WICKERSLEY PARTNERSHIP TRUST.

Medicines and Medical Policy Primary

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MEDICINES & MEDICAL POLICY: PRIMARY SCHOOLS

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This policy does not form part of the contract of employment and may be amended from time to time. The School reserves the right to depart from it as appropriate to individual circumstances, whilst always taking account of the ACAS Code of Conduct.

1.0 INTRODUCTION

The Wickersley Partnership Trust (hereafter known as WPT) is committed to ensuring that students at school with medical conditions should be properly supported, to ensure that they have full access to their education, including educational visits and physical education. Many children will at some time have short-term medical needs, while other children may have longer term medical needs and may require medicines on a long-term basis. Other children may require medicines in particular circumstances, such as children with severe allergies.

Students with medical conditions may feel different to other students and could face real or perceived barriers to their full involvement in education and school life. Parents and carers of these students may worry about their child's safety and experiences at school. This policy addresses not only the safe practice and procedures needed for students with medical conditions, but supports schools in creating and maintaining the best environment and culture for these students to thrive in.

2.0 AIMS OF THIS POLICY

- To explain how schools can manage arrangements for safely supporting students with medical needs in school
- To explain procedures and recording standards for managing and administering medicines
- To explain the need for and purpose of individual healthcare plans

3.0 LEGAL BASIS

This policy has been written to be compliant with the Department for Education statutory guidance 'Supporting pupils at school with medical conditions', the Department of Health and Social Care 'Guidance on the use of adrenaline auto injectors in schools', and with reference to the Misuse of Drugs Act (1971), the Children & Families Act (2014) and the Human Medicines (Amendment) Regulations 2017.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. In limited circumstances, in line with their safeguarding duties, governing bodies should ensure that students' health is not put at unnecessary risk from, for example, infectious diseases. They, therefore, do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

4.0 NAMED PERSON AND HEADTEACHER

Statutory guidance requires that there be a named person at each school who has overall responsibility for the implementation of medicines policy. This person is able to delegate tasks under the policy to other staff in school. An example of this would be where a Headteacher or SENCO is the named person and they delegate the administering of medication on a daily basis to the primary first aider or a member of the school office.

The named person must ensure that whoever they delegate medication tasks to has completed their first aid training and that this remains up to date.

The named person needs to have sufficient seniority in the school to ensure that the policy is adhered to by all staff. The Named Person is responsible for ensuring that Trust's 'Medicines and Medical Policy' and the 'Intimate Care Policy' are being adhered to in school. The named person must have read and understood each policy and be able to demonstrate a working understanding of the practical implementation of each policy in their school.

5.0 HOW SCHOOLS BECOME AWARE OF A STUDENT'S MEDICAL NEEDS

Prior to children starting school, each school should request that parents / carers provide details of the following for their child:

- existing medical conditions and diagnoses
- existing medications
- existing healthcare issues
- selfcare needs or limitations
- individual healthcare plans already in place for their child
- details of any allergies, including exact details about what their child is allergic to and the risks associated
- disabilities

In instances such as severe allergies or a significant health condition, the school should initiate a meeting with parents / carers to discuss this and agree any plans needed. Further guidance is provided in the body of this document.

Schools should also consider information provided to them by other schools or nurseries. Looked After Children will also have Initial and Review Health Assessments, which can be used to inform plans.

6.0 PRESCRIPTION MEDICATION

Prescription medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so. If a child can have the medicine outside of school hours, for example, spaced out three times a day to avoid school hours, then they should do so. This should be explored with parents / carers at the start of any discussion about prescription medication. Some students may be anxious or upset about the need to take medication. Students should always be made aware of the 'when, where and who' regarding their medication and be included in discussions when appropriate.

School staff will only administer prescription medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Prescription medication will only be accepted in the original container, as dispensed by a pharmacist, with the prescriber's instructions for administration. The medication needs to be prescribed in the name of the child. This should be checked at the point that the school accepts the medication.

Where significant medical or technical expertise is required, regarding either the administration of a medicine or the care required pre / post administration, schools cannot be compelled to undertake this. However, this should never be the default position and these instances should be considered on a case by case basis, with a view to identifying a solution that allows the student to attend school and removes barriers for their full participation in their education.

7.0 NON-PRESCRIPTION MEDICINES

Primary schools are only permitted to give students paracetamol with the express written permission of parents / carers. This can be obtained using an MP1 form. The paracetamol should be in syrup form. Schools should only administer paracetamol when it is not possible or practical for a parent / carer to attend at the school to do this. Dosage guidelines, written on the bottle, should always be adhered to. Schools are unable to give students aspirin or medicines containing ibuprofen unless prescribed by a doctor.

When a school accepts paracetamol syrup on their premises from parents / carers, this should be kept out of the reach of students and should be clearly labelled with the child's name. If the school purchases their own paracetamol syrup, this should be clearly labelled and the expiry date noted.

There may be circumstances when students need access to healthcare products during the school day, such as ointment for eczema or reapplying a dressing on a wound. In the first instance, if the student can be guided to undertake this task themselves, or a parent / carer can attend at the school to do this, then these arrangements should be made. If alternative arrangements cannot be made then staff are permitted to undertake this task. For any non-prescription medication to be accepted by a school and kept in the school, a MP1 form needs to be completed and signed by both the parent / carer and the school. The WPT Intimate Care policy should be consulted regarding tasks where a staff member would directly have to touch or actively support a student.

