



Federation of Cherry Oak School, Victoria School and Victoria College

Policy for Supporting Students with Medical Conditions and Managing Medicines 2023-2024

THE POLICY:

This policy is based on the most recent government advice “[Supporting Students with Medical Conditions](#)” (DfE - August 2017), and “[The Administration of Medicines in Schools and Settings](#)” (BCC – February 2018), guidance from local Health Services, professional associations.

The Federation of Cherry Oak School, Victoria School and Victoria College adheres to the duty as stated in the Children and Families Act 2014 that students with medical conditions will have the same right of admission to our schools as other students and will not be refused admission or excluded from school on medical grounds. Appropriate levels of assessments will be undertaken to establish and determine what support students with medical conditions require. This will be done in partnership with families, Health and Care professionals. This is consistent with the United Nations Convention on the Rights of the Child, Article 24 which states that all children and young people have the right to good quality health care.

The prime responsibility for a student’s health rests with parents. It is anticipated that parents will ensure that appropriate information is provided to the setting, enabling efficient management and a good understanding of their child’s medical condition; this includes working in partnership in the management of any medicines administered at school. The Federation takes advice and guidance from a range of sources, including the School Nursing Service, Paediatric Consultants, and other Health and Care professionals in addition to the information provided by parents in the first instance. This enables us to effectively manage health supports to minimise any disruption to learning.

Key Personnel

The designated person(s) (medical needs coordinators) with overall responsibility to implement this policy are:

Headteacher (Cherry Oak School)

Head of School (Victoria School)

Head of College (Victoria College)

The Governor with specific responsibility to oversee the arrangements to support students with medical conditions is: Kristin Sanders

The Trustee with specific responsibility to oversee the arrangements to support students with medical conditions is: Sadie Bolton

They are assisted in this task by the Pastoral Care staff in the Senior Leadership Teams. They will also ensure that staff are appropriately aware of the medical condition of students with whom they work and that any confidential information pertinent to the medical condition is entrusted to individual staff. This information is provided in order to keep children and young people safe. Such information will be collected, stored, shared and destroyed consistent with the requirements of the General Data Protection Regulation (GDPR).

All settings are supported by the NHS School/Adult Nursing Service and receive advice and support from NHS Community Paediatricians/Consultants, Physiotherapists, Occupational Therapists and Speech and Language Therapists as necessary. Some students receive support from Complex Health Care staff, the Dietician and Orthotist. Students also receive health care from their own GPs and Consultants. The people responsible for developing Individual Healthcare Plans are: Paediatricians & School/College Nurses.

AIMS

The Federation is committed to assisting students with short-term, long-term or complex medical conditions and working in partnership with their families.

1. To ensure that students at school/college with short or long-term medical conditions, are properly supported so that they have full access to education, including off-site activities and residential visits.
2. Make arrangements for staff to ensure that they receive adequate and appropriate training for them to support students with medical needs.
3. To ensure that parents and students have confidence in the medical support arranged at school/college.
4. To work in partnership with Health Service colleagues.
5. To be fully compliant with the Equality Act 2010 and its duties.
6. To manage medicines within school/college in accordance with government and local advice.
7. To keep, maintain and monitor records as detailed in this policy.
8. To contribute to Individual Healthcare Plans where appropriate, in partnership with health professionals.
9. To ensure that the students in our school/college are safe and are able to attend school regularly with their medical condition.
10. To support students with complex medical conditions and or long-term medical needs in partnership with Health professionals and parents to enable their access to education.
11. To adhere to the statutory guidance contained in "Supporting Students with Medical Conditions" (DfE August 2017).

THE GOVERNING BODY/TRUSTEES WILL:

- Ensure that arrangements are in place to support students with medical conditions and that support is tailored to individual medical needs;
- Make arrangements for this policy to be published on the individual setting's website;
- Review this policy annually;
- Ensure that staff are identified to implement the policy from day to day;
- Monitor the arrangements associated with individual healthcare plans so that they are managed appropriately, reviewed and maintained in partnership with health professionals;

- Ensure that staff receive appropriate training enabling them to provide bespoke and purposeful support to students with medical needs and that the training is refreshed regularly;
- Ensure that specific arrangements are made for the self-management of medicine where applicable and how this will be both monitored and managed by staff;
- Oversee the college's/school's management of medicines to ensure that health & safety standards are met and that families have confidence in the setting's ability to support their child's medical needs;
- Ensure that insurance arrangements cover staff in carrying responsibility for medical procedures;
- Have 'due regard' to the rights of students who are disabled as set out in the Equality Act 2010;
- Ensure that appropriate arrangements are made to include students with medical conditions in off-site activities;
- Ensure that students who are unable to attend school/college owing to illness, receive an appropriate level of support while at home or in hospital;
- Ensure that families are aware of the setting's Complaints Policy.

