



Supporting Pupils with Medical Conditions Policy

(This Policy includes the necessary arrangements for EYFS)

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Supporting Pupils with Medical Conditions Policy

1 Introduction

The purpose of this policy and its implementation is to ensure that the Ascent Board of Trustees have arrangements in place to support all pupils across the Trust with medical conditions in a way which enables them to play a full and active role in Academy life, including Academy trips and physical education. This includes ensuring that staff members are adequately trained and capable of supporting pupils with medical conditions.

Ascent Academies' Trust understands that medical conditions can impact on children's ability to learn, their confidence, self-esteem and ability to care for themselves. We recognise that long term absences due to health problems affect children's educational attainment and impact on their ability to integrate with their peers; this has an effect on their general wellbeing and emotional health. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, also need to be effectively managed and appropriately supported to limit the impact on the child's educational attainment and general wellbeing.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be at greater risk of being bullied or develop emotional disorders such as anxiety or depression connected with their medical condition.

Ascent Academies' Trust appreciates that parents and carers of children with medical conditions can have concerns that their child's health may deteriorate when they attend the Academy. This may be due to conditions that affect the immune system, risk of infections and viruses, or deterioration in their health. It may also be because children with complex medical conditions may require on-going support, medication or care while at the Academy to help them manage their condition and keep them well. Other children may require emergency care if their condition unpredictably or rapidly deteriorates while they are in the Academy. Ascent Academies' Trust recognises that it is vital for parents to have confidence in the staff's ability to provide effective support for their child and that their child feels safe. This policy will ensure that health and social care professionals (where appropriate), pupils and parents are consulted to ensure that the needs of children with medical conditions are properly understood and effectively supported.

This policy should be read in conjunction with the following documentation and with individual Academy procedures as appropriate.

- Supporting Pupils at the Academy with Medical Conditions (DfE 2015)
- SEND code of practice: 0 to 25 years (DfE 2015)
- Academy Child Protection Policy
- Academy Safeguarding Adult Policy
- Ascent Equality and Diversity Policy
- Ascent Equal Opportunities Policy
- Ascent First Aid Policy
- Ascent Health & Safety Policy

- Ascent Complaints Policy
- Academy-specific Medication Procedures (Annex 1)

This policy applies to the Trust and to all individual Academies and should be read by all staff. It will be regularly reviewed and amendments can only be made following the approval of the Staffing and General Purposes Committee. Instances of non-compliance with this policy will be reviewed by the Head of Academy and may be reported to the Health and Safety Executive.

2 Aims

- To ensure all children with medical conditions are properly supported so they can play a full and active role in Academy life, remain as healthy as possible and achieve the highest standards.
- To focus on the needs of individual children with medical conditions so they can access and enjoy the same opportunities as other children, encouraging and educating pupils to manage their own medical needs (where appropriate)
- To seek, listen to and act appropriately the views of parents, carers and pupils with medical conditions
- To ensure parents and carers feel confident that the Academy staff will provide effective support for their child's medical condition and that all pupils feel safe
- To establish effective relationships with appropriate health services in order to seek and fully consider any advice they offer in supporting children with medical conditions
- To assign appropriately trained staff to manage medication in each Academy and adhere to set guidelines (specific to the Academy in which they work)

3 Policy Implementation

The Head of Academy is the person with overall responsibility for the implementation of this policy. This role will be fulfilled by working closely with dedicated trained staff, the school nurse and staff with responsibility for the administration of First Aid. The Head of Academy will ensure that a member of the Senior Leadership Team is responsible for the monitoring of staff training to ensure that this is in date and sufficiently supports the needs of the Academy.

In the event of staff absence, the Academy has arrangements in place for the administration of medication or treatment: a number of staff are trained and are familiar with the Academy procedures for administering medications. There are adequate staff members trained to use/oversee any specialist equipment. There are sufficient staff members appropriately trained to accompany Academy visits and residential visits whilst ensuring those who remain in the setting are still fully supported by trained staff.

Where children have conditions that may require emergency care (e.g. anaphylaxis), all key staff are trained in administering the appropriate medication and a care plan is readily available. Supply staff members covering classes where children have medical conditions are briefed on their medical needs.

Pupils with medical conditions have this clearly identified on their pupil profile record and on their individual risk assessment. Individual healthcare plans (IHCPs) are also

completed on entry to the Academy and are reviewed annually with parents and health professionals (where appropriate) or sooner if a change in medical need requires it.

4 Procedures

When the Academy is notified that a pupil has a medical condition, procedures to support their medical needs and have adequate staff support should be in place for the start of the relevant Academy term (see Appendix A). If the child has a new diagnosis or moves into the Academy mid-term, then arrangements for an IHCP should be in place within 2 weeks.

If a pupil is awaiting a new diagnosis or their medical condition is unclear, then interim support measures can be implemented providing this involves some form of medical evidence and consultation with parents.

5 Role of the IHCP

The Board of Trustees should ensure that IHCPs are reviewed at least annually or earlier if evidence is presented that the child's medical needs have changed. They should always be developed with the child's best interests in mind and ensure that the Academy assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption to the learning.

The format of the IHCP may vary between Academies and the level of detail within plans will depend on the complexity of the child's condition and degree of support needed. Plans should be drawn up in partnership between the Academy, parents, and must involve a relevant healthcare professional, with pupil involvement where appropriate. IHCPs should be accessible to all who need to refer to them, whilst preserving confidentiality.