8.0 STORAGE OF MEDICATION AND RECORD KEEPING

For any prescribed medication to be accepted by a school and kept in the school, a MP1 form needs to be completed and signed by both the parent / carer and the school. Once the course of medication ends, a copy of the completed form needs to be placed on the students's MIS file on Bromcom. Within the documents list on a child's file on Bromcom, a header titled "Medicines and medical forms" has been created for this purpose. The paper copy will then be securely disposed of.

Medication that is out of date should not be accepted. This includes prescription medication that will be stored at the school for lengthy periods, such as asthma inhalers and adrenaline auto-injectors (AAI), colloquially known as Epipens. At the start of each half term, these long-term medications should be checked to ensure that they will remain in date for the rest of the half term. A replacement would need to be requested from the student's parent / carer if the expiry date is before the end of the half term.

Schools should not store out of date medicines. Parents / carers should be asked to collect the medication. If parents / carers do not collect them, these medicines should be taken to a local pharmacy for safe disposal. Students should not be given medicine or medicine containers to return home to their parents / carers, it should always be a parent / carer who collects this from the school. A separate marked bin needs to be available for disposal of waste that includes bodily fluids (see WPT Intimate Care Policy). If a school does not have these resources on site already they should contact their waste management provider. Sharps boxes should always be used for the disposal of needles.Sharps boxes can be obtained from Rotherham Metropolitan Borough Council / Lincolnshire County Council.

Medicines should be stored in a room which is locked and not available to students (this does not apply to asthma inhalers and AAI - the section below provides further guidance). Specific attention should be given to the storage instructions on medication.

Medication requiring refrigeration should be stored in a refrigerator that is used for the sole purpose of storing medication. These are usually smaller than normal refrigerators and marked for their purpose with a green cross. Where there is not a specific use refrigerator available, a refrigerator that is located in a locked room can be used, so long as the medication is within a sealed container and on a shelf away from other items.

Each time that a student is given a dose of prescription medication, a record of this needs to be kept by the school on a MP2 form. This record needs to include the name of the student, time, date, name of the medication, dosage, expiry date, name of the staff member giving the medication and the name of the staff member witnessing this. If the student refuses the medication, their parent / carer needs to be informed immediately. A record of this notification to a parent / carer needs to be made on the MP2 form.

On a termly basis, the person(s) responsible for administering medication on a daily basis in school should audit the medication that they have on their site. This is to ensure that the amount of medication remaining tallies with the amount brought into the school, minus the doses administered. A record of this audit can be made on the MP2 form specific to that medication. This note can be made on the next available line in the form.

Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act 1971. Staff are able to administer a controlled drug, in accordance with the prescriber's instructions. The school must keep controlled drugs in a locked container,

to which only named staff will have access. A record of access to the container will be kept with the medication. Misuse of a controlled drug, such as passing it to another person, is an offence. The staff members involved and the child need to be aware of the legal status of any controlled substances. If the medication has to be passed between other people, for example, if the child attends school in a taxi, then each person involved must be asked to sign.

For a student who is on a time limited course of medication, once their course ends the record of administering that has been kept in paper copy should be uploaded to the student's record on Bromcom, along with the MP1 form. Within the documents list on a child's file on Bromcom, a header titled "Medicines and medical forms" has been created for this purpose. The paper copy should then be securely disposed of.

9.0 ADMINISTERING MEDICATION

It is important to note that staff cannot be compelled to administer medication. Staff involvement is on a voluntary basis. The named person responsible will ensure that the staff involved at the school are aware that, unless their job description dictates otherwise, their involvement in administering medicines is voluntary, that staff are aware of relevant policy and procedures, and that they have the requisite level of training to undertake the tasks involved. Any staff member involved in administering medication needs to have up to date first aid training.

Unless the student is self-administering, there should always be two staff present when prescribed medication is being administered (this does not apply in those circumstances where emergency medication, such as AAI or inhalers are given). One staff member will administer the medication and one staff member will witness this. Each staff member is responsible for checking the student's details, checking the dosage and method of administering. Each staff member will then sign the school record (MP2 form). When a student self-administers their medication and is competent to read and follow dosage instructions, it is not necessary to have two staff members present with the child. The presence of one staff member will suffice. The exception to this would be if the medication was a controlled substance.

Should specialist training be required, this will need to be sourced prior to the school administering medication. Where there is a medical professional involved, such as a Diabetes Nurse, they can be contacted regarding training. If the school is unsure of who to contact, School Nursing at the 0-19 Integrated Public Health Nursing Service or the child's GP should be contacted. Most children with acute medical conditions will have named medical professionals who should actively engage the school in the student's care.

It is very important that all staff who teach or support students with acute medical needs are aware of who these students are. This includes supply, cover and external staff. In instances such as severe allergies, any staff member who is with the student needs to be aware of their condition and what to consider. This provides both practical safety, for example, the staff member knows not to inadvertently introduce the allergen into the student's environment, and allows for an immediate response should an allergic reaction become apparent. For some staff they may have never personally witnessed conditions associated with a severe allergic reaction, asthma attack or hypoglycemia. Students will also respond differently and may not seek immediate staff assistance. By knowing which students are particularly vulnerable in advance, all staff are better placed to respond in an emergency.