INDIVIDUAL HEALTHCARE PLANS and EDUCATION, HEALTH & CARE PLANS (EHCPs)

Individual Healthcare Plans, (and their review), may be initiated, in consultation with the parent, by a healthcare professional involved in providing care to the student. Plans will be drawn up in partnership between families, and the relevant healthcare professional, who can best advise on the particular needs of the student. For example, school/adult nursing services will contribute sections on feeding needs: gastrostomy, nasogastric, modified diets. Plans for students with allergies and epilepsy will be overseen by a special school nurse/college nurse. Asthma action plans will be completed by the student's family and held centrally by the setting, with a copy available in the classroom. These will be updated annually, or as the needs of the student change. Students will also be involved whenever appropriate. The aim will be to capture the steps in which The Federation will take to help the student manage their condition and overcome any potential barriers to getting the most from their education.

Healthcare Plans must also identify the conditions under which emergency medications need to be administered and this information must be shared with all staff working with that student.

Teachers, in consultation with relevant Health professionals, are responsible for developing Meal Time Plans for students who need specific feeding protocols or a modified diet, together with Allergy forms to identify all known allergens and treatments for each student. These plans will be made available to all class staff, lunch time supervisors and any supply staff working with the student. The plans must be reviewed at least annually or when any part of the protocols change. The teacher needs to liaise with catering staff where modified diets are required or food allergens are known. Additional support can be sought from the Leadership Team on site, where applicable.

The plans will be developed with the student's best interests in mind and ensure that the setting assesses and manages risks to education, health and social well-being and minimises disruption. The Individual Healthcare Plan will be linked to or become part of each student's Education Health and Care Plan (EHCP). Where a student is returning to school following a period of hospital education or alternative provision (including home tuition), the setting will work with the local authority and healthcare professionals to ensure that the Individual Healthcare Plan identifies the support needed to reintegrate effectively.

The School/Adult Nursing team will provide updated medical information for inclusion in the annual review of each student's Education, Health and Care Plan (EHCP).

ROLES AND RESPONSIBILITIES

Parents

Parents are asked to provide the settings with sufficient and up-to-date information about their child's medical needs so that arrangements to manage their short or long term medical conditions can be implemented in partnership. They will be required to share pertinent information with the on-site nursing team, or other relevant health professional (including Speech and Language, Physiotherapists and/or Occupational Health Therapists).

At Victoria School, the school nurses will administer medication which is required by the students more than twice a day. At Cherry Oak, the Headteacher will ensure that school staff are trained and able to administer required medications. At Victoria College, the on-site nursing team will administer all medication.

Parents are responsible for ensuring that there is sufficient medication to be administered and that it is within the expiry date and in the original container from the pharmacy. Wherever possible, medications should be administered by the parents at home.

All medication must be clearly labelled with relevant information. See Section 2.2 below.

Parents must notify the college/school immediately (followed up in writing) of any changes or alteration to a prescription or recommended treatment, so that adjustments can be made to Individual Healthcare Plans or previous agreements. It is important that the setting is aware and informed by parents about other issues or symptoms their child may have experienced over night or before school; this is particularly important for asthma conditions.

Parents must keep students at home when they are unwell and respond quickly to collect their child if they become unwell at school/college. This is both for their own child's wellbeing and to limit the spread of possible infection.

In cases where a student has vomiting or diarrhoea, they must be kept at home for 48 hours after the last bout of both vomiting and diarrhoea.

It must be remembered that the prime responsibility for a child's health rests with parents.

Executive Head Teacher/Head of School/Head of College will ensure the following:

- Governors are informed about the implementation and effectiveness of this policy.
- Arrangements are made with staff supporting students with medical conditions, and for any medicines required in delivering that support to be stored safely and in line with guidance provided by the local authority.
- Suitable arrangements are agreed in partnership and liaison with families to support the medical needs of students.
- Appropriate training has been provided for staff that enables them to carry out agreed procedures.