6 Roles and Responsibilities

Ascent Academies' Trust accepts that it must work in collaboration with a range of partners to ensure the needs of pupils with medical conditions are met effectively.

6.1 The Board of Trustees

Trustees must make arrangements to support pupils with medical conditions in each Academy, including ensuring that a policy for supporting pupils with medical conditions in the Academy is implemented appropriately. They should ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions.

6.2 The Head of Academy

The Head of Academy is responsible for ensuring that all staff (whether Academy or agency) are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Head of Academy should ensure that all staff members who need to know are aware of the child's condition and that sufficient numbers of trained staff are available to implement the policy and are aware of any emergency procedures as detailed in the IHCP.

The Head of Academy has overall responsibility for the development of individual healthcare plans. They will also ensure that Academy staff are appropriately insured to support pupils in this way. They will contact the school nursing service in the case of any

child who has a medical condition that may require support at the Academy, but who has not yet been brought to the attention of the school nurse.

6.3 Academy Staff

Any member of staff working within the Academy may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. Academy staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Class staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

All Academy staff engaged in the care of pupils need to exercise caution in the use of physical contact. The expectation is that staff will work in a 'limited touch' culture and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. A second staff member will always be present where intimate procedures need to be followed and appropriate protection (e.g. gloves, apron) must be worn. Staff will protect the dignity of the pupil at all times wherever possible, even in emergency situations.

6.4 Parents/Carers

Parents/carers should provide the Academy with sufficient up-to-date information about their child's medical needs. They may in some cases be the first to notify the Academy that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's IHCP and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

6.5 Pupils

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

6.6 School Nurse

Every Academy has either access to school nursing services or a nurse based on site. They are responsible for notifying the Academy when a child has been identified as having a medical condition which will require support in the Academy. Wherever possible, they should do this before the child enrolls with the Academy. The school nurse would not usually have an extensive role in ensuring that the Academy is taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's IHCP and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

6.7 Other Healthcare Professionals

General Practitioner's (GP's), paediatricians and other healthcare professionals should notify the school nurse when a child has been identified as having a medical condition that will require support at the Academy.

They may provide advice on developing IHCPs. Specialist local health teams may be able to provide support in the Academy for children with particular conditions (e.g. asthma, diabetes, epilepsy).

6.8 Local Authority (LA)

Under Section 10 of the Children Act 2004, the LA has a duty to promote co-operation between relevant partners such as Academies, clinical commissioning groups and NHS England. This is with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. LAs should provide support, advice and guidance, including suitable training for Academy staff, to ensure that the support specified within IHCPs can be delivered effectively. LAs should work with the Academy to support pupils with medical conditions to attend full-time.

7 Staff Training and Support

The Head of Academy is responsible for delegating a member of the Senior Leadership Team to coordinate the Academy's Continuing Professional Development (CPD) and will schedule relevant whole Academy training as appropriate and ensure this is in date. Only trained staff are able to administer medication or conduct a medical procedure. Staff who are not appropriately trained and are working with students that require medical procedures should report to the CPD Lead to arrange relevant training.

The school nursing team or relevant healthcare professional will inform the Academy of pupils with medical conditions and facilitate or provide advice on training of Academy staff in appropriate procedures of medical care. Training will be identified during the development or review of the IHCP. A first-aid certificate **does not** constitute appropriate training in supporting children with medical conditions.

Training will be sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions. They will have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. The relevant healthcare professional can provide confirmation of staff proficiency.

8 Arrangements for Children

The IHCP will reflect if the pupil is considered competent to take responsibility for managing their own medicines and procedures.

Wherever possible, if the pupil is considered competent to take responsibility for managing their own medicines and procedures, they should be supported and allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. These children will require an appropriate level of supervision. If this is not appropriate, relevant staff will help to administer medicines and manage procedures as directed in the IHCP. Actions to take if a child refuses medication or a medical procedure, including informing the parent/carer, will also be agreed in the IHCP.

9 Managing Medicines

Medicines should only be administered in the Academy when it would be detrimental to a child's health or Academy attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken at home. Medication will only be accepted in its prescribed packaging, clearly identifying student name, date of birth, prescribed drug, dosage and times to be administered.

Medication coming into the Academy must be handed to the designated member of staff who must take it to the medical room, store it securely and record it. Medication leaving the Academy must be handed to directly to a parent/carer, taxi driver or escort.

The designated staff member should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which is generally available inside an insulin pen or a pump, rather than in its original container. The expiry date must be checked. Written records are kept of all medicines administered to children. Medicines no longer required are returned for safe disposal. For individual academy arrangements please refer to Annex 1.

All medicines including controlled drug medicines with a Class B classification such as Methylphenidate (Ritalin, Concerta and Equasym) must be stored safely, locked in the medical cupboard. Medication taken on an educational trip, including controlled medicines must be transported and kept in a locked container and administered by a member of staff qualified to administer medication. If appropriate, children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available. This is particularly important when outside of the Academy e.g. on visits.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) known as Epi-Pen devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The school's spare Epi-pen should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare Epi-pen has been provided.