In certain circumstances it may be either necessary or appropriate for a student to carry their own medication in school. This has to be carefully considered on a case by case basis and the safety of the student and other students in the school needs to be carefully considered. In the case of inhalers and adrenaline auto-injectors there are specific forms which require approval and signature by both a parent / carer and the school (MP3 and MP4 forms) before this can occur. For any other medication, MP12 form would need to be completed.

10.0 INDIVIDUAL HEALTHCARE PLANS

Individual healthcare plans are designed to support students at school with specific health needs. They are often used for students who have longer term medical needs and may require medicines on a long-term basis or those students who require medicines in particular circumstances. However, they can also be used for students in specific, short-term circumstances, such as for those students returning to school after a period of hospitalisation. These plans are often written by health professionals and given titles specific to the health need, for example, 'allergy action plan' or 'diabetes action plan'. In some circumstances it may be beneficial to a student, and helpful for staff, to have an individual healthcare plan drawn up where a health professional has not completed one. This may be in circumstances where it is an interim measure until a health professional or parent / carer provides school with a plan. It may also be beneficial in circumstances where a student does not have a plan written by a health professional, but their medical condition impacts upon their education.

Schools are not expected to have staff with specialist medical knowledge. In circumstances where a school initiates an individual healthcare plan and there is no named health professional to support this process, schools should consider seeking advice from School Nurses or the student's GP if the plan requires medical knowledge and input. As well as identifying what is to be done in emergencies, plans should be utilised to remove barriers and promote inclusion for students. This may be about practical issues, such as ensuring students who need it have immediate access to toileting facilities, or ensuring that there is a system in place for a student to have time out of a classroom when needed.

Individual healthcare plans are not the same as Education, Health and Care Plans (EHCP), which set out the support needed by students with special educational needs, although some children may have both types of plan.

The Department for Education does not require specific templates for individual healthcare plans. They suggest that these plans are written to address individual need and complexity. To support schools, this policy includes templates that can be used and adapted to meet the individual needs of the student and the school. Templates for a generic individual healthcare plan (MP7), an asthma action plan (MP8) and an allergy action plan (MP9) are provided in the appendix. Schools are encouraged to share good practice and those responsible for writing the plans in each school should feel able to seek advice and share experiences with other schools.

Individual healthcare plans should be reviewed annually at a minimum, or when a child's health needs or circumstances at school change significantly. Plans should be signed by parents / carers, the school and, where appropriate, the child and health professional.

11.0 ASTHMA

Students with asthma need to be able to immediately access their reliever inhalers when in school. Inhalers should follow students as they change rooms and venues within the school. For example, when students undertake PE in a school hall, their inhalers should be brought with them. This is because It may not always be safe, possible or practical for an adult to retrieve the inhaler from its normal storage place in a classroom.

Each student's inhaler should be kept in a container that has an in date inhaler, spacer, any additional equipment needed and the student's individual asthma plan, with a record sheet for staff to record when the inhaler is used. The inhaler should be in a safe, but accessible place, for example, on a shelf which is out of reach to students. The inhaler needs to be in original packaging and have the student's name on it. Every time that a student uses their inhaler in school, the student's parent / carer needs to be informed. The student's individual asthma plan will detail instructions regarding how to treat and respond to an asthma attack.

Asthma should not be a barrier to physical exercise. If a school is worried about this and the impact on the student they should refer to the student's asthma care plan and seek further guidance from parents / carers and the health professionals involved.

It is the responsibility of the named person to ensure that systems are in place at the school, for example, through registers on Bromcom or information packs, to make any new or existing staff aware of any students that they are teaching or supporting who have asthma. This will include cover staff, supply teachers, student teachers and PE staff.

Students who are able to safely carry their own inhaler should be allowed to do so. There is no set age where this will be appropriate and safe, and this should be considered on a case by case basis in consultation with parents / carers. If a student is to carry their own inhaler, before they do so, their parent / carer and a school staff member must complete and sign a MP3 form. A copy of the MP3 form can be found in the appendix.

Every student who has a diagnosis of asthma and is prescribed medication will have at least annual reviews with a healthcare professional, usually a GP or an Asthma Nurse. At these reviews an individual asthma action plan should be produced. Students and their parents / carers are encouraged to share this plan with others. This specifically includes sharing with the student's school. For every student who has a diagnosis of asthma and has an inhaler at school, the school should ask for a copy of the latest asthma action plan. This should then be stored with the student's inhaler. If a parent / carer does not have a copy of an asthma action plan they should be encouraged to request this from their GP or Asthma Nurse. In the event that an asthma action plan is not provided by a health professional, the school and parent / carer should use the student's diagnosis and the existing health advice regarding the student's treatment, to produce an asthma action plan. The 'school asthma card', produced by Asthma UK is included in the appendix (MP8) to use if there is no specific existing asthma action plan. It is not uncommon for there to be a level of confusion around if a student has an actual diagnosis of asthma. This can cause uncertainty for schools when a parent / carer may state that their child has an inhaler, but has no diagnosis of asthma, or, conversely, asthma, but no current prescription for an inhaler. In these circumstances schools should work with parents / carers to get a clear understanding of the student's needs from the GP.