- Staff will not be directed to administer medicines – however, they can choose to volunteer to do so if they so wish (all staff are advised to refer to advice from their professional associations before volunteering to administer medicines). Non-prescription medications will not be administered at school/college.
- Staff who have agreed to administer medicines will receive the appropriate training.
- Liaison with governors/trustees in the annual review of this policy.
- All staff and families will be made aware of this policy and the procedures for dealing with medical needs across the Federation.
- Arrangements are made through the designated person to manage the following:
 - prescription medicines in school/college;
 - prescription medicines on trips and outings, including school/college transport;
 - accurate record keeping when administering medicines;
 - the safe storage of medicines;
 - procedures for access to medicines during emergency situations;
 - adhering to risk management procedures involving medicines;
- Risk assessments and arrangements for off-site visits are checked and that governors/trustees are informed of the details.
- Staff work in partnership with parents/carers to ensure the well-being of children and young people.
- Interruption to school/college attendance for medical reasons will be monitored and families supported to try and keep absences to a minimum.
- Adherence to Individual Healthcare Plans.
- All cultural and religious views, made known to the school/college in writing, will be respected.
- The required number of appropriately trained First Aiders are available to provide First Aid to students as required; keeping appropriate records of First Aid administration and keeping First Aid boxes properly stocked.

STAFF TRAINING AND SUPPORT

The setting will ensure that staff supervising the administering of medicines understand that accurate records must be kept and are completed at the time of being administered. Staff who maintain these records should be clear about what action to take, (such as referring to the Designated Safeguarding Lead) if they become concerned about the welfare of a student. If an Individual Healthcare Plan is applied to particular students, additional training must be given by a nominated Health professional, e.g., use of a nebuliser or Auto-injector e.g. EpiPen. Training received or cascaded from parents will not be accepted, unless otherwise instructed by a health professional.

Records of training must be completed and maintained.

REASONABLE ADJUSTMENTS

The Federation understands its duties under the Equality Act 2010 to make reasonable adjustments and enable children and young people to have equitable access to education. Students with complex or significant medical needs will be included in activities for as much as their health permits. Where a student's health would potentially disadvantage them in regard to accreditation, reasonable adjustment will be made to minimise the disadvantage.

Similarly, when students are absent from school/college owing to illness, reasonable adjustments will be put in place to ensure they still have access to the curriculum.

BEST PRACTICE

The Federation will endeavour to eliminate unacceptable situations by promoting best practice in supporting students with medical conditions. In doing so we will:

- Ensure that students have access to the medicine they need as arranged with parents;
- Manage each medical condition through an Individual Healthcare Plan;
- Listen to the views of students and their parents and take advice from medical professionals in planning the support needed;
- Ensure that students with medical conditions are supervised appropriately and not left alone when ill;
- Support access to the full curriculum or as much as medical consultants recommend;
- Work in partnership with health services to ensure swift recovery or access to treatment;
- Facilitate opportunities to manage medical conditions with dignity;
- Manage medical needs such that parents are not required to support their child in school; Include all students in on-site and off-site activities, meeting their medical needs in the best way possible.

INFECTION CONTROL

Staff will observe proper hygiene precautions at all times to limit the spread of infection. This will include:

- Washing hands thoroughly for at least 20 seconds with soap and water before and after feeding a student, before and after administering first aid or medication, after toileting a student or using the toilet themselves, and before eating or drinking, then wiping hands dry on a paper towel or air hand dryer. Paper towels should then be disposed of in the waste bin.
- Wearing suitable Personal Protective Equipment (PPE) such as disposable gloves and aprons when potentially exposed to bodily fluids (e.g. urine, faeces, nasal secretions, vomitus), and disposing of that PPE in orange clinical waste bags.
- Observing and encouraging good respiratory hygiene by using disposable tissues to “catch it – bin it – kill it” for sneezes and coughs.
- Cleaning potentially contaminated surfaces such as changing beds between students.

SUN SAFETY

Parents are asked to apply sunscreen and provide a sun hat for their child on warm, sunny days.

Education staff will ensure that students are offered additional water to drink during warm weather and encourage play/socialising indoors or in the shade.

LIABILITY AND INDEMNITY

The Federation is covered by the local authority’s liability insurance policy. This covers all staff in the arrangements made to support students with medical conditions for whom particular training has been given. Staff must accurately follow the guidance and procedures for administering medicines. Birmingham City Council fully indemnifies its employees against the cost of claims brought against them which allege negligence providing that the action, or lack of action, complained of was carried out in good faith during the course of the employee’s employment and the employee had participated in the appropriate training.

Therefore, employees who are trained to administer medicine to pupils with medical conditions will normally be indemnified meaning that the Council, not the employee, would pay the costs incurred and damages awarded if a claim for negligence is settled or is successful.

COMPLAINTS

The Federation has a Complaints Policy which can be found on the website or a printed version can be requested by contacting the main office. Should any complaint be received in respect of the support provided for individual medical conditions, it will be dealt with in accordance with the Complaints Policy.

EQUALITY STATEMENT

The Federation is mindful of its Equality Duties; respecting religious beliefs and ensuring that support is provided for those with disability needs that might be affected by this policy. Where there are language or communication issues, and to avoid any misunderstanding, the parents and Senior Leadership Team will agree an appropriate course of action. The setting will engage interpreters or signers when required to ensure that full understanding of a student's medical needs is determined accurately.

