

Maplewell Hall School



Medication, Medical and Health Management Procedures

Policy Created	November 2022
Governing Body Committee	Behaviours & Attitudes Incl Personal Development
Date Reviewed by Governing Body	12.11.25
Date of Next Review	Autumn Term 2027

This document is produced in conjunction with the Leicestershire Partnership Trust. We would like to acknowledge input from professional bodies and services with Leicestershire County, City and Rutland.

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1.0 Policy Statement

Maplewell Hall School is an inclusive community that welcomes and supports pupils with medical conditions. Maplewell provides all pupils with any medical condition the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave school.

Maplewell makes sure all staff understand their duty of care to children and young people in the event of an emergency. It is imperative that all of our staff feel confident in knowing what to do in an emergency. They receive training to support them in understanding and managing a range of health conditions to ensure that we can meet the needs of our pupils. We also have training opportunities for key staff to develop their knowledge and skillset further when supporting pupils with specific health conditions.

Our staff understand that certain medical conditions may be debilitating and potentially life threatening or restrictive, particularly if poorly managed or misunderstood. We spend time with families and professionals to ensure we are able to support the vast range of medical conditions that our pupils may have. We take care and are attentive at gathering a range of information so that we can plan accordingly to meet the medical needs of our pupils. We also offer extensive support for families and our pupils to ensure that they understand all information in regards to their condition and receive the professional health support needed. We strive to take a holistic view of the condition, supporting pupils and their families with the physical and emotional needs associated with their condition.

Our staff understand the importance of medication and care being taken as directed by healthcare professionals and parents. We have clear procedures in place to ensure that the medical support we provide is in-line with what health professionals advise. This is closely monitored by a member of the leadership team to ensure our systems are effective, and to maintain the best possible care to our pupils. Keeping pupils safe is paramount at all times in school and is our priority.

All staff understand the medical conditions that can affect our pupils at Maplewell. Staff receive training on the impact medical conditions can have on our pupils, alongside providing support in developing self-awareness that enables them to develop independence or ensure they are aware of how to monitor their own condition into adulthood. Further support may be given to pupils and their family in understanding the management of their condition should it be requested or if concerns are raised.

The school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer's, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

The named member of school staff responsible for organising and leading on training is Claire Welch, who is the school Medical Co-Ordinator (MedCo).

The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

The school seeks feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

2.0 Introduction

- 2.1. This document is revised in line with the current Department for Education 'Supporting pupils at school with medication conditions' (September 2015) which replaces the previous 'Managing medicines in schools and early years settings' (2005).
- 2.2. The Children and Families Act (Section 100) places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units to make arrangements for supporting pupils with medical conditions. The school recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions and are anticipatory.
- 2.3. This policy covers the general administration of prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one off basis or for a longer term or continual period for pupils with ongoing support needs. Pupils who have longer term support needs should have an Individual Health Care Plan (HCP) developed, recorded and reviewed at least annually. This also covers controlled prescribed medication. Maplewell understands that all children with the same medical condition will not have the same needs and will involve parents/carers, the pupil and healthcare professionals where necessary.
- 2.4. Guidelines and information on administration of specific medicines for specific conditions are included in the appendices of the Leicestershire Traded Services website www.leicestershiretradedservices.org.uk.
- 2.5. To ensure that there are suitable arrangements for the recording, handling, safe keeping, safe administration and disposal of medication within school.
- 2.6. The policy should be read in conjunction with MHS- Safeguarding policy, MHS Supporting pupils with medical needs, Off-site trips and visits policy, Asthma policy and MHS Health and safety policy.
- 2.7. While there is no legal or contractual duty on teachers or support staff to administer medicines or supervise students taking their medicines we would wish to support our students where we can.
- 2.8. Pupils with special medical needs have the same right of admission to school as other children and cannot be excluded from school on medical grounds alone. All staff and local health community understand and support the medical conditions policy.
- 2.9. Teachers and support staff are in loco parentis and may need to take swift action in an emergency, both in school and off site, for example during school trips, an accident.

The School will always ensure parent/carers are contacted if this action has been necessary. All staff understand their duty of care to pupils and know what to do in the event of an emergency.

- 2.10. The prime responsibility for a student's health lies with the parent/carer who is responsible for their child's medication and should supply the school with all relevant information. The parents or legal guardians must take responsibility to update the school of any changes in administration for routine or emergency medication and maintain an in-date supply of the medication supplied in the original packaging. School will support and work with parent/carers to facilitate this, but it is important to remember that the School can only act on information that has been provided.
- 2.11. If School or any member of staff has any concerns in regards to medication or health conditions that may affect the safety of a pupil then they should refer to the Safeguarding policy and inform the school DSL's for further support.

3.0 Aims

- 3.1 The Board of Governors and staff of Maplewell Hall School wish to ensure that pupils with medication needs receive appropriate care and support while at school so that they have full access to education. Maplewell is an inclusive school and welcomes pupils with a wide range of medical needs.
- 3.2 Maplewell ensures children with medical conditions have the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- 3.3 The MedCo will liaise with medical professionals in order to ensure pupils and parents/carers receive the support necessary to manage their health condition. Further assistance from the Home School Link Workers can be provided to support with the management and diagnosis of health conditions.
- 3.4 To ensure staff and pupils are educated in respect to the special medical needs that they may have. Further regular training and CPD opportunities will be sought to ensure staff are able to manage medications effectively and safely. Staff will follow procedures outlined within the school, this policy and individual HCP's.
- 3.5 Staff will listen to the views of parent/carers and pupils to assist and develop HCP's to ensure they feel supported and confident with how medication is managed and provided in school. Maplewell wants pupils and parent/carers to feel confident in the care they receive, alongside the full understanding of how their health needs will be met.
- 3.6 The head teacher accepts responsibility for members of the school staff giving or supervising pupils taking prescribed or non-prescribed medication during the school day.

- 3.7 Where possible, pupils will be encouraged to learn how to self-administer their own medication, to develop their skills for preparation for adulthood. This will be monitored and recorded by staff at all times as we recognise that every pupils emotional development is very unique and they may need to continue to develop these skills of independence over differing amounts of time.
- 3.8 When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role. Staff will keep and maintain medication records to ensure consistency and high safety standards.
- 3.9 Staff will not give prescription or non-prescription medication or any procedures classed as clinical unless there is specific written consent from a parent or guardian, or healthcare professional with rationale for stated medication.
- 3.10 No child under 16 should be given prescription or non-prescription medicines without a parent or guardian's written consent, except in exceptional circumstances where the medicine has been prescribed without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents, while respecting his or her right to confidentiality.
- 3.11 Medication must be in its original packaging, in date and with correct batch number.
- 3.12 Non-prescription medicines such as hay fever treatment or cough/cold remedies will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose and frequency of administration.
- 3.13 Prescribed medicines should be in original containers labelled with the pupil's name, dose, and frequency of administration, storage requirements, matching batch code and expiry date.
- 3.14 Generally, it is not necessary for an over the counter medicine to be prescribed by a medical practitioner in order to be administered in the school setting. The exception is where the child may already be taking prescribed medication and there may be an interaction between prescribed and non-prescribed medicines. In this instance all medications should be prescribed. Aspirin should not be given to children under 16 years of age unless prescribed.
- 3.15 Pupils that have ongoing, long term or potentially emergency medication requirements should have an individual Health Care Plan (HCP) completed and reviewed regularly. Pupils who require temporary, short term medication only require a consent form to be completed.
- 3.16 Staff understand the medical conditions of pupils at Maplewell and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn
- 3.17 Staff will ensure that we do not use food products that trigger anaphylaxis in students with specific allergies, alongside supporting pupils with specific dietary needs.