The school's spare Epi-pen can be administered to a pupil whose own prescribed Epi-pen cannot be administered correctly without delay.

An anaphylactic reaction always requires an emergency response

Any Epi-pens held by a school should be considered a spare / back-up device and not a replacement for a pupil's own Epi-pens. Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an Epi-pens should carry two of the devices at all times. This guidance does not supersede this advice

from the MHRA,¹ and any spare Epi-pens held by a school should be in addition to those already prescribed to a pupil (see individual pupil IHCP and Annex 1 for individual Academy arrangements)

Sharps and Epi-pen – all sharps or lancets must be disposed of in a sharps bin, located within the medical room, immediately after use. Epi-pen emergency medication must only be administered by staff with current Epi-pen training.

Pupil's should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty), (see individual pupil IHCP and Annex 1 for individual Academy arrangements)

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed by the designated staff member.

Appropriate trained staff may administer a controlled drug to the child for whom it has been prescribed. This will do so in accordance with the prescriber's instructions. The Academy will securely store controlled drugs in a non-portable container and will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. This must always be witnessed and countersigned by a second person who assumes equal responsibility for stock checks and balances including the amount of controlled drug administered and remaining amount held. This must be recorded in the 'controlled drug book'. Any side effects of the medication to be administered at the Academy should be noted.

10 Covert Administration of Medication

10.1 Disguising medicines in food or drink is generally not permitted.

10.2 In exceptional circumstances, covert administration of medicines (disguising medicines in food or drink) may be necessary but is only lawful (in accordance with the Mental Capacity Act 2005) where the individual lacks capacity and it is in the individual's best interest. Before covert administration of medicines can proceed, the medication administrators must have the agreement including written support to administer covert medication set out below.

10.3 Considerations for covert administration of medicines are as follows:

- The individual's best interests are considered at all times.
- The medication is essential for the individual's health and well-being
- The decision to administer a medicine covertly should be a contingency measure after an assessment of the individual
- Parents, carers' and the multidisciplinary team (including the prescriber and pharmacist) should be involved in the decision
- The method of administration should be agreed with the GP and pharmacist

10.4 The decision, action taken and details of all parties concerned must be documented in the students' individual healthcare plan (IHCP) and reviewed at appropriate intervals. The process for covert administration is as follows

- An assessment of the person's mental capacity should be undertaken to make a specific decision about their medicines
- The senior leader with responsibility to oversee medication should seek advice from the prescriber about other options e.g. whether the medicine could be stopped
- A best interest meeting must be held to agree whether giving medicines covertly is in the person's best interest
- The senior leader with responsibility to oversee medication must record any decisions and state who was involved with the decision making process
- The senior leader with responsibility to oversee medication must ensure that this record be kept securely and decide who has access
- The senior leader with responsibility to oversee medication must seek advice from the Pharmacist to plan how the medicines can be given covertly
- The GP must provide authorisation and the senior leader with responsibility to oversee medication must provide clear instructions in the support plan.
- The senior leader with responsibility to oversee medication must ensure the staff are trained and assessed as competent to give the medicine covertly
- The senior leader with responsibility to oversee medication must set a date to review the decision to give medicines covertly

10.5 It should be noted that if a student requests that their medication is added to food or drink, this is not "covert" as they are fully aware. Advice should be sought from the Pharmacist to ensure it is appropriate to mix the specific medication in the proposed food/drink to ensure the delivery method will not alter the uptake, dosing or efficacy of the medication.

11 Emergency Procedures

Individual healthcare plans (IHCPs) clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils should also know what to do in general terms, such as informing staff immediately if they think help is needed.

If a child needs to be taken to hospital, staff will accompany the child and stay with them until the parent/carer arrives.

If a child has a 'Do not attempt to resuscitate' (DNAR) plan, the plan must be kept with the child at all times. The Head of Academy must be informed of such plans. The DNAR plan must be handed to the ambulance crew should an emergency arise.

12 Hygiene/Infection control

Staff should follow basic hygiene procedure. Staff should use protective disposable gloves and take care when dealing with blood or other body fluids and disposing of dressing or equipment

13 Academy Trips and Visits

Ascent Academies' Trust actively supports pupils with medical conditions to participate in Academy trips or visits and in sporting activities. The Academy will make arrangements for the inclusion of pupils in such activities with any adjustments as required, unless evidence from a clinician advises against it.

Teachers must be aware of how a child's medical condition will impact on participation in day trips and residential visits. A full risk assessment is carried out for all visits and signed by the External Visits Coordinator (EVC). Individual pupil risk assessments and the IHCP are consulted to ensure that medication or medical procedure is appropriately managed and that pupil safety is paramount on visits.

Medicines on Residential Visits

Occasionally it may be necessary to administer non-prescription medicines i.e. paracetamol, to pupils suffering acute pain from things like migraine, period pain, toothache. Parents must give written consent prior to the residential visit using a, 'Parental agreement for setting to administer medicine' form before non-prescription medication can be given. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form.

The Ascent Academies Trust will keep its own supply of standard paracetamol tablets for administration to pupils during a residential visit. The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring paracetamol (or other types of painkillers) on the residential visit for self-administration.