With regard to off-site visits and residential opportunities, The Federation will ensure that reasonable adjustments enabling students to be included are appropriate and made in consultation with parents and medical professionals.

STUDENTS WITH HEALTH NEEDS WHO CANNOT ATTEND

Parents have a statutory obligation to ensure their child attends the setting at all times, except when they are too unwell to do so. For the wellbeing of ill students and to reduce the spread of infection, parents must keep children who **are** unwell at home. Such situations will generally be short-term and during the period of illness the student will probably be too unwell to participate in their education. In these situations, teachers will provide appropriate support to help the student catch up on missed work when they return and are well enough to do so.

However, in some circumstances, a student may be at risk of missing a considerable amount of time because of situations such as long-term infection risk or post-surgery recovery. In such cases, the Federation will work with families to determine how best to support the student at home / in hospital to reduce the amount of time lost from accessing the curriculum. This work may be delegated to the Family Worker and may include any of the following:

- Home visits
- Regular telephone contact
- Work packs delivered or posted home
- "Virtual" lessons using video meeting technology
- Learning resources posted on the website

Each situation will be agreed on a case by case basis depending on how well the student is, the family's access to computer technology and internet and the length of the student's absence.

Individual circumstances and risk assessment carried out by the setting in collaboration with the family and health professionals will determine when it is safe for the student to return to school. After a prolonged absence, the return may be phased to support the student's transition back to full-time attendance. If this is appropriate, then a phased return will be implemented for a limited period and the time frame will be agreed by the setting, family and medical professional.

MANAGING MEDICINES ON THE PREMISES AND ON OFF-SITE ACTIVITIES

We will ensure that:

- BCC guidance on First Aid is followed.
- Records are maintained detailing an accurate history of the administering of medicines as far as possible – this will not include self-administering of over the counter medicines for older students for whom parents have been granted permission.
- Suitable back-up systems are in place to cover administering of medicines in the event of staff absence.
- If there are any doubts or confusion about arrangements for administering medicines, staff must consult with the parents and the designated member of staff.
- No child or young person under 16 will be given medicines or be permitted to self-medicate without their parents' written request.

STORAGE OF MEDICINES

The school will adhere to the HSE advice [First Aid At Work](#) and local guidance provided by Birmingham Council's Health & Safety Team and the local authority's School/Adult Nursing Service.

Generally, non-emergency medication should be stored in a locked cupboard, preferably in a cool place. Items requiring refrigeration will be kept by the onsite Nursing Team in a clearly labelled closed container and the temperature monitored each working day.

All emergency medication, e.g. inhalers, EpiPen, dextrose tablets and anti-convulsant, must be readily accessible but stored in a safe location known to the student and relevant staff.

A number of students on site will be supported by external Complex Carers, who accompany the child around the site. They will take responsibility for the administration and storage of medication in these instances. However, they should inform the class based team of the location of the medication and they will be reminded of the location for locking this medication away, should the need arise.

Medication should always be kept in the original dispensed containers. Staff should never transfer medicines from original containers, or tamper/interfere with the information included on the box (including printed dates, names etc). Any concerns from staff in relation to this should be referred immediately to the Nursing Team or Senior Leadership Team on site. Where medication is kept with the child (e.g. in a bag with a complex care worker) then this should be clearly identifiable and include a bright coloured strap or ribbon to indicate that its presence. This will alert all team members in the room to be vigilant and ensure that it is not left unattended at any point.

REFUSAL OR TOO UNWELL TO TAKE MEDICINES

If a child refuses to take medicine as prescribed and as requested by parents, the records must state 'REFUSED' clearly and the parents informed immediately. Students will not be forced to receive medicine if they do not wish to do so.

If a student is ill / injured and therefore unable to receive the agreed prescribed medication, the person designated to supervise the taking of medicine will consult with parents immediately and advise a senior member of staff of their actions. If the student vomits or has diarrhoea soon after receiving medication, parents must be contacted so that they can seek further medical advice.

SELF MANAGEMENT OF MEDICINES

In some cases, it might be appropriate that students self-administer medicines, e.g. inhalers, EpiPen. The setting will encourage those with long term medical conditions to take responsibility for administering

their own medication but continue to ask staff to supervise so that the appropriate records can be completed for safeguarding purposes.

