



WICKERSLEY
PARTNERSHIP
TRUST.

Medicines and Medical Needs Policy (Secondary)

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OWNED BY: Risk and Compliance Manager

APPROVED BY: Trust Board

WICKERSLEY PARTNERSHIP TRUST

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This policy does not form part of the contract of employment and from time to time may be altered following consultation and negotiations with recognised Trade Unions. Any changes will be communicated to employees with reasonable notice. The policy may vary from time to time on a case-by-case basis in consultation and agreement with Union Representatives.

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

2. 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. 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. 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 the Trust's 'Medicines and Medical Needs 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. Students Aged 18 Years

A proportion of the WPT student population are in sixth form and are adults. Where this policy requires consent from a parent / carer, those students who are adults can provide this consent. The only exception to this would be where the student had been assessed as not having capacity on the specific issue being considered.

6. How Schools Become Aware of a Student's Medical Needs

Prior to students starting school, and again at the start of each academic year, each school will request that parents / carers provide details of the following for their child:

- Existing medical conditions and diagnoses
- Existing healthcare issues
- Existing medications
- Self-care 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. Looked After Children will also have Initial and Review Health Assessments, which can be used to inform plans.

7. 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 student 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 allow prescription medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. 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. Prescription medication will only be accepted in the original container as dispensed by a pharmacist, with the prescriber's instructions for administration. This should be checked at the point that the parent / carer or student hands in 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.

8. Non-Prescription Medication

In certain circumstances, schools may provide a student with paracetamol for the purpose of pain relief. This can only be provided if parents / carers have given their consent. As part of the forms that parents / carers complete prior to their child starting at school, they will have had the option of providing this written consent through completing a **MP11 form**. This record needs to be checked prior to providing paracetamol.

If a parent / carer has provided prior consent for the school to give the student paracetamol, there is no requirement for the school to telephone the parent / carer before providing this. However, this does not preclude school staff from making this prior contact if they so wish.

Schools should consider this when a student requests paracetamol during the morning, as they could potentially have had a dose of paracetamol at home prior to school.

After a student has been given paracetamol it is important that an accurate record is made of this. To achieve this, a note must be made on the student's Bromcom file with the name of the staff member who gave the paracetamol, the time, the dosage and the reason why the student required it. Within the medical events section of the child's file on Brocom, a drop down header choice titled 'Paracetamol' has been created for this purpose. Parents / carers must always be informed that their child has had paracetamol (this does not apply to students who are aged 18 years). This can either be via a telephone call, email, text or notification through Bromcom.

By notifying parents / carers, the school is ensuring that parents / carers can make informed decisions about providing their child with paracetamol after school hours. This will ensure that parents / carers are able to adhere to the dosage guidance over a 24-hour period.

Prior to providing a student with paracetamol, staff need to ensure that they have checked the student's date of birth and follow dosage instructions on the packet. The packaging should be checked to ensure that it is in date. The student must take the medication in the presence of a staff member to ensure that they do not take this away with them.

Paracetamol is the only form of non-prescription medication that should be provided by schools for pain relief. It is possible, albeit uncommon, to be allergic to paracetamol. If a student is allergic and has a medical need for pain relief during school time, parents / carers need to source alternative medication on a prescription and provide this to the school in the same way that other prescription medication would be provided.

Should a student need access to any other non-prescription medication during school hours, such as over the counter medication for hayfever, the same **MP1 form** needs to be completed and signed as for prescription medication.

9. Storage of Medication and Record Keeping

For any prescribed or non-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. It is accepted that not all parents / carers will bring their child's medication into school in person and, instead, may choose to allow their child to do this. When this occurs, that same day, the school should send home a **MP1 form** and request that this is returned the following day. Whilst the school are waiting for the return of this form they are able to store and administer the medication. The school should contact parents / carers if they have any worries about what the student has presented.

Once the course of medication ends, a copy of the completed form needs to be placed on the student'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), commonly 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. If parents / carers do not collect out of date medicines, either in person or, where appropriate to do so, via their child, these medicines should be taken to a local pharmacy for safe disposal. 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 also 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 and the name of the staff member either administering or witnessing. If the student refuses the medication, the student's parent / carer needs to be informed immediately. A record of this notification to a parent / carer needs to be made.

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 student 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 student attends school in a taxi, then each person involved must be asked to sign.

If there are any doubts in relation to a drug or medicine being classed as controlled medicine, the government website link below can be used to check:

<https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>

For a student who is on a time limited course of medication, once their course ends the record of administration that has been kept in paper copy should be uploaded to their 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.

10. 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.

Where students self-administer (*self-administering means that the student personally prepares and takes their own medication after receipt from a staff member*), there should be one staff member present to check dosage and administration information. Where a student lacks the understanding and ability to play an active role in checking their own dosage and administration information, another member of staff should be present to witness and check alongside the first staff member. Each person present 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 and the student present.

As noted earlier in this policy, should specialist training be required, this will need to be sourced prior to the school administering medication. Where there is a health 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 student's GP should be contacted. Most students with acute health conditions will have named health 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 that 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 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. By knowing which students are particularly vulnerable in advance, all staff are better placed to respond in an emergency. This can be achieved by the staff member checking the flags on Bromcom.