14 Errors in the administration of medication

The Ascent Academies Trust expects staff to report any errors openly, honestly and promptly with the safety of the students being the paramount concern. Whenever an error is reported a comprehensive assessment shall take place. It shall consider in full the context and circumstances surrounding the incident. Lessons learned will be disseminated to improve the knowledge base of colleagues and improve practice.

15 Missed or delayed administration of medication

Delayed and omitted doses of medicines pose a threat to the wellbeing of our students and

should be avoided wherever possible. A 'Missed Dose' is a scheduled dose of a medication that a student does not receive. A delayed dose is a dose of a medication given in excess of 2 hours of the scheduled time. In both instances staff should report this directly to the head or most senior member of staff on site. Medical advice and support must be sought as soon as possible and parents informed. The priority should always be to assess the students' condition and take necessary actions to reduce risks.

16 Unacceptable Practice

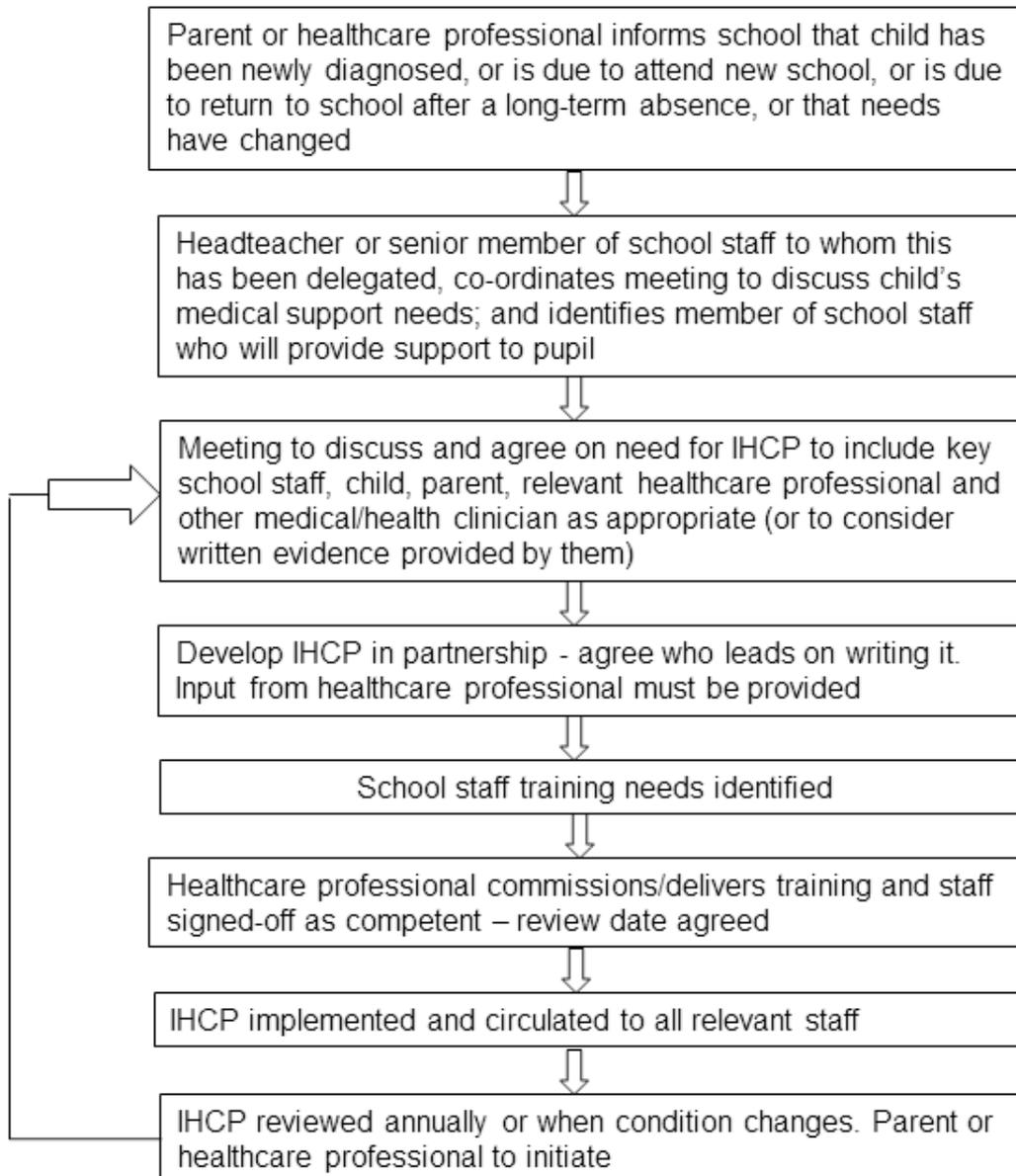
Ascent Academy staff will use their discretion and judge each case on its merits with reference to the child's IHCP. It is not regarded acceptable practice to:

- prevent children from easily accessing their inhalers or medication or administer medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although the Academy may challenge this);
- send children with medical conditions home frequently for reasons associated with their condition or prevent them from staying for normal Academy activities, including lunch, unless this is specified in their IHCP;
- send ill students to the Academy office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged to attend the Academy to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the Academy is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of Academy life, including trips or visits, where it is appropriate and would not cause the child harm.

17 Complaints

Should parents/pupils be dissatisfied with the support provided they should discuss concerns directly with the Head of Academy. If for whatever reason this does not resolve the issue, they may make a formal complaint via the Ascent Academies' Trust Complaints Policy.