3.18 School will ensure that pupils with medical needs should be enabled to achieve full attendance and receive necessary proper care and support when needed.

4.0 Responsibilities

4.1 Staff rights and responsibilities

4.1.1 The school accepts all employees have rights in relation to supporting students with medical needs to:

- Choosing whether or not to become involved;
- Receiving appropriate training;
- Working to clear guidelines;
- Having concerns about legal liability;
- Bringing any concerns they have about supporting students medical needs to SLT

4.1.2 All staff are responsible for reporting any concerns to SLT in regards to adhering to the management and procedures that accompany this policy.

4.2 Parent/carers

4.2.1 we do not expect parent/carers to ask staff to administer medication unless it is absolutely essential and/or: -

- Medication has to be administered during school hours
- That the pupil is unable to do this themselves either because of the complexity of the procedure or because they would not normally have access to prescription medications without permission

4.2.2 If school have been asked to administer medication we expect parent/carers to supply the medication to school in its original pharmacy labelled, or pharmacy decanted container, bottle or packet. Parents may need to liaise with their GP or pharmacist to ensure there is adequate medication for both home and school. The prescription and dosage regime should be typed or printed clearly on the medication. The name of the pharmacy should be visible. Any medications not presented properly will not be accepted by school staff. Pupils should not keep any medication on their belonging and self-administer medication without the supervision of staff. All medication taken is recorded and monitored as part of our internal procedures. These procedures are necessary to ensure we keep all pupils and staff safe whilst they are in school.

4.2.3 Parent/carers must complete the consent form Appendix A and for longer term medication a HCP Appendix A before medication is authorised to be administered by school staff. Any changes to medication must be communicated directly to the MedCo as soon as possible, and if necessary further consent forms may be requested to be completed to enable us to effectively administer medication. It is the responsibility of the parent/carer to ensure that school always has the correct information on record.

4.2.4 If any risk is identified around any individual pupil's medication, management of medication or medical condition, the school have a duty of care to ensure the safety of this pupil. If parent/carers are unable to provide us with the details requested, or school have any concerns relating to anything regarding a pupil's medical condition, then further action relating to our Safeguarding/Health and safety procedures will have to be followed. Keeping children safe is imperative at all times.

4.2.5 School are able to support parent/carers with the management of health conditions or medication. If this support is needed parent/carers should contact school to organise it.

4.2.6 Parents/carers should support School staff by maintaining two-way communication so that we can provide optimum care for their child whilst they are in school. This ensures school is managing medical conditions effectively.

4.2.7 Parent/carers should ensure they get any supporting medical documentation in written form so that it can be included in a pupils EHCP- especially long term health conditions or diagnosis.

4.2.8 Parent/carers at Maplewell understand that they should let the school know immediately if their child's needs change.

4.2.9 If a pupil purposefully misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary and safeguarding procedures are followed.

4.3 School

4.3.1 The school will deal with each request to administer medication or offer other support to a student with special medical needs individually

4.3.2 It may be necessary for the school to organise additional training, additional staffing or specialist facilities to enable staff to manage a medical condition effectively. At times this may mean a delayed admission to ensure the safety of the pupil. It may be necessary for Maplewell to complete additional planning or support with medical professionals, previous school staff and families to gather further information before the pupil comes on roll to the school.

4.3.3 The school will liaise with the school health service and NHS professionals to gain advice and information about specific medical needs, and may seek further support from the relevant professionals in the interest of the pupils health and medical conditions.

4.3.4 School will ensure that any updates to the policy or procedures will be clearly communicated to staff, pupils, parent/carers and other key stakeholders alongside reminders being sent through correspondence. Further advice or support can be gained directly from the school MedCo.

4.3.5 The school will make sure that there are more than one members of staff who have been trained to administer the medication and meet the care needs of an individual child. The school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.

4.3.6 The school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

4.4 Training

- 4.4.1 Educational settings should ensure that members of staff who volunteer to administer medicines will be offered professional training and support as appropriate and required.
- 4.4.2 The school makes sure that all staff providing support to a pupil and other relevant teams have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/ school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

4.5 Storage

- 4.5.1 Medication should be kept in a known, safe, secure location. This may need to be a fridge depending on the medication and manufacturer requirements. Pupils know that they can access their medication when needed, or immediately in the case of an emergency.
- 4.5.2 In certain instances, pupils may be in charge of storing their own medication. This will depend on the nature of the medication, the age and maturity of the pupil and whether parental/guardian consent has been received.
- 4.5.3 Prescribed emergency medication, such as epi-pens or asthma inhalers, should remain with the pupil at all times or at a centrally located location (Reception).
- 4.5.4 Parents/guardians are responsible for ensuring that the education setting has an adequate amount of medication for their child. As a general rule, no more than four weeks of medication should be stored at any one time.
- 4.6 Pupils may carry their own medication/equipment with consent of school/home, or they should know exactly where to access it.
- 4.7 School will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training and relevant documentation in place.
- 4.8 School will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- 4.9 Parent/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term where appropriate.

4.10 Disposal of medication

- 4.10.1 Procedures using sharp items should be disposed of safely using a sharps bin. These are available in school. This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.
- 4.10.2 Parents/guardians are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term.

4.10.3 Parents/guardians are responsible for ensuring that medication is within its expiry date and that any expired medication is returned to the pharmacy for safe disposal.

4.11 School environment

4.11.1 The school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. The school is also committed to an accessible physical environment for out-of-school activities.

4.11.2 The school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

4.11.3 All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti-bullying policy, to help prevent and deal with any problems. They use opportunities such as tutor times, interventions, P4A and science lessons to raise awareness of medical conditions to help promote a positive environment.

4.11.4 The school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.

4.11.5 The school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

4.11.6 The school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.

4.11.7 The school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

4.11.8 All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition.

4.11.9 The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the MedCo who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.

4.11.10 Pupils at this school learn what to do in an emergency.

4.11.11 The school makes sure that a risk assessment is carried out before any outof-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

4.12 Record keeping

4.12.1 This school has clear guidance about record keeping. Parents are asked if their child has any medical conditions on the admission form, and typically a home visit is organised prior to enrolment to gather this information.