Legislation allows schools to buy and store their own salbutamol inhaler (used for relief of symptoms). Each school should strongly consider making arrangements to purchase one of these and a spacer. The staff member responsible for storing this needs to make note of the

expiry date and instructions for safe storage. This inhaler needs to be clearly labelled as the school's inhaler. In the useful links section there is a link to purchase pre-prepared asthma rescue kits should schools wish to consider this. Parents / carers need to provide their consent for a school to use the school owned inhaler on their child should it be required. This written permission is given by the parent / carer completing the MP5 form.

12.0 ALLERGIES AND ADRENALINE AUTO-INJECTORS

For students with severe allergies, attending school can be a source of anxiety for both the child and their parents / carers. It is important in these circumstances that direct contact is made with the family prior to them starting at school, or at the point of diagnosis, if the child is already on roll at the school. This contact is to begin discussions and to consider what plans can be put in place to keep the child safe, remove any barriers to full participation in education and school life, and to reduce the anxieties of the child and their parents / carers. The appendix contains a 'useful questions' document for helpful prompts and questions to best facilitate this conversation with students and their parents / carers.

It is likely to be impractical to maintain an allergen free environment throughout the whole of a school. However, in circumstances where a student has, for example, a nut allergy, specific plans can be made in areas such as catering and food technology.

It is the responsibility of the named person to ensure that systems are in place at the school, for example, through registers or information packs, to make any new or existing staff aware of any student that they are teaching or supporting who has severe allergies. This will include cover staff, supply teachers, student teachers and PE staff.

Each student with an allergy that requires medication to be made available whilst they are at school should have an individual allergy action plan. A copy of this plan must be stored with the student's AAI (colloquially known as Epipens) or antihistamines. These plans should be provided by health professionals, especially when there is a risk of anaphylaxis. In the event that a plan is not completed by health professionals, the school should prompt parents / carers to request that this is completed. If it is not possible to obtain a plan, in the interim, to support school staff in understanding how to best respond and support the student, the school and parents / carers can produce an allergy action plan for the student. A template for an allergy action plan is contained in the appendix (MP9). This template is produced by the British Society for Allergy and Clinical Immunology and is endorsed by the Royal College of Paediatrics and Child Health (RCPCH).

Correct storage of AAI in school is crucial to keeping students safe. AAI need to be easily located and retrieved in the event of an emergency. In a larger school site, this may mean having AAI located in two locations across the school to facilitate immediate retrieval in the event that they are needed. AAI should be stored in a room that all staff have ready access to and should not be placed in a locked cupboard or box. Each student's AAI should be stored in a clearly labelled container, together with the student's allergy action plan. Each container should have a photograph of the student on the container and have the student's details recorded clearly on the outside of the container. Each student should have two AAI as, in the event of them not responding to the first AAI, a second AAI should be administered five minutes later. Students who are able to safely carry their own AAI should be allowed to do so. There is no set age where this will be appropriate and safe, and this should be considered on a case by case basis in consultation with parents / carers. If a student is to carry their own AAI, before they do

so their parent / carer and a school staff member must complete and sign a MP4 form. A copy of the MP4 form can be found in the appendix.

In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. It is therefore vital to contact Emergency Services as early as possible. Delays in giving adrenaline are a common finding in fatal reactions.
The Department of Health and Social Care have produced specific guidance on the use of adrenaline auto-injectors (AAI) in school. Schools are permitted to buy AAI to keep as spares on school premises and trips. Each school who has a student with an AAI is encouraged to actively explore this option. Parents / carers need to provide their consent for a school to use the school owned AAI on their child should it be required. This written permission is given by the parent / carer completing the MP6 form.

In the useful links section there is a link to purchase pre-prepared anaphylaxis rescue kits, should schools wish to consider this.

It is the responsibility of the named person to ensure that there are sufficient staff members trained in the use of AAI. School Nursing at the 0-19 Integrated Public Health Nursing Service can be contacted in the event of a school needing to source training.

13.0 DIABETES

Students with diabetes should have an individual healthcare plan, which a Diabetes Nurse or doctor will lead on. One of the purposes of a diabetes individual healthcare plan is to share this with the child's school. Younger students are likely to rely fully on staff members in school for administering insulin. However, as children age and develop it is important to help to support them in managing their own healthcare.

The individual healthcare plan should include the following:

- Exactly what help the child needs with diabetes management – what they can do themself and what they need from somebody else.
- Who is going to give that help and when.
- Details of the insulin needed, the dose needed, when it's needed and the procedure for injecting or using a pump.
- Details of when the child needs to test their blood glucose levels, the procedure for testing them and the action to be taken depending on the result.
- Description of the symptoms of hypo and hyperglycaemia (and possible triggers) and what staff will do if either of these occurs. It should also include when the parent / carer should be contacted and when an ambulance should be called.
- Details of when the child needs to eat meals and snacks, what help they need around meal or snack time, eg whether they need to go to the front of the lunch queue, need help with carbohydrate counting or have any other special arrangement around meal / snack time.
- The things that need to be done before, during or after PE, for example, blood glucose testing or having an extra snack.
- Details of where insulin and other supplies will be stored and who will have access to them. It should also include what supplies will be needed, how often the supplies should be checked and by whom.
- What to do in an emergency, including who to contact.
- Any specific support needed around the child's educational, emotional and social needs,

for example, how absences will be managed, support for catching up with lessons or any counselling arrangements.
- A description of the training that has been given to whom.
- What plans need to be put in place for exams (if appropriate).
- What plans need to be put in place for any educational visits and school trips (including overnight) or other school activities outside of the normal timetable.