Appendix A
Model process for developing Individual Healthcare Plans



Annex 1 – Ash Trees Academy

Policy Implementation	
Named Head of Academy:	Graeme Musson
Named Senior Leader Responsible for Monitoring of Staff Training:	Lauren Banks (Deputy Head – Health and Safety Responsibility)/Rebecca Dargan (Deputy Head – CPD)
Named Medication Lead:	Karen Husband (Level 4 Teaching Assistant Rievaulx Avenue)/Matthew Chisholm (Behaviour Lead Bowes Road)

Procedures

Individual Healthcare Plan (IHCP) and review arrangements	<p>Paperwork to be sent home via class teacher for any pupils with a significant and/or complex medical issue. Examples of this include: asthma, epilepsy (particularly where requiring emergency medication), anaphylaxis (particularly where epi-pen is required), any pupils who require tube feeding, pupils who require respiratory suction and any other complex medical need (this list is not exhaustive). Academy staff contribute towards this alongside families to ensure information is accurate for individual pupils. Academy staff will follow the guidance of medical professionals to ensure IHCPs are supportive and will work alongside the following professionals:</p> <p>Community Nurses, Dieticians, Epilepsy Nurses, LDCAHMS, Supervising Consultants that support individuals, Feeding Nurse Specialists, School Nursing Team etc. All plans are reviewed on regular basis in line with needs/changes in status.</p>
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Staff Training and Support

Named Staff trained in the Administration of Medication	<p>Mel Playfor, Karen Husband Becky Barraclough Matt Chisholm Lauren Banks Victoria Fenby Samantha Thompson Bernie Dawson Nicola Maddren</p>
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Absence arrangements:

Senior leaders and phase leaders are notified of absences and alternative arrangements are made within phase for the administration of medication for individual pupils where required. Medication notes are stored within the medication file in the cupboard in the medical room.

Named Staff trained in
First Aid

Matt Chisholm
Samantha Slack
Vicky Salas-Davison
Pauline Cowley
Dawn Lakey
Mel Easton
Becky Barraclough
Mel Playfor
Laura McBride
Lauren Wilson
Arran Lock
Bernie Dawson
Christina Bradburn
Alia Rashid
Eleanor Bakes
Sophie Morgan
Emma Burnett
Karen Husband
Sam Thompson
Emma Goodwin
Elspeth Fox
Vicky Palmer
Sally Adamson
Danielle Briggs
Shannon Taylor

Named Staff trained in
Emergency Care procedures

All staff working with pupils are given training in Epi-Pen awareness and Epilepsy training (covering the administration of emergency medication).

Arrangements for Children

At present, the school have no pupils who administer their own medication e.g. inhalers. If a child presented with an emergency medication and were capable of administering their own medication, a risk assessment would be completed in conjunction with the child, families, academy staff and professionals (where appropriate).

Managing Medicines

Location of Medical Room and Medication Cabinet: Bowes Road Site in a locked medical room. Medication that requires refrigeration is in a locked refrigerator.	
How/where is medication administered:	Generic medication is administered, within the medical room on either site. The appropriate paperwork must be completed by staff with relevant counter-signatory available to check that the medication has been administered as stated (Appendix 2). Staff should be trained in the administration of medication appropriately. Individual pupils who require controlled medication may be given their medication in an annex adjacent to their classroom provided the guidance in the attached risk assessment is adhered to. (Appendix 3). All paperwork can be located in the Managing Medications folder within Staff Shared area of the academy's network.
How/where do children access responsive/emergency treatment (e.g. inhalers):	All located within classrooms within easy reach of staff but where pupils are unable to access. They must be able to be accessed quickly in an emergency.
Arrangements for medication coming in/out of the Academy:	Forms - see attached - must be completed (Appendix 4) by parents/carers prior to any medication being administered. Where a controlled drug is required, a separate form is required (Appendix 5). On arrival into school, medication can be handed to a member of school based staff (business support/teaching assistant, teacher) who must sign the appropriate paperwork (Appendix 7) and hand to a person appropriately trained in the administration of medication for safe storage. Both parties should sign the form (Appendix 7) and ensure that Passenger Assistants/Parents sign to say that the medication has been taken home at the end of the day.
Disposal Arrangements for expired/remaining medication:	Remaining/expired medication is to be returned to parents/carers. This must be handed to a member of staff acting as passenger assistant or directly to parents/carers. Controlled drugs are returned in a locked container which holds a book detailing the quantity remaining. This is signed by passenger assistants/parents or carers as well as school staff.