- 4.12.2 The school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services. This may include further meetings as part of the transition process, or at any time whilst the pupil is on roll.
- 4.12.3 Consent forms must be signed before any medication is given. The educational setting is responsible for storing copies of signed consent forms. Consent forms should include:
- The pupil's name, age and class
 - Contact details of the parent/guardian and GP □ Details of any allergies the pupil may have.
 - Clear instructions on the medication required, dose to be administered, frequency of dose and period of time medication will be needed for.
 - Acknowledgement that the pupil has previously taken the required medication with no adverse reactions.
 - Clear instructions from parent/carer on what to do in an emergency.
 - A dated signature of the parent/guardian.
- 4.12.4 Changes to prescriptions or medication requirements must be communicated to the educational setting by the pupil's parent/guardian and a new consent form signed.
- 4.12.5 Individual Health Care Plans should be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/guardians, the educational setting and other professional input as appropriate. Plans should be reviewed yearly or when a pupil has a medication change
- 4.12.6 An accurate record of medication given or supervised being taken should be kept including the date, time and dose taken, along with supervising staff. Parents/guardians should be informed that medication has been taken on the same day or according to the individual care plan.
- 4.12.7 This school has a centralised register of IHPs, and the MedCo has the responsibility for this register. Electronic files are kept centrally on the teachershare and printed documentation is organised in files and kept securely in the medical room. IHP's and any additional documentation will be developed with pupils, parent/carers and healthcare services to ensure the safety of the pupil is paramount.
- 4.12.8 The school makes sure that the pupil's confidentiality is protected and will seek permission from parents before sharing any medical information with any other party.
- 4.12.9 The school meets with the pupil (where appropriate), parent/carer, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.

5.0 School specific procedures

Maplewell follows a specific procedure to ensure the safety and well-being of both pupils and staff. For some medical conditions specific risk assessments should be followed based on an individual pupils need. It is important that all staff supporting pupils understand this process and have read all documentation regarding any individual health conditions.

All documentation is kept on file in the medical room, and any updates to this information is implemented immediately.

Due to pupils using different transport methods if any medication cannot be delivered directly by parent/carers it must be handed to the transport escort so that it is handed directly to staff/home upon arrival.

Pupils should not carry around any medication unless this has been authorised by the MedCo. This is to maintain safety at all times, due to the ranging needs of all pupils, and to ensure that the administration of the medication is completed effectively.

If a pupil requires medication to be kept by an adult in school at all times, then a risk assessment must be completed to ensure effective and safe storage of this medication. This is only likely to happen based on a risk factor highlighted by a medical professional.

Typically all medication is kept in a central location within or in the vicinity of the medical room, Reception or Triage and is kept locked at all times when an adult is not present.

Individual Health Care Plans (HCP)

An IHP details exactly what care a child needs in school, when they need it and who is going to give it. The plan is intended to set out what sort of support your child needs to participate in school life just like other pupils.

It's a written document that specifies what sort of help the school can provide for your child – for example, what medicines they can administer, and what to do in a medical emergency. It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

The HCP should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one. There's no specific guidance on what sort of medical conditions warrant an individual healthcare plan, and it's up to schools to decide if your child needs one. **If your child has a severe or complex medical problem or needs specialist care, a healthcare plan is likely to be essential**, but for less complicated conditions, it may not be necessary.

Healthcare plans should be kept confidential, but your child's school will need to share the information with anyone who might need to deal with an emergency involving your child. The MedCo should discuss who will need to see the plan with you (and your child, if they are old enough to understand).

Individual healthcare plans are not the same as education, health and care (EHC) plans, which set out the support needed by children with special educational needs, although some children may have both types of plan.

In-house procedures for medication/health conditions

1. Medicines are only to be administered by a staff member listed on Appendix 8 who has read and signed the medication policy. A second member of staff must witness the preparation and administration of the medication, and with the primary administrator, sign the MARS chart, and controlled register. The senior member of staff on duty is responsible for ensuring all medication is administered correctly during their shift.
2. Completion of the level 2 'Safe Handling of Medicines' course is considered best practice and will be offered to all staff expected to administer medication. Thereafter all staff will attend annual update training.
3. When medication is received in school it is to be "booked in" on a Medication Administration Record Sheet (MARS). See page 15

Parents must complete a consent form prior to sending medication into school. Appendix 4 & 5

Medication **must** be in original, or pharmacy decanted containers/packets or bottles. All controlled drugs must be recorded in the controlled drugs book, which is stored in the locked and secured controlled medication cabinet. Staff must check medication labels to identify those that need cold storage; these medicines should be stored in the medication fridge as soon as possible and information written on the MARS.

4. Staff accepting medicines must ensure that they are suitable to use. Medication **MUST** be in: -
 - a. Original pharmacy packaging with unbroken seal
 - b. In complete strips (if tablets/capsules)
 - c. Expiry date should be within 3 months of expiry. In particular liquid preparations have the expiry date on the packaging but some products need to be used up sooner once opened. This information will be on the side of the packaging if such restrictions exist.
 - d. Correct dosage.
 - e. Staff will adhere to, and confirm using the BNF Children <https://bnfc.nice.org.uk/> and/or pharmacist or the dosage if there are queries and/or if the timing of the administration requires staff to give the medication at school or if it is more appropriate to be administered at home.
5. Staff should not use any liquid preparation after 3 months of opening
6. For any short dated medicines, the date of opening or cold chain breach of the product, where applicable, must be established from parents in writing on the product and the medication sheet
7. On **no account** will the first dose of any **new** medication be administered by staff; parents must allow 24 hours from the first administered dose before the young person's stay in residence and should notify the school if their child starts or changes medication.

8. For non - controlled drugs they must be counted on receipt and totals recorded on the back of the MARS chart. See appendix 4 for procedure for accepting Controlled Medication.
9. No medicines may be given to a young person **under the age of 16 years** unless written parental permission has been given and that this matches the pharmacy information.
10. Staff administering the medication should be aware of the reason for the medication, any side effects and any allergies the child may have (see BNFC for queries <https://bnfc.nice.org.uk/>).
11. **Emergency Medication.** Medicines prescribed on an emergency or “when required” (P.R.N.) basis must always be accompanied by information from parents indicating when the medicine can be given, exact dosage, etc. The maximum daily dose must be stated on the medication sheet, alongside specific individual details of the emergency process to follow.

Buccal Midazolam (epilepsy) and Epipen (anaphalaxis) should only be administered according to instructions given by the young person’s Consultant and by staff who have undergone training and have signed the instruction form for that young person (protocol).

A copy of the protocol must be kept with the medication and checked before administering.

12. Under no circumstances should medication be given from memory.
13. If the information provided about a young person’s medication is unclear, or if the medication label is out of date, or obscured, the medication must not be given until clarification is obtained from parents/carer/G.P. If staff are unhappy about medication and no satisfactory solution can be agreed with parents then the young person may be sent home or parents/carers informed that medication will not be given.
14. There may be occasions when non-prescription medication may be accepted at the discretion of the MedCo. This will only be for one off or short term use, such as a child requiring paracetamol following dental treatment. The medication will be provided by the parent/carer and signed instructions and consent must be obtained. The parent must write the child’s name on the medication box and initial this. The medication will not be accepted if the student brings the medication in with no written instructions.
15. Records/Protocols etc will be monitored at least half termly in the monitoring meeting between MedCo and SLT.
16. Rarely, a prescribing Doctor may give the parent/carer permission to adjust the dose of a particular tablet without changing the prescription. In this situation a letter from the Doctor will be required by the school to clarify the situation.
17. Occasionally parents send in medication, such as antibiotics, without prior warning/completion of a consent form. This must not be given unless it has been sent with **clear written instructions that match the pharmacy label**. If there are no written instructions from parents it must not be administered and parents should be informed immediately. If necessary the parent should come in to school to sign a consent form or consider if the student should be returned home. A blank consent form is available on the school website or Weduc for parents to download, as is parental guidance for medication in school. Verbal consent from parents may be sought for initial dose at school ONLY based on circumstances given.