OFF-SITE ACTIVITIES / EDUCATIONAL TRIPS

All arrangements for medicines, including the storage and administration of medicines, Individual Healthcare Plans, and Risk Management programmes will apply for all off-site activities or school trips. A member of staff will be designated to ensure there are suitable off-site arrangements for storage, and recording of the medicines when assessing any risks associated for the trip, particularly for those students with long term or complex health conditions. All plans and risk assessments will be discussed with parents in preparation for the activity in advance of the departure day and agreed with the Executive Head Teacher/Headteacher/Head of College.

All off-site activities will be evaluated in terms of proximity and accessibility to emergency services and any implications for those with short or long-term medical conditions before receiving approval to go ahead from the Education Visits Coordinator.

EMERGENCY PROCEDURES

Care is taken to ensure that all students are safe. Both schools will have at least one member of staff trained in Paediatric First Aid. In addition, there are additional staff who are 'First Aid at Work' qualified first aiders.

Students with life threatening medical conditions or who require close monitoring / supervision may have Individual Healthcare Plans developed by Health professionals that provide contact details for emergency situations, e.g. anaphylaxis, diabetes, or epilepsy. Where these plans are in place, they must be closely followed. If in doubt, staff will call 999 for emergency medical care.

All students have emergency contact details held on their personal file and on the electronic information management system.

Asthma can be life threatening; The Federation will follow the "[Guidance on the use of emergency salbutamol inhalers in schools](#)" issued by the Department of Health (March 2015). See separate Asthma Policy and Procedures document for additional information, as well as the information included within the appendices at the end of this document.

Students' emergency medication will be given to staff for safekeeping when going on educational visits. If staff are trained to administer emergency medication then they can do so if needed; they should also call the emergency services (999) and notify the parent as soon as possible.

Students who have emergency medication will have their authorisation sheet, emergency care plan, and parent details on the documentation which will be held in a plastic wallet for easy access.

PROCEDURES

INTRODUCTION

The supervising or giving of medication to a student is a parental responsibility but teachers or school/college staff may be asked to perform this task if a member of the nursing team is unable to do so. Staff cannot be **directed** to undertake this role, unless it is included in their job description, but may do so voluntarily after receiving appropriate training and in accordance with these Guidelines (Medication Guidance for Birmingham Schools 2018 BCC).

1. GENERAL PRINCIPLES

- 1.1 All staff must treat all medical information as confidential, sharing it only with those people who need to know in order to safeguard the students.
- 1.2 On the student's admission to the setting the parent completes an admission form giving full details of medical conditions, any regular / emergency medication required, name of GP, emergency contact numbers, details of hospital Consultants, allergies, special dietary requirements and any other relevant information. This information should be renewed annually and whenever there is a change to these details.
- 1.3 The Federation will normally only agree to administer prescribed medication.
- 1.4 Parents are encouraged to ask their child's clinician to prescribe medication which can be administered outside school hours, for example, asthma *preventer* inhalers, anticonvulsant medication and antibiotics.
- 1.5 There are clear procedures for the safe receipt, storage, administration and disposal of medication.
- 1.6 There must be **adequate** access to, and privacy for, the use of medication.
- 1.7 If staff have any concerns related to the administration of a medication, they should not administer the medication but check with the parents and/or a healthcare professional, documenting any action taken.

The names and contact details of the school/adult nurse should be known by the appropriate staff in each setting.

2. RESPONSIBILITIES

Parents/Carers

- 2.1 When the school/college does agree to administer medication during the school day, parents must provide a written request detailing all appropriate information. The form can be obtained from the on-site Nursing Team. This should be kept by the staff member who is to be responsible for administering the medication. Verbal instructions are not acceptable.

- 2.2 It is the parent's responsibility to provide the setting with the medication required. The medication should be as dispensed, in the original container and must be clearly labelled with:
- name of student
 - name of medication
 - strength of medication
 - how much to give i.e. dose
 - when it should be given
 - length of treatment / finish date, where appropriate
 - any other instructions
 - expiry date or where there is no expiry date the medication should have been dispensed within the last 6 months.
 - Liquid medicines should be accompanied by a 5ml medicine spoon or oral syringe.
 - If the medication and / or dosage needs to be changed or discontinued the setting must be informed in writing by the parent.
 - It is the parent's responsibility to make sure that medication is replenished when needed.

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

2.3 Medication brought into school/college via local authority transport

- 2.3i Medication should be handed over to the guide on receipt of the student being picked up from home or respite care;
- 2.3ii The medication should be handed over by the guide to a member of the nursing team at or class teacher who will pass this on;
- 2.3iii The medication will be checked and recorded by the on-site nursing team, or designated person on site.

2.4 Medication brought into school/college via a parent

- 2.4i Medication brought into the school/college by a parent will be handed over to a member of the school/college nursing team.
- 2.4ii The medication will be checked and recorded using the Appendix 2 attached by the person receiving the medication.