Staff training can be sourced through the Diabetes Nurse. The individual healthcare plan will be reviewed at least annually and staff training will feature as an item in this review.

14.0 MENTAL HEALTH

It is unlikely that a student will need to have medication administered in school time for a mental health condition. However, mental health and emotional wellbeing can present as two of the biggest barriers to students experiencing their education to the fullest.

Parents and students should be encouraged to discuss with the school any pertinent issues that the student is experiencing. This will help the school to understand their needs and consider how best to support them.

How schools respond will vary widely from student to student, due to need and circumstances. It may be appropriate that the school and key staff knowing about the student's issue and experiences is sufficient. However, on other occasions it may be that parents / carers, student, staff and, if involved, a health professional, meet together and produce a written plan to best support the student.

Schools can also seek support from CAMHS and an Educational Psychologist. If the student's information is to be shared, then consent from a parent / carer should be gained before sharing this information.

15.0 EDUCATION VISITS AND SCHOOL TRIPS

So far as is reasonably practicable, students should not face barriers to educational visits and school trips, including residential overnight trips, due to issues regarding medicine and medical conditions. As part of requesting consent for the trip, parents / carers should again be asked to list any medical conditions. This ensures that the school has an up to date list of any new medical conditions that may have been diagnosed since the start of the school year.

Educational visits and school trips make use of a system called Evolve. Prior to the Educational Visits Coordinator in each school signing off on any trip the following needs to be in place:

- This policy must be followed when planning and untertaking any educational visits
- Each student needs to be screened against existing information held by the school to identify any medical conditions

- Any medicines that are being taken on the trip should be in date, in original packaging with prescribers instructions contained and clearly labelled as belonging to the student
- Any student who has an individual healthcare plan, such as an asthma or allergy plan, should have a copy of this plan stored with their medication
- Individual healthcare plans must include contingency measures that account for the school having care of the student in what may be a different location and for different time periods, for example, on a residential trip the plan needs to account for the school caring overnight for the student
- The staffing contingent will include staff who have had the specific training required to meet The medical needs of the students on the trip
- Prior to the trip staff will have made plans regarding meals and environment for any students with an allergy

Residential Visits

- Students are not permitted to take paracetamol or other pain killers on their person on the visit. This must be clearly articulated to parents / carers and students as part of any written or verbal information distributed prior to the visit
- Trip leaders must clearly reflect this in their risk assessments on EVOLVE. This must be checked by the EVC and Headteacher as part of sign off
- At the point of departure on trips, the visit leader must ensure that students are asked if they have any paracetamol or other pain killers. These must be handed in to staff

16.0 ROLE OF THE STUDENT

Developing independence and self-care skills is an important part of a child's development. The issue of medicines and healthcare in schools should be viewed through this prism. For very young students, it may be that the only appropriate and safe choice is for staff to lead on the administering of medicines. However, as soon as it is feasible and safe, staff should encourage student's own interest and participation in meeting their medical needs.

Student's views should be actively sought when plans are being drawn up to support them with their medical needs. So far as it is safe and practical to do so, student's need to have involvement in the process. For example, some students may be embarrassed or feel different due to their medical needs, and some sensitivity may be needed around when and how they leave the classroom.

17.0 INFECTIOUS AND NOTIFIABLE DISEASES

Certain health conditions, such as acute meningitis and food poisoning, are notifiable diseases and require a response from the school. The link below provides a list of these diseases, what to do in the event of an occurrence in school and general advice and guidance, such as templates for letters to parents. In these circumstances the CEO of WPT needs to be made aware immediately.

https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/09/spotty-book-2019-.pdf

Should schools have any queries on notifiable diseases and what responses are required, the link below allows for the school to access their local Health Protection Team.

https://www.gov.uk/health-protection-team

18.0 WORRIES ABOUT A STUDENT'S CARE AND SAFETY

If a school becomes worried about a parent / carer's response to a student's health or medical needs, including how medication is being managed by a parent / carer then, in the first instance, if it is safe to do so, they should discuss this with the parent / carer. This will help to manage any misunderstanding and identify where a parent / carer may need extra support in responding to or understanding their child's medical needs.

Fabricated or induced illness (FII) is a rare form of child abuse. It happens when a parent or carer exaggerates or deliberately causes symptoms of illness in the child. If the student is at risk of harm, including immediate risk, then the school should follow their safeguarding procedures. The recording standards and practices laid out in this policy will allow for the school to hold exact records of any medication held and administered.

Any concerns that staff have should be clearly recorded on CPOMS.

19.0 RESPONDING TO ERRORS

The aim of all medication-related guidance is to minimise the risk of an administration error occurring. An error in medication administration is defined as any deviation from the prescribed dose to the correct student.

