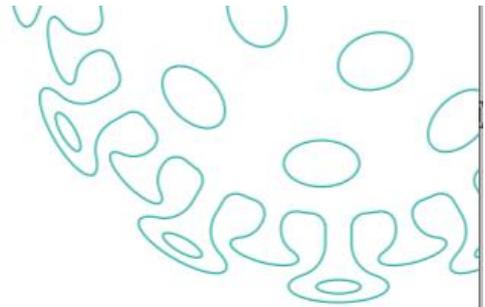
# Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)\*

Please see donning and doffing video to support this guidance: [https://youtu.be/-GncQ\\_ed-9w](https://youtu.be/-GncQ_ed-9w)

## Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

<p><b>1</b> Perform hand hygiene before putting on PPE.</p> 	<p><b>2</b> Put on apron and tie at waist.</p> 	<p><b>3</b> Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.</p> 
<p><b>4</b> With both hands, mould the metal strap over the bridge of your nose.</p> 	<p><b>5</b> Don eye protection if required.</p> 	<p><b>6</b> Put on gloves.</p> 



# Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)\*

Please see donning and doffing video to support this guidance: [https://youtu.be/-GncQ\\_ed-9w](https://youtu.be/-GncQ_ed-9w)

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

**1** Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.  
Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



**2** Clean hands.



**3** Apron.  
Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



**4** Remove eye protection if worn.  
Use both hands to handle the straps by pulling away from face and discard.



**5** Clean hands.



**6** Remove facemask once your clinical work is completed.  
Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.



**7** Clean hands with soap and water.