2.5 Medication brought into school/college via a Complex Care Worker (external agency)

- 2.4i Medication brought into the school/college by a Complex Carer will be kept with the child and complex care worker throughout the day.
- 2.4ii The relevant class teams and school nurses should be informed of the location of the medication and ensure that this is not left unattended at any point during the day (unless locked away for a specific reason).

3. STORAGE OF MEDICATION

- 3.1 Medication, when not in use, should generally be stored in a safe and secure place. This will normally be a locked cupboard or a locked non-portable container in a cool place. The medication must be accessible to the appropriate members of staff at all times. **However, there are some important exceptions:**
- All emergency medication should be stored safely but must be readily available to staff at all times. It should not usually be stored in a locked cupboard unless a risk assessment shows this to be necessary.
 - Asthma “reliever” inhalers must be readily available at all times, including prior to and during exercise. Whenever possible students should be responsible for their own inhalers, but when this is not possible the inhaler should be kept in an easily accessible place. The need for a student to have ready access to their inhaler should override any concerns about misuse by others. (These should be checked each month that they work and that they are not past the expiry date). NHS guidance is to keep the inhaler in the same room as the child.
 - Auto-injectors (e.g. EpiPen) must be carried by the staff member supervising the student at all times, ready for immediate use should the student suffer an anaphylactic reaction.
 - Some medications may need to be refrigerated. An appropriate refrigerator, with restricted access, should be identified and the medication should be placed in a closed plastic container with the lid clearly marked “Medication”. This container should then be kept on a separate shelf in the fridge.
 - For all out of school activities see section 6.
- 3.2 The on-site Nursing Team will check the medication cupboard at least once every month, to ensure that medication has not reached its expiry date. Medication which is no longer required will be disposed of in accordance with the school policy. See section 9.

4. ADMINISTRATION OF MEDICATION

- 4.1 Staff voluntarily agreeing to administer medication will receive training appropriate to the tasks they are asked to perform.
- 4.2 Facilities should be available to enable staff to wash their hands before and after administering medication and to clean any equipment used after use.
- 4.3 Ideally, medication administration should take place in the same room as where the medication is kept. All the necessary paperwork should be available at the time of administering medication.
- 4.4 Medication should only be administered to one student at a time.

- 4.5 Staff administering medication must first positively identify the student. When the student is not known or cannot give his or her details a second check with a member of staff who does know the student and/or comparison with a recent photo or some other way of checking identity will be implemented.
- 4.6 Before administering medication, the member of staff should check
- the student's identity
 - that there is written consent from a parent/carer
 - that the medication name, strength and dose instructions match the details on the consent form
 - that the name on the medication label is that of the student/student being given the medication
 - that the medication to be given is in date
 - that the student/student has not already been given the medication
- 4.7 If staff have any concerns related to the administration of a medication they should **not administer the medication** but check with the parent or a health professional first, documenting any action taken.
- 4.8 Immediately after administering, or supervising the administration of medication, written records should be completed and signed. These are available with the Nursing Team.
- 4.9 When medication cannot be administered in the form in which it is supplied e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the parent, following advice from a healthcare professional.
- 4.10 If a student refuses to take a medication they should not be forced to do so. Refusal should be documented and agreed procedures followed. Parents should be informed as soon as possible on the same day. If a refusal could result, or results in an emergency then the setting's emergency procedures must be followed.

5. RECORD KEEPING

- 5.1 A parental consent form must be completed each time there is a request for medication to be administered. All relevant information must be supplied:
- student's name
 - student's date of birth
 - name, strength and quantity of medication provided
 - clear concise dosage instructions
 - emergency contact names and telephone numbers
 - parent signature
- 5.2 A record of the administration of medication must be kept that includes the following:
- the name of the student
 - student's date of birth
 - the name and strength of the medication
 - dose given
 - route of administration e.g. orally

- the date and time of administration
- the person responsible for the administration
- quantity of medication received or returned

- 5.3 Reasons for any non-administration of medication should be recorded and the parent informed as soon as possible. Wasted doses (e.g. tablet dropped on floor) should also be recorded.
- 5.4 When a student is self-administering medication, there should be a written request which states whether or not the self-administration needs to be supervised. If it is supervised then a record should be kept as above.
- 5.5 When parents request that their child self-administers medication, exemplar forms are available in the document "[Supporting pupils with medical conditions - Templates](#)" (DfE May 2014).
- 5.6 Changes to instructions should only be accepted when received in writing. A fresh supply of correctly labelled medication should be obtained as soon as possible. All actions should be documented. Staff should never transfer medicines from original containers, or tamper/interfere with the information included on the box (including printed dates, names etc). Any concerns from staff in relation to this should be referred immediately to the Nursing Team or Senior Leadership Team on site.