Errors fall into three different categories:

Major Error

This is an incident which results in significant harm or death, admission to hospital for 24 hours or more, or in the student being rendered unconscious. Major errors must be reported immediately to the Headteacher and the Chief Executive Officer (CEO) of WPT. In these circumstances the 'Responsible Person' may have a duty under RIDDOR to report this to the Health and Safety Executive.

The Headteacher will obtain any witness statements immediately or as soon as possible after the event. A written report detailing the facts will be completed within 24 hours and sent to the CEO of WPT.

Minor Error

This is an incident which results in no significant harm to the student. The Headteacher will be immediately notified and they will determine who is to notify parents / carers. The named person will undertake immediate enquiries to ascertain the cause of the error and what needs to be done to reduce the risk of this happening again.

Near Miss Incident

A near miss in medication administration is defined as an incident which might have resulted in an error if it had not been noted and rectified before the error occurred. There will have been no consequences for the student. The named person will undertake immediate enquiries to ascertain the cause of the error and what needs to be done to reduce the risk of this happening again.

20.0 INTIMATE CARE

WPT has a policy on intimate care. At times there will be overlap with this policy and both policies should be read and understood.

21.0 MONITORING AND AUDIT

The Headteacher must undertake checks on a monthly basis to ensure that the policy is adhered to. These checks should include ensuring that:

- All medication in school has the requisite MP forms and these MP forms are up to date and fully completed
- All medication is in date, in the student's own name and it its original packaging, with prescriber instructions
- All medication stored by the school does need to remain in school
- Each MP2 form is checked against the actual medication held by the school to ensure that the amount of medication remaining tallies with the amount recorded on the MP2 form (in cases of liquid medication, this process will need to be estimated)
- A record of these checks is made on the MP13 form, which should be held with the other forms held by the school in line with this policy

The Headteacher must undertake a six-monthly audit activity regarding the implementation of this policy in school. This audit activity must take place in the following terms:

- Autumn 2 term
- Summer 1 term
- Any other occasion where the Headteacher deems it necessary to undertake audit activity

This audit should be completed in conjunction with the Intimate Care audit. These two audits are co-located and can be accessed via the following Google form https://forms.

gle/31X9pgq8Do4JmWHX6

A selection of these audits will then be quality assured by the Operations Team.

This policy should be reviewed annually in accordance with national guidance. This annual review will be completed by the Central Team at WPT. Any updates to the policy will be communicated to each school and the policy section of the WPT website will be updated accordingly.

Appendix A
Useful Links

Allergy UK - advice for schools
Website: https://www.allergyuk.org/information-and-advice/for-schools

Anaphylaxis Campaign - FAQ for schools regarding anaphylaxis
Website: https://www.anaphylaxis.org.uk/wp-content/uploads/2019/07/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf

Anaphylaxis Campaign - link to prepared Anaphylaxis and Asthma rescue kits
Website: https://www.allergyuk.org/about/latest-news/1182-anaphylaxis-asthma-emergency-kits-for-uk-schools

Asthma UK - Asthma at school and nursery
https://www.asthma.org.uk/advice/child/life/school/

Diabetes UK - Diabetes and children
Website: https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes

Cystic Fibrosis Trust
Website: www.cftrust.org.uk

Epilepsy Action
Website: www.epilepsy.org.uk

Epilepsy UK - Epilepsy in childhood
Website: https://epilepsysociety.org.uk/epilepsy-childhood

Health and Safety Executive (HSE)
Website: www.hse.gov.uk

Mental Health Foundation - guide for teachers
Website: https://www.mentalhealth.org.uk/publications/make-it-count-guide-for-teachers

National Eczema Society
Website: www.eczema.org

Young Epilepsy - The children and young people's epilepsy charity
Website: https://www.youngepilepsy.org.uk/about-us/what-we-do/

Medication Consent Form (MP1)

Medication Consent Form (MP1)	
Name of School:	
Name of Child:	
Date of Birth:	
Group / Class / Form:	
Medical Condition or Illness:	

Medicine	
Name / Type of Medicine (As Described on the Container):	
Expiry Date:	
Dosage and Method:	
Timing:	
Special Precautions / Other Instructions:	
Are There Any Side Effects that the School / Setting Needs to Know About?	
Self-Administration - Y / N?	
Procedures to Take In An Emergency	
Medication to Remain in School Overnight - Y / N?	

Medicines must be in the original container as dispensed by the pharmacy.

Contact Details	
Name:	
Daytime Telephone Number:	
Relationship to Child:	
Address:	

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

Signature(s)_____

Date:_____

School staff member receiving the medication

Name: _____

Signature(s):_____

Date:_____

Record of Medication Administered (MP2)

Record of Medication Administered (MP2)	
Child:	
Date of Birth:	
Medication:	

Guidance:

- A separate record sheet must be used for each medication if the child takes more than one medication
- At the end of the course of medication this form should be uploaded to Bromcom and original safely destroyed. For long-term medication, the record sheets should be uploaded to Bromcom termly and the original copy safely destroyed
- If a staff member administers the medication, another staff member must observe this. If the child self-administers, one staff member needs to be present to observe

Date	Time	Medication	Dose	Expiry Date	Name and Signature of Staff Administering (Witnessing if Child Self-Administers)	Name and Signature of Staff Wtinessing (Not Required if Child Self-Administers)	Signature of Child if Self-Administering

Consent for a Student to Carry an Inhaler (MP3)

I give consent for my child

Name: _____

Date of Birth: _____

Address:_____

_____

_____

to be allowed to carry and administer their inhaler whilst they're in school:

Name of Medication
Procedures to be Taken In the Event of an Emergency

I confirm that this agreement will continue until I instruct the school in writing for the agreement to cease.