18. All medication records must be kept in archives for 15 years.

Controlled Drugs (CD)

Certain medication is classed in law as a “controlled drug” this includes Methylphenidate Hydrochloride (Ritain, Tranquilyn, Medikinet, Concerta, and Equasym) typically used for the treatment of ADHD.

Some students with ADHD are prescribed Straterra. This is NOT a controlled drug.

In the parents presence the controlled medication book will be completed and signed by the staff member and parent.

For parents unable to deliver/collect controlled medication see **Appendix 6**

All controlled drugs are kept in the ‘Controlled Drugs’ section of the medical cabinet in the Medical Office. The MedCo or senior member of the Compass Team on duty is responsible for administering the medication but in their absence it will be administered by an authorised member of staff. In both cases the administration should be double checked and signed by support staff.

There is a specific book for the administration of controlled medication. This is adjusted after each administration. Any discrepancy found between the chart and the package/bottle contents should be immediately reported to a member of the senior leadership team who will investigate. The student will also have a MAR chart which details the times and dosage required by a student. This is also double checked and signed during administration.

These drugs must be booked in and dispensed, in the following manner:

- CD must then be recorded in the CD register kept in the secured CD drugs cupboard
- Medication must be counted in, counted down as administered and counted out at the end of the stay – this to be witnessed and recorded in the CD register. The time/dosage/identity is cross-checked with the medication label, at the time of administration, with the Consent form for that pupil. The MARs chart is also completed.
- **The balance (number of tablets held) of controlled drugs must be checked each time a controlled drug is administered.**
- If the CD drug is collected by parents then in column 6 add the words to the effect of “returned to parents”, in column 7 add the amount returned. The balance will be marked 0 in column 11.
- Use one page per student, per preparation. If the student has more than one strength of a medication, eg Concerta XI 18mg and Concerta xl 27mg, then this must be recorded on separate pages. A note in red pen should be made at the top of the page indicating the page number of the other tablet. Pages can be carried over to future stays providing there are no changes to medication type or dosage.
- **DO NOT MAKE AMENDMENTS OR CROSS-OUT ENTRIES. IF YOU HAVE MADE A MISTAKE YOU SHOULD ASTERIX THE ERROR AND EXPLAIN WITH A CLEAR FOOT NOTE.** This should be signed by the staff member and a witness. **ERRORS MUST ALWAYS BE REPORTED TO THE MEDCO OR THE HEAD TEACHER** and a medication incident log must be completed.
- When CD’s are received this should be recorded with the date and show the amount received and the new total. The rest of that line should be struck through and the next

administration completed underneath. The MARS chart should also be updated to reflect the new total.

Booking in Medication

1. The Team Leader on duty must complete all medication forms when the medication is received. This should be done as a priority when the medication is handed in.
2. Consent forms should be sent to parents any time there has been a break in administration. The instructions from the consent form will be written onto the MARS chart. The chart should be dated for the duration of their stay. **Each** medication must be on a separate sheet. These are then placed in the students section of the non-controlled medication folder.
3. New sheets will be found in the medication MARS file on the main computer. Completed charts to be filed in their central file.
4. Ensure that the authorisation from parents matches the pharmacy label. If there is a discrepancy between the authorisation from parents and the pharmacy label, staff must be satisfied that the authorisation is correct before proceeding. If in doubt speak with parents and request proof in the form of a clinic letter or letter from G.P.
5. Check the pharmacists label attached to the medicine to ensure that all the medication is for a current treatment. The label will have the young person's name on it and it will also have the strength, dose, time and a date when the medicine was prepared. If you are in doubt check with the young person's G.P. to find out if they should still have it. Certain medicines like Midazolam are only used as required and could have been dispensed greater than three months ago, in such cases ensure the product is still in date and record the expiry date on the booking in form.
6. If the medicine label states '**as directed**' for dose and/or times confirmation must be sought from the young person's G.P. via telephone initially and then in written form – this can be requested from parents. Parents should always be contacted to inform them when clarification is needed.
7. When sending in eye drops, liquid medicines etc. parents must label the product with the date the preparation was opened. This will also be confirmed on the consent form.
8. The dosage amount should be recorded in number of tablets given i.e. 1 tab, 2 tabs, ½ tab, 1½ tabs. Where this is not practical the dosage can be written in milligrams (mgs). Liquid medication should be recorded in millilitres (mls).
9. If a young person is **prescribed** a painkiller on a PRN "as required" basis, such as paracetamol, and has requested it within four hours of arriving at school then **parents must** be contacted to ensure a dose has not already been given at home.
10. The daily medication check list should be reviewed each morning by the shift leader as an aide memoir. A tick sheet showing names and times for administration is drawn up at the start of each half term. This is an additional aide to ensure medication is given as planned. When drawn up its accuracy must be checked by two members of staff. All medication must be counted upon receipt and when returned to parents and recorded on the back of the relevant sheet.
11. All new charts when drawn up with medication requirements must be **cross checked by a second qualified member of staff** against the consent form and medication label to ensure instructions are accurate. The box (below) should be completed to show who has written it and that it has been checked.

MAR's Chart Details		
Entered	Checked	Date

Storage of All Medication

All medication must be stored in an appropriate place e.g.

- CDs to be in a double locked, secured cupboard
- Medication that needs to be kept refrigerated must be stored in the medication fridge (Check medication storage info on individual meds). Fridge temperatures must be recorded daily when the fridge is in use.(min &max temp, needs to be between 2-8 degrees centigrade)
- All other medicines to be stored in a locked drugs cabinet
- Should there be a breach of cold chain (for example, the medication fridge fails) any medication stored in the fridge should be placed in a clear plastic bag, labelled, stating that it should not be used until further information has been acquired such as – how long the medication was outside of the cold chain and advice sought from the manufacturers or pharmacist as soon as possible for the next steps regarding the medication. Parents must be informed.
- Insulin that is not in current use must be kept in the refrigerator until required. This does not include the vial that the student is currently using. No non-medical items should be kept in the medical fridge.

The key for the drugs cabinet and controlled drugs cabinet must be held by the MedCo and/or Care Team members at all times and handed to the relevant team members at the end of the day of placed in the secure key cabinet in Reception.

The Medical room must be locked when not in use.

Administering medication

The medication administration must be quiet and free from interruption. Priority must be given to this process. If an emergency situation occurs the student must leave the medication room and the room must be locked until the situation has been resolved.

Before administering inform other staff on duty that you and a colleague will be in the medical room and that the other students are closely monitored at this time. Only one student at a time should be in the medical room.

It is important to maintain high levels of hygienic practice throughout the process. Staff should ensure their hands are freshly washed, the preparation area is clear and clean, and that any equipment, such as measuring pots are thoroughly clean.

The TEAM LEADER leading the shift must administer all medication for their shift at the time specified on individual medication sheets.