6. OUT OF SETTING ACTIVITIES / EXTENDED DAY

- 6.1 If medication is required during an educational trip then it should be carried by the student if this is normal practice e.g. asthma inhalers. If not, then the medication should be carried by a member of staff who would be responsible for administering the medication, or the parent if present. If a student requires a travel sickness remedy then parents should provide written consent and it should be prescribed. The pharmacy label should include name, frequency and dosage to be administered.
- 6.2 Safe storage and accessibility of medication should form part of the risk assessment for all out of setting activities.
- 6.3 If residential trips are being considered, parents may need to seek advice from the student's clinician or pharmacist on the timings of medication.
- 6.4 Information on the carriage of medication, including specific advice about the carriage of Controlled Drugs, can be obtained from the Home Office and the Embassy of the country to be visited. In addition, you may need to contact your airline for advice on the carriage of medication in hand luggage, particularly if liquid medication is involved.
- 6.5 It is essential to inform all members of staff who may have responsibility for the student during the day about the need for medication and what to do should a medical emergency arise. The accessibility of medication, particularly for use in an emergency, may need to be reviewed if the staff running the activity are different from the normal staff responsible for the supervision or administration of medication e.g. in breakfast / after setting clubs or during sports events.

7. PAIN RELIEF

- 7.1 Sometimes students may ask for pain relief e.g. paracetamol. Staff should not give non-prescribed medication to students, unless with the explicit permission of the parent and in liaison with the on-site Nursing Team. This is because they may not know whether the student has taken a previous dose or whether the medication is masking important symptoms or may interact with any other medication being taken. If administered, the manufacturer's dosage and administration requirements must be followed and a record must be kept showing:

- the name of the medication
- the dose given
- the circumstances in which it was given
- the time and date parental permission was obtained

Schools/college should only ever administer Paracetamol, for pain relief unless a different medication has been prescribed by a GP.

- 7.2 A parental consent form must always be completed. Parents should confirm that the student has been given the stated medication without any adverse effect in the past.
- 7.3 The parent should always be informed on the same day when such medication has been given.
- 7.4 As with any medication, records must be kept of when pain relief has been administered (see section 5) and of the checks made.
- 7.5 If a student suffers from pain regularly then the parents should be encouraged to seek medical advice.
- 7.6 Pain relief should never be given to a student who has sustained a head injury. Their parent will be contacted and informed and the setting will follow its First Aid protocols for supporting head injuries and observe for signs of concussion.

8. MEDICAL EMERGENCIES

- 8.1 In the event of a medical emergency, accompanying staff should immediately advise a school nurse or member of the Senior Leadership Team. If in doubt as to the correct course of action, an ambulance should be called (**9-999**). A member of staff must remain with the student and arrangements put in place to supervise other students. Emergency medication if applicable should be administered in accordance with the student's health care plan by a member of staff.
- 8.2 Emergency medication must always be readily accessible. A copy of the student's individual management plan / authorisation form should be kept with the medication and should include clear precise details of the action to be taken in an emergency.

- 8.3 Information provided with the emergency medication is private and confidential and should be shared on an 'as needed' basis only. Therefore, only those staff trained in the administration of the medication should be privy to this. Staff who are not required to administer the medication should know where this is located and should be ready to share its location with first responders, including on-site Nursing Team, trained staff or ambulance crew.
- 8.4 If a school/college agrees to administer emergency medication, specific specialised training is required. **Staff who agree to administer emergency medication must have training from an appropriate health care professional (e.g. on-site nurse, nurse specialist, nurse educator or nurse adviser). This should be updated annually.** Records will be kept of all training received.
- 8.5 Adrenaline (also known as epinephrine) auto-injectors e.g. EpiPen / Jext are, if possible, best carried by the student with a spare auto-injector device stored in school. There must be clear written dated instructions specifying dose, when to give and further action to be taken. These instructions should be kept with the medication with a spare copy kept in school. Parents should be asked to ensure that dosage requirements are regularly updated and that any changes are issued to the school/college.
Students with severe allergic reactions will have a Health Care Plan in place. Staff working with that student must be made aware of their allergies.
(See administration advice for auto-injectors in Appendix 1).
- 8.6 Students who are at risk of prolonged seizures may be prescribed emergency rescue medication e.g. Buccal Midazolam. Ideally there should be two members of staff present when emergency rescue medication is being administered. If rectal Diazepam is administered, one member of staff should preferably be the same gender as the student. Students with epilepsy will have an Epilepsy Health Care Plan in place.
- 8.7 Students who have diabetes must have an emergency supplies kit available at all times. This kit should include a quick acting glucose in the form of glucose sweets or drinks. Most students will also have a concentrated glucose gel preparation e.g. Glucogel. These are used to treat low blood sugar levels (hypoglycaemia). The kit may also contain a form of longer acting carbohydrate, such as biscuits.