By signing this consent form I agree and confirm that my child will adhere to the following requirements:

- The medication will only be administered as directed on the printed pharmacy label
- My child will take responsibility for the safe management of the medication while they are at school
- The medication is prescribed in the name of my child
- The medication is for their sole use and will not be given to any other student

Name (PRINT):_____

Signature:_____ Date:_____

Relationship to the Student:_____

Record of Receipt by School

Name (PRINT):_____

Signature:_____ Date:_____

Consent for a Student to Carry an Adrenaline Auto-Injector (MP4)

I give consent for my child

Name: _____

Date of Birth: _____

Address:_____

_____

_____

to be allowed to carry and administer their Adrenaline Auto-Injector whilst they're in school:

Name of Medication
Procedures to be Taken In the Event of an Emergency

I confirm that this agreement will continue until I instruct the school in writing for the agreement to cease.

By signing this consent form I agree and confirm that my child will adhere to the following requirements:

- My child will take full responsibility for the safe management of the medication whilst they are at school
- The medication is prescribed in the name of my child and clearly labelled.
- The medication is for their sole use and will not be given to any other student
- The school has informed me that the necessary for my child to keep an additional Adrenaline Auto-Injector in the school's medical room in case of an emergency - I will provide this spare without delay and complete the MP6 form

Name (PRINT):_____

Signature:_____ Date:_____

Relationship to the Student:_____

Record of Receipt by School

Name (PRINT):_____

Signature:_____ Date:_____

Consent for School to Administer the School's Own Inhaler On a Child (MP5)

I give consent for school to administer the school's own inhaler to my child

Name: _____ in an emergency.

Date of Birth: _____

Address:_____

_____

_____

I confirm that this agreement will continue until I instruct the school in writing for the agreement to cease.

By signing this consent form I agree and confirm the following:

- A medical professional has confirmed that it is safe and appropriate for my child to use an inhaler
- If my child carries their own inhaler during school, I will ensure that they always have access to this, it is prescribed to them, it is clearly labelled with their details and it is in date
- If the school hold my child's inhaler I confirm that this medication is prescribed to them, it is clearly labelled with their details and it is in date

Name (PRINT):_____

Signature:_____ Date:_____

Relationship to the Student:_____

Consent for School to Administer the School's Own Adrenaline Auto-Injector on a Child (MP6)

I give consent for school to administer the school's own Adrenaline Auto-Injector to my child

Name: _____ in an emergency.

Date of Birth: _____

Address:_____

_____

_____

I confirm that this agreement will continue until I instruct the school in writing for the agreement to cease.

By signing this consent form I agree and confirm the following:

- A medical professional has confirmed that it is safe and appropriate for my child to use an Adrenaline Auto-Injector
- If my child carries their own Adrenaline Auto-Injector during school, I will ensure that they always have access to this, it is prescribed to them, it is clearly labelled with their details and it is in date
- If the school hold my child's Adrenaline Auto-Injector I confirm that this medication is prescribed to them, it is clearly labelled with their details and it is in date

Name (PRINT):_____

Signature:_____ Date:_____

Relationship to the Student:_____

Individual Healthcare Plan Template (MP7)

Individual Healthcare Plan Template (MP7)	
Name of School:	
Child's Name:	
Group/Class/Form:	
Date of Birth:	
Child's Address:	
Medical Diagnosis or Condition:	
Date of Plan Completion:	
Date for Plan to be Reviewed:	

Family Contact Information	
Name:	
Relationship to Child:	
Phone Number (work):	
Phone Number (home):	
Phone Number (mobile):	
Name:	

Relationship to Child:	
Phone Number (work):	
Phone Number (home):	
Phone Number (mobile):	

Clinic/Hospital Contact	
Name:	
Phone Number:	

GP	
Name:	
Phone Number:	

Describe medical needs to give details of child's symptoms, triggers, signs, treatments, faciltiies, 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 Students' Educational, Social and Emotional Needs

Arrangements for Educational Visits and School Trips

Other Information

Describe What Constitutes an Emergency and the Actions 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

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – work

Telephone – mobile

Doctor/nurse's name

Doctor/Nurse's telephone

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

Reliever treatment when needed

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

Medicine	Parent/carer's signature

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature

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

Parent/carer's signature Date

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Does your child need to take medicines before exercise or play? ☐ Yes ☐ No

If yes, please describe below

Medicine	How much and when taken

Does your child need to take any other asthma medicines while in the school's care? ☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

Dates card checked by doctor or nurse

Date	Name	Job title	Signature

What to do in an asthma attack

1 Make sure the child takes one to two puffs of their reliever inhaler,(usually blue) preferably through a spacer

2 Sit the child up and encourage them to take slow steady breaths

3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs

4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

The Asthma UK Helpline - Here when you need us
0800 121 62 44 www.asthma.org.uk/helpline
9am–5pm, Monday–Friday

www.asthma.org.uk

Health & care information you can trust
The Information Standard Certified Member

HP2460414

ALLERGY ACTION PLAN

bsaci improving allergy care through education, training and research

RCPCH Royal College of Paediatrics and Child Health — Leading the way in Children's Health

Anaphylaxis Campaign

AllergyUK

This child has the following allergies:

Name: .....