- A second member of staff must be present and double check all medication as it is prepared for administration.
- The staff checking should read out the medication required from the medication sheet (MAR)
- The TEAM LEADER must then select the correct medication and show this to the person checking, reading out the name of the drug, the tablet dosage, expiry date and to whom the drug belongs from the label on the medication. If the drug is in a foil the drug name and size of tablet must be read from the foil and the box.
- Tablets should be placed into a medication pot from the foil/bottle and then handed to the student. Positively encourage the young person to be as independent as possible when taking their medication eg. Place medication in pot into hand allowing him/her to put it into their mouth or support to do so if needed. Staff must supervise the young person during this procedure to ensure the medication has been taken.
- Both staff should sign the correct box for the time and date. It should be signed once the medication has been swallowed by the young person. Students should be observed and remain in the medical room until they have taken the medication.
- The young person should be given the opportunity to say how they would like to take their medication, for example, with juice rather than water. This information can be included on the MARs chart.
- When administering the medication care should be taken to identify the correct young person. If appropriate he/she should be asked their name or to read their name from the medicine container. If this is not appropriate a second member of staff should also check the medicine container and identify the young person. New staff must always administer medication with a trained member of staff.
- Once removed from packaging medication should be administered immediately to the young person by one of the two members of staff that have prepared the medication. **It must not be prepared in advance.**
- Once medication is administered it must be placed back into the packaging and returned to the locked cupboard that it came from.
- **On no account should there be any bulk preparation of medication.** Only one student's medication should be removed at any time.
- **Medication should not be prepared from memory.**

Off – site trips

Occasionally students may be off site for an outing at the time their medication is due. It is the responsibility of the trip organiser to

- Notify a member of the care team that a student who requires medication is going out.
- Collect the required medications and MARS chart immediately prior to departure.
- That medication is kept with them for the duration of the trip
- That medication is administered in accordance with the MARS chart or care plan.

- The medication is handed back to a member of the care team immediately on return.
- That for a student who requires emergency medication that there is a member of staff who has undertaken the appropriate training on the trip.

The MedCo or Team leader will: -

- Support the trip organiser in identifying the medical needs of the students going out and that there are suitably trained or experienced staff in attendance.
- Provide the required medication in its original packaging and in its entirety. Single doses must not be sub-dispensed.
- Provide the current MARS chart and go through it with the staff member to ensure instructions are clear and understood.
- Record on the daily log sheet which medication(s) have been taken out and by whom.
- Check and return the medication to the locked cupboard on its return.
- Take immediate action if medication is found not to have been returned or if there are and discrepancies.

Emergency medication – students who are prescribed inhalers, Epipens, and Midazolam must have their medication take on off-site trips.

Inhalers -Students are encouraged to carry their own inhaler. The lead staff member should check before departure that they have their inhaler on them. Students should have their own spare inhaler that is held by the school. This can be booked out and taken if the student does not have their own with them. In the event that neither inhaler is present consideration must be given to whether the student still goes on the trip. Parents should be contacted.

For Epipens and Midazolam – the lead staff member must at the point of arranging the trip ensure that a trained member of staff will accompany the group. It is their responsibility to collect the medication prior to departure.

In instances where the group splits up once out then the lead staff member must ensure that the medication and the trained staff remain with the correct student(s)

Students with insulin dependent diabetes –students with this condition have an individual health care plan drawn up in conjunction with a diabetes nurse specialist, the student, and their parent(s). This identifies the protocol for meal and snack times, treating high and low blood sugars, and times where additionally testing and food may be required (for example, before physical exercise).

The plan will identify the level of support the student will require. Students are able to selfadminister their insulin but in most cases will do this in the presence of a member of the care team who can support the student and check the dose being given. The care team will liaise with the school kitchen if there are specific dietary requirements.

The MedCo will work closely with the student and his/her LSA to ensure the plan is followed and the student successfully manages their blood sugar. They will liaise with parents and or the nurse specialist if there are any concerns either immediate, or of an on-going nature.

During off-site outings the care plan should be taken and a member of staff identified to support the student. This member of staff must be familiar with the student and their care plan.

Parents are responsible for supplying all necessary equipment including testing kits, needles and sharps bins.

Refusal of Medication

If medication is refused by a young person then this should be documented as such on the MARS with a reason if possible and signed by the Shift leader and medication checker.

Parents should be informed by telephone and the refusal logged on the young person's notes.

The medication that has been refused, if already removed from its packaging/poured, should be placed in a suitable sealed container and returned to parents/pharmacy for disposal – disposal method must be recorded on the MARs chart/controlled register.

The reason for refusal must be explored with the pupil to prevent a reoccurrence.

Parents should be asked to collect their child if they are likely to suffer from a serious adverse effect from the non-compliance.

Advice can be sought from GP or NHS direct (111). If the student remains in school relevant staff should be informed to monitor them.

Any further concerns should be flagged to a DSL so that any further actions can be completed in line with our Safeguarding policy and procedures. Keeping children safe is paramount and it is important to resolve the situation as soon as possible.

Vomited Medication

Should a young person vomit shortly after receiving medication the medication **MUST NOT** be readministered by staff. Parents must be informed by telephone and if the young person is unwell he/she must go home.

The incident must be recorded on the MARS student record, and written hand over in the same manner as for refused medication.

Emergency Medication

Administration of Buccal Midazolam and Adrenalin (Epipen)

- Emergency medication should only be administered according to instructions given by the student's Consultant (the Protocol for these may be found with the medication).
- Staff must have undergone training and signed the instruction for each student. Training must be documented and reviewed at least annually
- Once the decision to administer has been made then an ambulance must be called.
- Parents should be contacted immediately. Once a parent/carer arrives at the school the responsibility for that young person rests with the parent/carer who should travel to the hospital with them.
- If parents cannot be contacted the young person must be accompanied by a member of staff who should stay with them until the parent/carer arrives.
- A young person may not remain in school once Buccal Midazolam or Adrenaline has been given

- After the incident has been dealt with a 'Administration Report' should be completed, two copies made and one given to parents/carers and one to remain on site. These can be found in the medication file
- It may be necessary to facilitate a meeting with parent/carers and health professionals to update the HCP and risk assessment procedure to ensure the health needs of the pupil are met.

Adverse Reaction to Medication

All medication can have side effects. If a student has a minor reaction to medication parents should be notified. Staff should obtain advice from the young person's G.P. as soon as possible and advice followed. Written advice via fax should be obtained from the G.P.

If the young person has a severe reaction such as swelling of hands, face and body, reddening of skin, sweating, blotchiness or a feeling of faintness, difficulty breathing, expert help is needed immediately. Dial 999 for medical assistance and contact parents. Follow advice from medical staff on the phone until paramedics arrive. All relevant first aid forms must be completed for any first aid given. A report must be written and the young person's G.P. notified (with parental consent). The MedCo must be notified.

All suspected adverse reactions in children and young people should be reported to the Medicines and Healthcare Products Regulatory Agency (MHRA) via the webpage: <https://yellowcard.mhra.gov.uk/> . This can be done by non-healthcare staff

Notifications of infectious diseases

Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or local Health Protection Team of suspected cases of certain infectious diseases.