Emergency Procedures

<p>How are emergency symptoms and procedures shared with staff?:</p>	<p>All pupils with emergency medication have a care plan in place detailing how to manage an emergency situation.</p> <p>All pupils with medical conditions are shared with staff at the beginning of the academic year in a paper document and are available on the staff room wall (Appendix 5).</p> <p>Updates are provided in briefings and documented on academy online calendar for those staff who are not present in briefings.</p>
<p>DNAR plans and location:</p>	<p>No pupils currently identified</p>

School Trips and Visits

<p><i>Off-site (visits and residential) Medication Arrangements:</i></p>	<p>Day visit – medication required to be administered during a day visit is taken in a locked box with the key kept separately, medication is signed out and then signed back into school. Medication is administered by two medically trained members of staff.</p> <p>Residential visits – Parents bring medication required for the duration of the trip into school prior to the residential and sign the medication for the trip over using the authorisation for the administration of medication form. Medication required to be administered during the residential visit is taken in a locked box with the key kept separately. Medication is administered by two medically trained members of staff.</p>
<p>EVC’s consultation of Individual Risk Assessments and IHCPs:</p>	<p>EVC process checks that all relevant medical information is considered as part of the whole group risk assessment and that it is recognised which pupils require medication on the visit. EVC is a member of SLT.</p>
<p>Staff Medication:</p>	<p>Staff should at no point leave medication for their own personal use in hand bags or any other area of a classroom. They must be in a locker and in a limited amount that covers the period of the same working day or an emergency.</p>

Annex 1 – Barbara Priestman Academy

Policy Implementation	
Named Head of Academy:	Rachel Hargreaves
Named Senior Leader Responsible for Monitoring of Staff Training:	Carolyn Bird
Named Medication Lead:	Gilda Gott

Procedures

Individual Healthcare Plan (IHCP) and review arrangements	Through the annual review process, Carolyn Bird (DHT) and Gilda Gott (IHCP lead) in conjunction with school nurse for verification of information.
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Staff Training and Support

<p>Named Staff trained in the Administration of Medication</p> <p>In the absence of Gemma or Gilda there is a rota displayed on the medical room door of staff who are trained to administer medication.</p>	<p>Gemma Thorp and Gilda Gott, Joanne Kirtley, Daniel Wilson, Laura Murray, Aimee Patterson, Mark McNichol, Dave Atkinson, Emma Dipper, Natalie Preece,</p>
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Named Staff trained in First Aid	Gemma Thorp and Gilda Gott, Joanne Kirtley, Daniel Wilson, Laura Murray, Aimee Patterson, Mark McNichol, Dave Atkinson, Emma Dipper, Natalie Preece, Carolyn Bird, Craig Davison, Kim Wood
Named Staff trained in Emergency Care procedures	<ul style="list-style-type: none"> • All members of staff are trained in emergency procedures to support the 5 students that have emergency medication in school. • We have emergency inhalers available throughout the school and emergency epi-pens. • Emergency medication may only be used if written consent has been provided from parents/carers.

Arrangements for Children

We only have 5 students in school who manage their own medication. They keep their Salbutamol inhalers on the person and use them when required, staff who work with them at the time are responsible for monitoring and recording after every use.

Managing Medicines

Location of Medical Room and Medication Cabinet:

Medication is stored in the medical room within key stage areas which is locked then put inside a locked cabinet. Controlled drugs are triple locked, they are stored in individual locked tins, inside the cabinet, inside the medical room. Each student on medication has their own metal box to store their medication in with their name and photograph clearly labelled on the front of each box.

How/where is medication administered:

- We have 13 students who take medication during the school day, 9 of which are on controlled medications.
- Each student will take their medication in their key stage medical room at specific times. 2 trained admin of medication staff will administer and record the procedure. The recording from the previous day is checked prior to giving medication to ensure we have the correct amount of medication remaining. Then the medication is administered to the student. The date, name of medication, time, amount of medication given, and amount left is then recorded on the students individual sheet, then both members of staff sign the sheet. Every student has their own sheet with their details recorded and photograph on the front.

<p>How/where do children access responsive/emergency treatment (e.g. inhalers):</p>	<ul style="list-style-type: none"> • We have 2 students that have emergency medication which is stored in the main site office for access reasons, and 2 students who have emergency medication which is stored in the main office on the sixth form site for access reasons. This medication is in a locked cupboard and the office staff control the signing in and out procedures. • The medication is signed out and taken with the student's every time they leave the school building and signed in when they return. Every member of staff in school is trained to administer this emergency medication.
<p>Arrangements for medication coming in/out of the Academy:</p>	<ul style="list-style-type: none"> • All medication is brought into school by parents or carers and handed over to any of the named trained members of staff. A suitable trained member of staff checks the medication with the person bringing it into school and the paperwork is completed and signed before they leave. • Medication is signed into the academy by a medication trained member of staff and checked and recorded on a whole school incoming medication form, this is signed by parent, medication staff and a member of SLT. • All medication must be labelled with the accurate and up to date prescription label for the pupil. Medication will not be accepted without this. • All inhalers are stored in a designated cupboard in the staff room, so all staff have easy access. There is a recording file for the inhalers to record every use and every time they are taken out of the cupboard and returned.
<p>Disposal Arrangements for expired/remaining medication:</p>	<ul style="list-style-type: none"> • All medication is returned back to parents/ carers or to the chemist at the end of every term. No medication is kept in school during holiday periods. • If medication is not picked up by parents, it is recorded and taken to the local chemist who sign and date the record.

Emergency Procedures

How are emergency symptoms and procedures shared with staff?:	<ul style="list-style-type: none">• Emergency procedures are shared through IHCP's• Emergency procedures are shared on a regular basis through emails to all staff, morning briefing meetings and talking to the specific people involved.
DNAR plans and location:	<ul style="list-style-type: none">• This information is included in the IHCP's which are locked in the medical room.