DOB: .....

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... **(If vomited, can repeat dose)**

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

A AIRWAY
- **Persistent cough**
- **Hoarse voice**
- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

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

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

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

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

AFTER GIVING ADRENALINE:

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

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

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

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

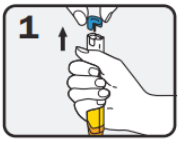
Signed: .....

Print name: .....

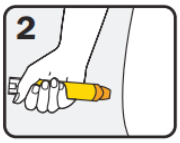
Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

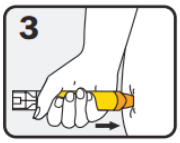
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

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

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

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

WICKERSLEY PARTNERSHIP TRUST

Medication Error & Near Miss Reporting Form (MP10)

Medication Error & Near Miss Reporting Form (MP10)		
1.	Level of Error	X
	(a) Major Error (incident resulting in major harm or death)	
	(b) Minor Error (no serious harm suffered)	
	(c) Near Miss (Error was avoided)	

School Details		
2.	School Name:	
	Address:	
	Telephone:	
	Headteacher:	

Person Completing This Form - Sign and Date at End of Form		
3.	Name:	
	Job Title:	

Person(s) Involved in the Incident		
4.	Name 1:	
	Job Title:	
	Name 2:	
	Job Title:	
	Name 3:	
	Job Title:	

Details of the Medication Error or Near Miss		
5.	Name of Child:	
	Date and Time Error Occurred:	
	Date and Time Error Discovered:	
	Details of the Error - Attach Separate Report if Necessary	

Health Professionals Involved with the Child/Young Person		
6.	GP:	
	Consultant:	
	Nurse:	
	Pharmacist:	

All Other Staff/Persons Involved in the Incident				
7.	Name:		Job Title:	
	Name:		Job Title:	
	Name:		Job Title:	
	Name:		Job Title:	
	Name:		Job Title:	
	Name:		Job Title:	

Who Was Contacted for Advice?						
8.	GP	Yes	No	NHS Direct	Yes	No
	Consultant	Yes	No	999/Ambulance	Yes	No
	Nurse	Yes	No	Parent	Yes	No
	Pharmacist	Yes	No			
	Time of Contact			Advice Received:		
	Time of Contact			Advice Received:		

Advice and Action				
9.	By Whom - Name and Contact Details		Time	
	Advice Given			
	Advice Taken			
	By Whom		Time	
	Advice Given			
	Advice Taken			

Who Has Been Informed About the Incident?				
10.				If No, Give Reasons
	Child	Yes	No	
	Parents/Person with PR	Yes	No	
	Other Carer	Yes	No	
	Chief Executive Officer (Must Alert If This Is a Major Error)	Yes	No	
	Health and Safety Executive	Yes	No	

	Name:	Job Title:	X
11.	Wrong Child		
	Wrong Quantity Given		
	Wrong Strength of Medicine Administered		
	Wrong Form of Medicine		
	Dose Omitted		
	Wrong Medicine Given		

	Medicine Out of Date		
	Recording Error		
	Medicine Given at Wrong Time		
	Medicine Refused/Staff Unable to Administer		
	Other		

12.	Cause of Incident	Detail	X
	Unclear Labelling Caused Confusion		
	Unclear Instructions Caused Confusion		
	Wrong Child Name		
	Product Out of Date		
	Interruptions		
	Child Refused		
	Staff Unable to Administer		
	Other Cause		

	Immediate Action to be Taken	X
13.	Investigation by Manager	
	Investigation by Health and Safety Officer	
	Investigation Under Complaints Procedure	
	Investigation by External Body	

	Action to Prevent a Recurrence	X
14.	Workplace Procedures/Systems Review	
	Workplace Training	
	Wider Procedures/Systems Review	
	Wider Training	

	Additional Notifications - Major Incidents Only	X
15.	Health & Safety Executive	
	Chief Executive Officer	
	OFSTED	

Name		Position	
Signed		Date	

Form Returns: Return al completed forms to email operations@wickersleypt.org.

Consent for a Student to Carry Medication in School (MP12)

I give consent for my child _____

Date of Birth: _____

Address:_____

_____

_____

Name of Medication:
Reason Why Child Needs to Carry This in School:
Procedures to be Taken in the Event of an Emergency:

I confirm that this agreement will continue until I instruct the school in writing for the agreement to cease.

By signing this consent form I agree and confirm that my child will adhere to the following requirements:

- My child will take full responsibility for the sale management of the medication while they are at school
- In cases of prescription medication, the medication is prescribed in the name of my child and clearly labelled
- The medication is for their sole use and will not be given to any other student

Name (PRINT):_____

Signature:_____ Date:_____

Relationship to the Student:_____

Record of Receipt by School

Name (PRINT):_____

Signature:_____ Date:_____

WPT MP13 Form

Record of monthly checks on medication held in school by Headteacher		
Month	**Signature to confirm checks completed**	**SMART actions**
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
July		