Headteachers and the MedCo should contact their local health protection team as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed. It is useful to have the information listed below available before this discussion as it will help to inform the size and nature of the outbreak:

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes affected

If you suspect cases of infectious illness at your school but are unsure if it is an outbreak, please [call your local HPT](#).

It is important to note that health protection teams are bound to manage personal case details in strict confidence. Therefore, information given to schools from the team for distribution during an outbreak will never name cases or give out any personal details. Organisations where cases are identified are also bound to manage personal case details in strict confidence.

<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf **Drug/Medication Error What is a drug error?**

It is when medication is given:

- At the wrong **time**
- To the wrong **person**
- At the wrong **dose**
- Via the wrong **route**
- It is the wrong **drug**

□ Medication is **omitted in error**

In the event of a student being given the wrong dose or the wrong medication the affected young person's safety is the priority therefore staff should:

- Seek medical advice immediately from the young person's GP or NHS direct (111) and follow any advice given; ensure you give all information regarding any other medication the young person has taken or should take. If there are any concerns re the condition of the young person then take him/her to hospital or dial 999
- Contact parent/carers and explain what has happened
- Amend medication sheet re advice from GP
- Check on well-being of the young person and observe.
- Inform Head teacher
- Inform class teacher if the young person is going to attend school so they can be aware of need for close observation
- Inform MedCo
- Inform all staff involved in error
- Complete all appropriate forms – dangerous occurrence, incident, first aid (if applicable), accident to pupil and the handover book.
- At earliest opportunity a full written report must be completed and given to the head teacher.

If a dose is accidentally omitted -

- Contact parents
- Discuss with them whether to give the omitted dose at the current time with consideration to when the next dose is due, or to leave omitted dose and closely monitor the student.
- If parents are not available the student's GP or NHS direct should be contacted for guidance.

Following a medication error the whole team will be debriefed by the Head teacher or the MedCo. The member of staff responsible will have supervision with the MedCo and the incident will be discussed fully and note taken of any issues that may have contributed to the

error being made. Depending on the situation and reasons for the error there could be different outcomes for the staff involved such as:

- Review of process and procedures
- Be retrained in the medication policies and procedures, including a probationary period which will be regularly reviewed.
- Receive a support package devised with the head of residential education that highlights issues and strategies to overcome them
- Have more regular supervision
- Attend outside training
- Retake the safe handling of medication level 2 course
- Receive disciplinary action (see disciplinary policy)

Until any probationary periods, retraining or discipline procedures are completed the member of staff will not prepare medication without supervision from senior staff.

WHEN GIVING OUT MEDICATION MAKE SURE YOU FOLLOW THE 5 R'S OF MEDICATION ADMINISTRATION

- **The RIGHT person**
- **The RIGHT drug** □ **The RIGHT dose** □ **The RIGHT time** □ **The RIGHT route**

At the end of a residential stay

- At the end of a student's stay all remaining medication must be counted/measured and recorded on the back of the medication sheet. The medication should then be sealed in an envelope.
- Completed charts must be transferred to the student's central file
- Any unused medication that is to be returned home should be stored in the medication cabinet/fridge until collected by the taxi/bus escort. A note should be put on the bus book asking them to collect it. Staff should be aware of which medication is due to go home and ensure it is handed over (for controlled see appendix 3) The medication must be in a sealed tamper proof envelope when given to the bus escort.

Details of individual's medical background can be found on the Medical Profiles document on the Teachershare drive.

6.0 Medical Emergencies

6.0 All staff understand and are trained in what to do in an emergency for children with medical conditions at Maplewell. They are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency. In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate. All staff receive training in what to do in an emergency and this is refreshed at least once a year.

- 6.1 A record of emergency medicines and their expiry dates should be kept and recorded each term for those educational settings which store such medications (for example epi-pens or asthma inhalers).
- 6.2 Emergency medicines should only be given to pupils with a signed consent form and following clear, agreed procedures detailed in the consent form or individual health care plan.
- 6.3 A child's IHP should, explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- 6.4 If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.
- 6.5 The school makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away.

7.0 Preventing medical problems/emergencies

- 7.1 Maplewell is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.
- 7.2 The school is committed to identifying and reducing triggers both at school and on out-of-school visits. To support staff in doing this they are provided with specialist training and need to be able to meet with key professionals who support each pupil.
- 7.3 The school is committed to identifying and reducing triggers both at school and on out-of-school visits. HCP's and further training opportunities are shared with all staff, and further clarification is always available from key staff who have received more detailed training. Information from consultation visits is shared with key staff who can report back any changes in a pupils condition.
- 7.4 School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/ eliminating these health and safety risks. Clear overviews are provided to ensure key elements of pupil conditions are available for all staff to be able to support individual pupils.
- 7.5 The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs. For pupils with more complex medical conditions individual risk assessments will be implanted to ensure a pupil is safe.
- 7.6 The school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews. Updates to

HCP's and any risk assessments may be required to ensure a pupil is safe to return to school.

8.0 Reintegration after a hospital stay/health condition

8.1 Where a pupil is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.

8.2 The school works in partnership with all relevant parties including the pupil (where appropriate), parent/carers, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy, HCP's and all procedures are planned, implemented and maintained successfully.

8.3 A phased transition will be implemented that holds the pupils medical condition at the core

9.0 Further relevant information

Appendices for information and completion can be sought from the Schools website www.leicestershiretradedservices.org.uk system under 'A' for Administration of medicines and Medication and Management Procedures. This includes:

- Appendix 1 Parental consent form for medicines (Appendix A within this document)
- Appendix 2 Individual Health Care Plan (IHCP) for pupils: complete at school
- Appendix 3 Epilepsy Health and record forms from health professionals
- Appendix 4 Emergency action plans for anaphylaxis from health professionals
- Appendix 5 Diabetes health forms from health professionals
- Appendix 6 Supporting pupils at school with medical conditions - Department of Education document.
- Appendix 7 Guidance on the use of emergency asthma inhalers in schools - Department of Education guidance.
- Appendix 8 Template letter for purchase of emergency asthma inhalers (for use by schools to pharmacy). Should be generated by school on letter headed paper

10.0 Summary of updates to this document

This document has been reviewed in line with current up to date legislation dated August 2015 and with the support of the Leicestershire Partnership groups/healthcare professionals.

August 2014 Template of policy reviewed; to be made site/establishment specific

August 2014 Appendices made available on the Schools intranet system (old EIS) for specific medical needs/conditions

August 2015 Anaphylactic details updated; new fax number

June 2016 Amendments regarding prescription and non-prescription medicines to enforce parental consent form

June 2016 Anaphylactic forms from health updated to include Emerade EAP and email reporting address

January 2017 Amendments regarding prescription and non-prescription drugs; addition of template letter to pharmacies for purchase of emergency inhalers.