In secondary schools most students will carry their own inhalers and adrenaline auto-injectors. 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, a **MP12 form** would need to be completed, should the parent / carer and school agree that this is safe to do so.

11. 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 health needs and may require medicines on a long-term basis or for those students who require medicines in particular circumstances. However, they can also be used for students in specific, short-term circumstances, such as those returning to school after a period of hospitalisation.

These plans are often written by health professionals and titled names 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 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 children or adults with special educational needs, although some students 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 student'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.

12. Asthma

Students with asthma need immediate access to their reliever inhalers when in school.

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. Parents / carers should be prompted to ensure that the student carries a copy of this in their school bag. Should a student have acute asthma or experience asthma attacks, parents / carers need to provide school with a copy of the asthma action plan. In these circumstances, if a parent / carer does not have a copy of an asthma action plan they should be encouraged to request this from their GP. 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 medical 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) for use if there is no specific existing asthma action plan.

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 acute asthma. This will include cover staff, supply teachers, student teachers and PE staff.

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.

Most students in secondary school will carry their own inhaler. Should circumstances arise where a student is not able to do this, or may be physically incapable of self-administering their inhaler, the student's individual asthma care plan should detail how these barriers will be overcome. Unlike in WPT primary schools, there is no requirement for a parent / carer to complete a **MP3 form** to allow the student to carry their own inhaler in school.

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 a 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 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**.

13. Allergies and Adrenaline Auto-Injectors (AAI)

For students with severe allergies, attending school can be a source of anxiety for both the student 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 student safe, remove any barriers to full participation in education and school life, and to reduce the anxieties of the student 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 students that they are teaching or supporting who have severe allergies. This will include cover staff, supply teachers, student teachers and PE staff.

Most students will carry their own AAI (commonly known as EpiPen's) in school. However, prior to them doing so the parent / carer and school must sign a MP4 form. Students should have access to two AAI when at school. This is because, in the event of the student not responding to the first AAI, a second AAI should be administered 5 minutes later. In some circumstances, it may be appropriate for the school to hold the second AAI or both AAI, for example, if the student has a disability which would prevent them from using the AAI in an emergency. This decision can be made through discussions with parents / carers and, where appropriate, the student.

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 kept by the school for quick reference. The student should also keep a copy in their school bag. 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. 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. If the school is to hold one of both of the student's AAIs, then these need to be easily located and retrievable 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. 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.

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 with a student who has 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.

14. 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 student's school. Younger students are likely to rely more on staff members in school for administering insulin. However, as students 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 student needs with diabetes management – what they can do themselves 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 student 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 student needs to eat meals and snacks, what help they need around meal or snack time, e.g. 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 student'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.

15. 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.

16. 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 undertaking 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 student 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.

17. 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. 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, students 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.

18. 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 by completing the report of an infectious illness / outbreak form.

<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>

19. 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 a 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.

20. 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 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.

21. 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.

22. 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 in its original packaging, with prescriber instructions
- All medication stored by the school does not 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 Risk and Compliance 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/>



Appendix B - 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):	
Is the medication classified as a controlled drug ? Y / N	
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 medication

Name: _____

Signature(s): _____

Date: _____



Appendix C - 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 Witnessing (Not Required If Child Self-Administers)	Signature of Child if Self-Administering



Appendix D - 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: _____



Appendix E – 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: _____



Appendix F - Consent for School to Administer the School's Own Inhaler on a Child (MP5)

I give consent for my 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: _____



Appendix G - 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: _____



Appendix H - 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:	



Family Contact Information

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, facilities, equipment or devices, environmental issues etc

Name of Medication, Dose, Method of Administration, When to be Taken, Side Effects, Contra-indications, Administered By/Self-Administered With/Without Supervision

Daily Care Requirements



Specific Support for the Students' Educational, Social and Emotional Needs

Arrangements for Educational Visits and School Trips

Staff Training Needed/Undertaken - Who, What, When



Appendix I - School Asthma Card

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.

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
<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>



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
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

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

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

Parent/carer's signature Date

Dates card checked by doctor or nurse

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

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



© 2014 Asthma UK. Registered charity number in England and Wales: 802364 and in Scotland: 900922

HP246014



WICKERSLEY
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Appendix K - Allergy Action Plan

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

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

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- 
- 2 Use Adrenaline autoinjector without delay (eg. EpiPen®) (Dose: mg)
 - 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- *** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

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

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

Emergency contact details:

1) Name: _____
 _____

2) Name: _____
 _____

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 AAI in schools.

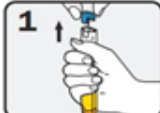
Signat: _____


Print name: _____


Date: _____

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

How to give EpiPen®

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

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

3  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: _____

Appendix J - Medication Error and 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	



11.	Name:	Job Title:	X
	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		

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

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



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

Name		Position	
Signed		Date	

Form returns: return all completed forms to operations@wickersleypt.org



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

I give consent for my child

Name: _____

Date of Birth: _____

Address: _____

To carry medication whilst in school.

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 safe 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: _____



Appendix L - 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		





Medicines and Medical Needs Policy (Secondary)