School Trips and Visits

<i>Off-site (visits and residential) Medication Arrangements:</i>	<ul style="list-style-type: none">• Day visit – medication required to be administered during a day visit is taken in a locked box with the key kept separately, medication is signed out and then signed back into school. Medication is administered by two medically trained members of staff.• Residential visits – Parents bring medication required for the duration of the trip into school prior to the residential and sign the medication for the trip over using the authorisation for the administration of medication form. Medication required to be administered during the residential visit is taken in a locked box with the key kept separately. Medication is administered by two medically trained members of staff.
EVC's consultation of Individual Risk Assessments and IHCPs:	<ul style="list-style-type: none">• EVC process checks that all relevant medical information is considered as part of the whole group risk assessment and that it is recognised which pupils require medication on the visit. EVC is a member of SLT.

Annex 1 – Hope Wood Academy

Policy Implementation	
Named Head of Academy:	Adele Pearson
Named Senior Leader Responsible for Monitoring of Staff Training:	Victoria Gorton
Named Medication Lead:	Amanda Macbeth

Procedures

Individual Healthcare Plan (IHCP) and review arrangements	Overall responsibility lies with DHT Pastoral, reviewed through the annual review process by teachers, department leads provide QA check in conjunction with school nurse for verification of information.
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Staff Training and Support

Named Staff trained in the Administration of Medication	Amy Finlay	Andrea Chambers
	Ann Marshall	Casey Milner
	Beta Baki	Chloe Allan
	Andrea Gowland	Donna Davies
	Claire Fahey	Hayley Robinson
	Diane Roebuck	Kate Fisher
	Gaynor Scollen	Leah Morrison
	Hayley Owens	Nicola Wilson
	Janice Clarke	Hannah Pearson
	Keeley Steel	Shui Chan
	Audrey Hepworth	Tracey Smith
	Laura Parker	Victoria Humble
	Claire Major	Faye Spanton
	Mandie Macbeth	Emma Ridley
	Marie Garside	Jeff Walker
	Nicola Bell	Kate Morris
	Pete Harrison	Gary Knapper
	Rachel Masters	Suzanne Carr
	Richard Dunn	Tracey Parkin
	Katherine Myers	Sue Bishop
	Stephanie Gilling	Angela Bentham
Joanne Thomas	Gaynor Scollen	
Louise Wilson		

Absence arrangements:

Trained member of staff is called upon. Rota system is in place. Sufficient trained members of staff to cover absences.

Named Staff trained in Paediatric First Aid

Paediatric First Aid

Angela Bentham
Beta Baki
Chloe Allen
Faye Spanton
Gaynor Scollen
Kate Fisher
Kate Morris
Marie Garside
Wendy Tempest
Leah Morrison
Suzanne Carr
Louise Wilson
Michelle Broad

Emergency Paediatric First Aid

Andrea Chambers	Tracey Parkin
Andrea Gowland	Richard Dunn
Claire Fahey	Rhona Docerty
Claire Leckenby	Laura Naitby
Faye Spanton	Tracey Smith
Hayley Owens	Kieran Davies
Leoni Thompson	Hayley Robinson
Mandie Macbeth	Joanne Thomas
Mike Finlay	Jeanette Beha
Nicola Wilson	Emma Hughes
Shui Chan	Lauren Naylor
Stephanie Gilling	Lesley Paul
Lola Saunders	Sue Bishop
Christine Godfrey	Susan Teasdale

Named Staff trained in Emergency Care procedures

Level 3 first aid at work

Louise Wilson
Diane Roebuck
Leah Morrison
Karlle Treadgold
Andrea Chambers
Suzanne Carr

Emergency first aid at work

Jean Crennell	Donna Davies
Kate Fisher	Claire Leckenby
Amanda Macbeth	Leoni Thompson
Rachel Masters	Amy Finlay
Gaynor Scollen	

Arrangements for Children

Salbutamol inhaler carried with child, class LSA who would monitor and record when child takes inhaler.

EpiPen – kept in school office, self-administered if possible under the supervision of a member of staff.

Managing Medicines

Location of Medical Room and Medication Cabinet: medical room located behind main school office. Locked medical cabinet in medical room for Secondary pupils, within class bases for EYFS and Primary pupils and within 6th form office on 6th form site

How/where is medication administered:

- Secondary department within the medical room.
- EYFS and Primary pupils within classes within the locked medical cabinet.
- 6th form department within main office on 6th form site
- Medication is administered and checked by two members of staff who sign the individual pupil medication form.
- Lockable fridge located in medical room

How/where do children access responsive/emergency treatment (e.g. inhalers):

- children are required to inform (where possible) a member of staff who will access emergency meds. Pupils who are unable to anticipate their own medical needs rely on the staff who are working with them to anticipate their medical needs (i.e. in the case of a seizure)

Arrangements for medication coming in/out of the Academy:

- all medication is brought into school by a parent/carer
- if not possible for a parent/carer to bring it in then it will be accepted by a taxi escort in a secure locked box with the key kept separately from the box
- Under no circumstances should the pupil be in possession of medication.
- Medication is signed into the academy by a medication trained member of staff and checked and recorded on a whole school incoming medication form and also an individual authorisation for administration of medication form, this is signed by parent, medication staff and a member of SLT.
- All medication must be labelled with the accurate and up to date prescription label for the pupil. Medication will not be accepted without this.