November 2020 Amendments to staffing and school procedures

Appendix 1: Medicine Consent Form

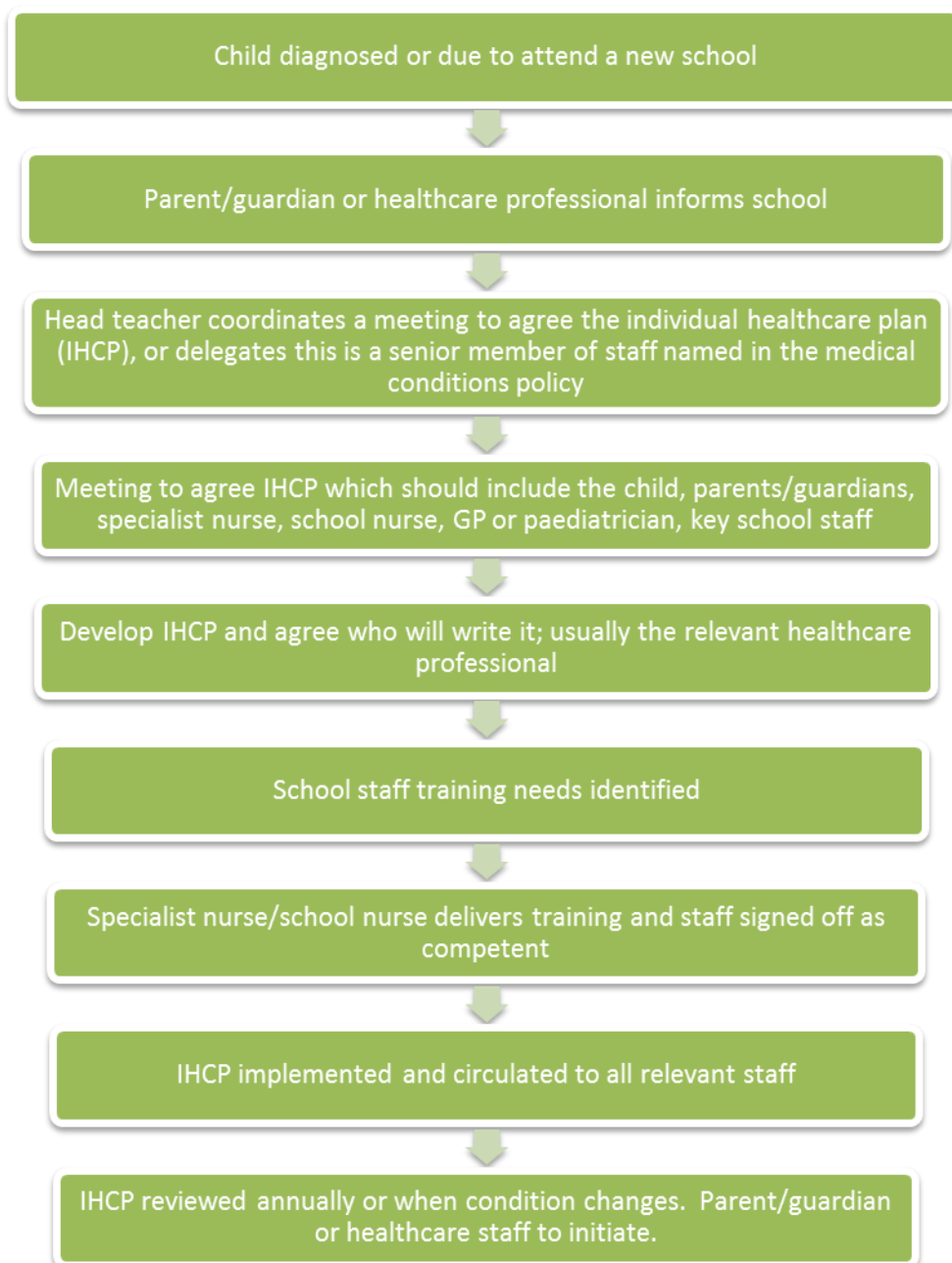
[Name of school/academy] Medicine Consent Form	
Child's name and class	
Child's date of birth	
My child has been diagnosed as having (<i>condition</i>)	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time/s of dose	
With effect from [start date]	
Until [end date]	
The medicine should be taken by (<i>mouth, nose, in the ear, other: please provide details as appropriate</i>)	
I consent/do not consent for my child to take the medicine by him/herself and therefore kindly request/do not request that you arrange for the administration of the above medicine as indicated. (<i>Please delete as appropriate</i>)	
I consent/do not consent for my child to carry his/her own medicine and therefore kindly request/do not request the school to store it on his/her behalf. This medicine does/does not need to be kept in a fridge. (<i>Please delete as appropriate</i>)	
By signing this form I confirm the following statements:	
<input type="checkbox"/> That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions.	
<input type="checkbox"/> That I will update the school with any change in medication routine use or dosage	
<input type="checkbox"/> That I undertake to maintain an in date supply of the medication	
<input type="checkbox"/> That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication	

<input type="checkbox"/> That I understand the school will keep a record of medicine given and will keep me informed that this has happened.	
<input type="checkbox"/> That I understand staff will be acting in the best interests of my child whilst administering medication.	
Signed	
Name (please print)	
Contact details	
Date	
Staff member signature	
Name (please print)	
Date	

Appendix 2: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil and ensure that the pupil's needs will be met in the educational setting. Plans should be agreed by the head teacher and parents/guardians, be formally recorded and reviewed at regular intervals. A template/pro forma is available for download on the Schools website www.leicestershiretradedservices.org.uk system under 'A: Administration of medicines' and Medication and Management Procedures.

The procedure for development of an IHCP is given below:



Appendix 3: Advice on Medical Conditions

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

Asthma	
General information	Asthma UK: www.asthma.org.uk Asthma helpline: 0300 222 5800
For teachers	Guidance on Emergency asthma inhalers for use in schools: www.gov.uk
Epilepsy	

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

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER Non Controlled MEDICINE (Not for Concerta XL, Equasym, or Ritalin)

The school will not be able give your child medicine unless you complete and sign this form. The school has a policy that staff can administer medicine. Please contact the care office if you require further information.

Name of school	MAPLEWELL HALL
Name of child	
Date of birth	/ /
Class	
Medical condition or illness	
Medicine	
Name / type of medicine <i>(as described on the container)</i>	
Dosage and method (i.e. by mouth/nasal)	
Times to be given	
Name / type of medicine <i>(as described on the container)</i>	
Dosage and method (i.e. by mouth/nasal)	
Times to be given	
Name / type of medicine <i>(as described on the container)</i>	
Dosage and method (i.e. by mouth/nasal)	
Times to be given	
Any special precautions	
Are there any side effects that the school needs to know about?	
Self-administration	Yes / No <i>(delete as appropriate)</i>
Procedures to take in an emergency	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
<p>The medication should either be given to the Bus Escort to deliver to the Care office, or brought in by you. Medication should never be sent in with the student.</p> <p>It is also advisable to phone the Care Office to let them know medication is being sent in. All medication must be in its original container and have clear pharmacy labels. The details on the pharmacy label must match the consent instruction.</p>	

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes.