Disposal Arrangements for expired/remaining medication:

- Parents are contacted to pick up medication at the end of each term. If medication is not picked up by

	parents, it is recorded and taken to the local chemist who signed and date the record.
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Emergency Procedures

How are emergency symptoms and procedures shared with staff?:	<ul style="list-style-type: none"> • Emergency procedures are shared through IHCP's • Communication through whole school briefing, primary and secondary briefings.
DNAR plans and location:	No pupils currently identified

School Trips and Visits

<i>Off-site (visits and residential) Medication Arrangements:</i>	<ul style="list-style-type: none"> • Day visit – medication required to be administered during a day visit is taken in a locked box with the key kept separately, medication is signed out and then signed back into school. Medication is administered by two medically trained members of staff. • Residential visits – Parents bring medication required for the duration of the trip into school prior to the residential and sign the medication for the trip over using the authorisation for the administration of medication form. Medication required to be administered during the residential visit is taken in a locked box with the key kept separately. Medication is administered by two medically trained members of staff.
EVC's consultation of Individual Risk Assessments and IHCPs:	<ul style="list-style-type: none"> • EVC process checks that all relevant medical information is considered as part of the whole group risk assessment and that it is recognised which pupils require medication on the visit. EVC as a member of SLT.

Annex 1 – Portland Academy

Policy Implementation	
Named Head of Academy:	Sharon Common
Named Senior Leader Responsible for Monitoring of Staff Training:	Steve Murphy/ Grace Banks
Named Medication Lead:	Steve Murphy

Procedures

Individual Healthcare Plan (IHCP) and review arrangements	Through the annual review process, Steve Murphy/Karen Hart (IHCP lead) in conjunction with school nurse for verification of information.
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Staff Training and Support

Named Staff trained in the Administration of Medication	Jan Rose Gemma Williamson Andrea Naitby Joyanna Baff Grace Banks Lisa Etherington
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Absence arrangements:

Trained member of staff is called upon. Rota system is in place. Sufficient trained members of staff to cover absences.	
Named Staff trained First Aid	Richard Hyslop Rachel Brown Tracey Knowles Peter Clark Sue Mason Susan Houlden Mark Bowley Stephanie Bates Kylie Tough Olson
Named Staff trained in Emergency Care procedures Specialist School nursing Team- Julie Bennett	<ul style="list-style-type: none"> • All members of staff are trained in emergency procedures to support the students that have emergency medication in school. • We have emergency inhalers available throughout the school and emergency epi-pens. • All staff are trained in the use of the emergency medication. • Emergency medication may only be used if written consent has been provided from parents/carers.

Arrangements for Children

No children within Portland Academy currently administer their own medication without supervision from a trained member of staff. Medication is currently given by Specialist School Nursing Team to children who require medication at planned times throughout the day.

Managing Medicines

Location of Medical Room and Medication Cabinet: Location of Medical Room and Medication Cabinet: A medication cabinet is currently located in the Medical Room which is based in the Sensory Corridor.

How/where is medication administered:

A number of children educated in the sensory corridor who have complex/additional needs receive medications in the classroom, either orally or via enteral routes i.e. a gastrostomy button/ naso-gastric tube.

Other children attend the medical room at certain times of the day to receive medication.

How/where do children access responsive/emergency treatment (e.g. inhalers):

Currently responsive medication /treatment is given in the medical room by the specialist school nurse. Emergency Treatment is given where required. Emergency medications i.e. Midazolam are currently kept within a secure cupboard in the classroom close to the child.

Children's EpiPens should go wherever the child is. EpiPens should be kept with a responsible member of staff or the child if they are deemed competent.

Salbutamol inhalers should be in easy reach of a child at all times and not locked in a cupboard.

Arrangements for medication coming in/out of the Academy:

- All medication is passed from adult to adult and handed over in person to the school nurse who will lock medication in the medical room.
- Medication is checked to ensure it has been prescribed and a

	label clearly shows the students name and the dose prescribed.
Disposal Arrangements for expired/remaining medication:	Medications that have expired or are unused are returned back to the family home for disposal.

Emergency Procedures

How are emergency symptoms and procedures shared with staff?:	This is achieved through robust training and observation of the child over time to recognise what is normal and abnormal for the child.
DNAR plans and location:	<ul style="list-style-type: none"> • DNAR plans are put in place by Consultant Paediatrician. • All plans are to be kept with the child at all times. Plans are kept in a yellow envelope. • School staff should make themselves familiar with the plans and what they are required to do.

School Trips and Visits

Off-site (visits and residential) Medication Arrangements:	<ul style="list-style-type: none"> • Day visit – medication required to be administered during a day visit is taken in a locked box with the key kept separately, medication is signed out and then signed back into school. Medication is administered by two medically trained members of staff. • Residential visits – Parents bring medication required for the duration of the trip into school prior to the residential and sign the medication for the trip over using the authorisation for the administration of medication form. Medication required to be administered during the residential visit is taken in a locked box with the key kept separately. Medication is administered by two medically or competent trained members of staff.
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EVC's consultation of Individual Risk Assessments and IHCPs:

- EVC process checks that all relevant medical information is considered as part of the whole group risk assessment and that it is recognised which pupils require medication on the visit. EVC as a member of SLT.