Date Signature(s)(Parent / carer)

Appendix 5

Parental agreement for school to administer Controlled Medication

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

Name of school	Maplewell Hall School
Name of child	
Date of birth	/ /
Class	
Medical condition or illness	
Morning Medication	
Name and strength of Medication <i>(as described on the container)</i>	
Dosage and method (i.e. by mouth/nasal)	
Time to be given	
Lunchtime Medication	
Name and strength of Medication <i>(as described on the container)</i>	
Dosage and method (i.e. two tablets by mouth)	
Time to be given	
Afternoon Medication	
Name and strength of Medication <i>(as described on the container)</i>	
Dosage and method (i.e. by mouth/nasal)	
Time to be given	
Any special precautions	
Are there any side effects that the school needs to know about?	
Self-administration	Yes / No <i>(delete as appropriate)</i>
Procedures to take in an emergency	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	

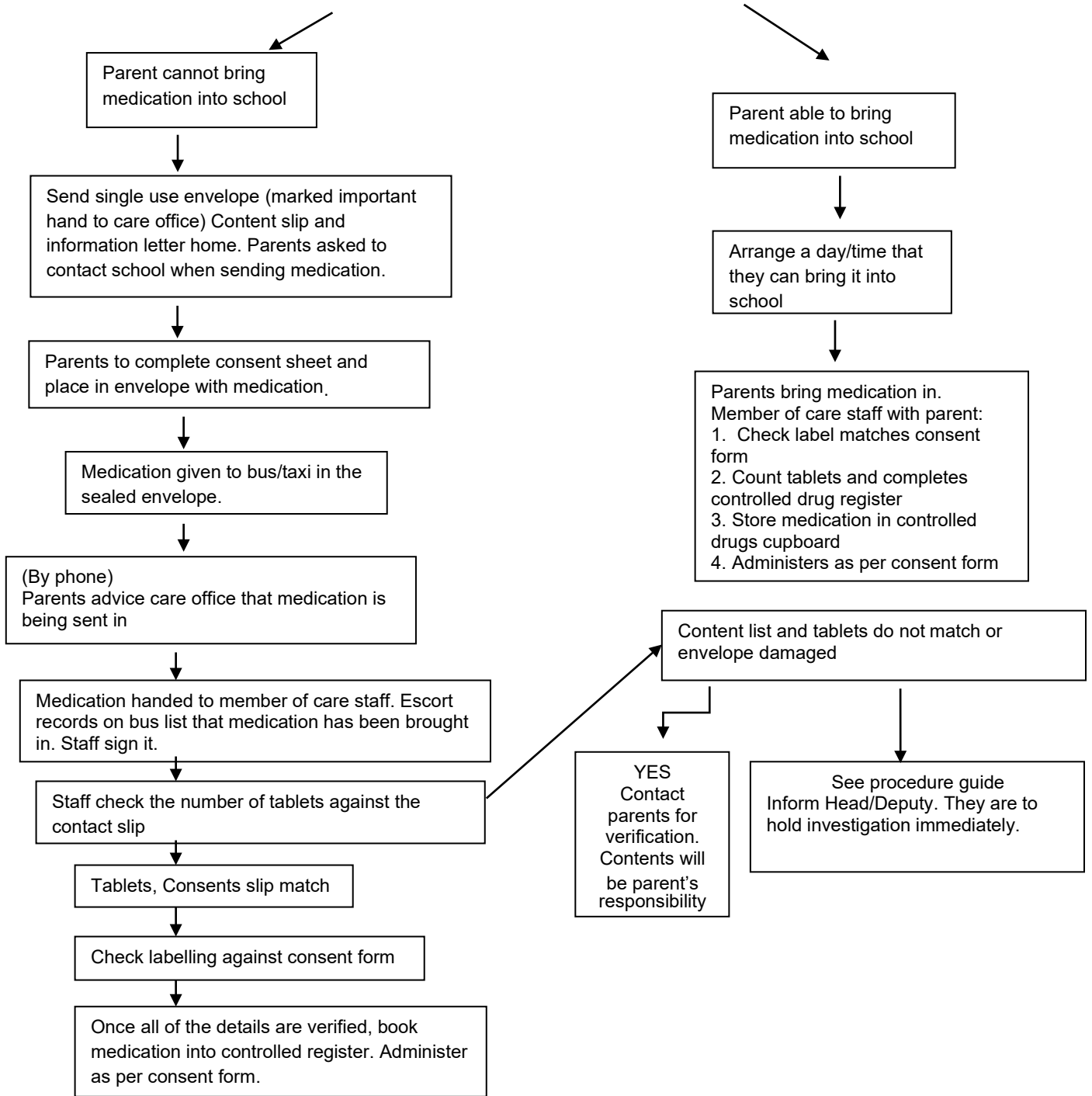
I understand that I must deliver the medicine personally to a member of care staff and that the medication must be in its original package with the pharmacy label. The pharmacy label must match the instructions written above	
I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.	
Date	Signature(s)

Appendix 6

Controlled Medication is required for a student

Contact parents to request medication.

Remind parent that medication must be clearly labelled. Encourage to send sufficient for half a term



Advice will be given to all drivers and escorts. Members of the care staff to hand the single use envelope and form to escort. Ask if they are happy to return them and inform of the following:

1. To check envelope is intact and sealed before accepting it.
2. to hand directly to a member of care staff and ensure they know who these staff members are.
3. Complete bus book to confirm medication has been brought in.

Appendix 7

Process for issues arising with controlled medication arriving in school.

- An investigation needs to be undertaken by Head teacher, or in his absence the Deputy, at the time the issue is discovered.

- The aim of the investigation is to identify what has happened and determine the cause, who is responsible, and where the tablets are. It needs to be dealt with as a priority as there is a potential risk to others if the tablets whereabouts are not known.
- In very rare circumstances it may lead to the conclusion that tablets have been removed/stolen as a deliberate act which would therefore mean that the police should be informed.

1. There is a discrepancy between a sealed intact envelope and the stated contents Contents are the parental responsibility. Parents should be contacted to clarify reason for discrepancy.

2. Envelope is intact but there is no slip stating contents.

Phone parents to confirm how many they sent. Book medication into CD register.

3. The envelope was NOT intact when handed to the Care staff

Any bag that appears to have been tampered with should immediately be taken to the Head/Deputy and opened in their presence.

Do contents match the slip?

Yes – no concern but care staff to speak to parents to clarify why bag was opened.

No - Contact parents to raise the concern and to ask them to clarify that

- They counted the medication
- They completed the contents slip
- That they sealed the envelope as soon as the medication was put in it.
- That the envelope was intact when given to the bus/taxi escort.

3. If the issue is still unresolved the Head of Special Needs transport at County Hall should be contacted. He/she will contact the bus escort and driver to raise the concern and in liaison with the Head/deputy conduct an investigation.

APPENDIX 8

Named staff who have agreed to administer medication to students and have undertaken the Level 2 Safe Handling of Medicines training.

Name	Designation within school
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Primary responsibility during duty periods	
Ms Claire Welch	Medical Needs Co-Ordinator
Mr Stuart Matthews	Extended Day Co-ordinator
Samantha Smith	Mental Health & Wellbeing Support Worker Coordinator
Georgina Smith	Behaviour Manager
Melanie Lewis	Student Support Worker
Julie Follows	Extended Day Team Member

At the discretion of the Care and Intervention Team Leader additional staff may be added following training and induction.

Additional staff may receive training to administer emergency medication such as Adrenaline or Midazolam. The Care office holds an up to date register of those trained.