If blood glucose monitoring is undertaken in school, a clean private area with washing facilities should be made available. Staff agreeing to undertake this procedure must receive training from a Diabetes Specialist Nurse. Students with Diabetes will have a Diabetes Health Care Plan in place.
- 8.8 Asthma can be a serious condition. Students who are known to have asthma must have a **reliever inhaler available at all times**. Whenever possible, students should carry their own reliever inhaler and ideally a spare reliever inhaler should be kept in the setting. There are generic emergency inhalers on site to be used in case of emergency, in line with Asthma UK Guidelines. Students known to have Asthma will have an Asthma Health Care Plan in place.
(See administration advice for inhalers in Appendix 2). These 'generic' emergency inhalers can only be administered in the event of the student's own inhaler being unavailable and once

consent has been sought from parents/carers. This will be obtained by the school on an annual basis and the records held centrally.

9. DISPOSAL / RETURN OF MEDICATION

- 9.1 Parents are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal.


Medications will be returned to the student's parent:

- when the course of treatment is complete
- when labels become detached or unreadable
- when instructions are changed
- when the expiry date has been reached
- at the end of each term (or half term if necessary)

- 9.2 At the end of every term a check of all medication storage areas should be made. Any medication which has not been collected by parents and is no longer required should be disposed of safely by returning it to a community pharmacy.
- 9.3 All medication returned or disposed of, even empty bottles, should be recorded.
- 9.4 No medication should be disposed of into the sewage system or into the refuse.
- 9.5 Some procedures involve using sharp items (sharps) such as lancets for blood glucose monitoring. The safe disposal of sharps is essential if accidents and the consequent risk of infection with blood borne viruses are to be avoided. Sharps injuries are preventable with careful handling and disposal.
- 9.6 It is the personal responsibility of the individual using the sharp to dispose of it safely. Dispose of used sharps immediately at the point of use. Always take a suitable sized sharps container to the point of use to enable prompt disposal and ensure the temporary closure mechanism is in place when the sharps bin is not in use.
- 9.7 Sharps boxes must always be used for the disposal of needles or glass ampoules. Sharps boxes can be obtained by parents on prescription from the student's GP or Consultant. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.
- 9.8 **Medication returning home/respite via transport** should be handed over to the guide at the end of the day for the student being dropped off to home or respite by a member of the nursing team or by a member of the SLT.
- 9.9 **Medication being returned to the parent/carer collecting their child from school** should be handed over by a member of the nursing or by a member of the SLT.

10. FEEDING FORMULA

- 10.1 The formula for making up feeds (including thickener for drinks/liquids) to be administered by tube/peg feed are also prescribed substances and are, therefore, to be treated in the same way as other medications.
- 10.2 Generally students requiring peg-feeding will be supported by an NHS Enteral Feeder. However, in some situations e.g. on a residential trip, school staff may agree to administer feeds. Staff cannot be required to do this, so any agreement to do so is entirely voluntary.
- 10.3 Staff administering enteral feeds must be trained to do so by a healthcare professional and training records held on staff files.
- 10.4 Parents must provide the formula and staff must store and make it up according to package directions and the student's enteral feeding plan. Full hygiene precautions must be followed at all times and the administering staff member must keep a written record of feeds administered.

Date accepted by Governors: 9th November 2023
 Signed:
Martin Carpenter – Chair of Buildings, Health & Safety Committee
Date for Review: November 2024

Appendix 1

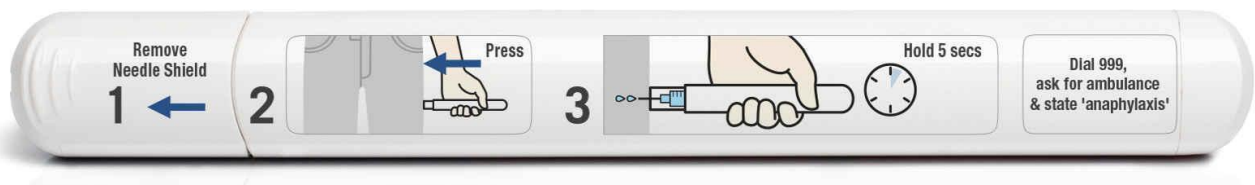
Administering EpiPen



Administering Jext



Administering Emerade



Further source of information

The Anaphylaxis Campaign

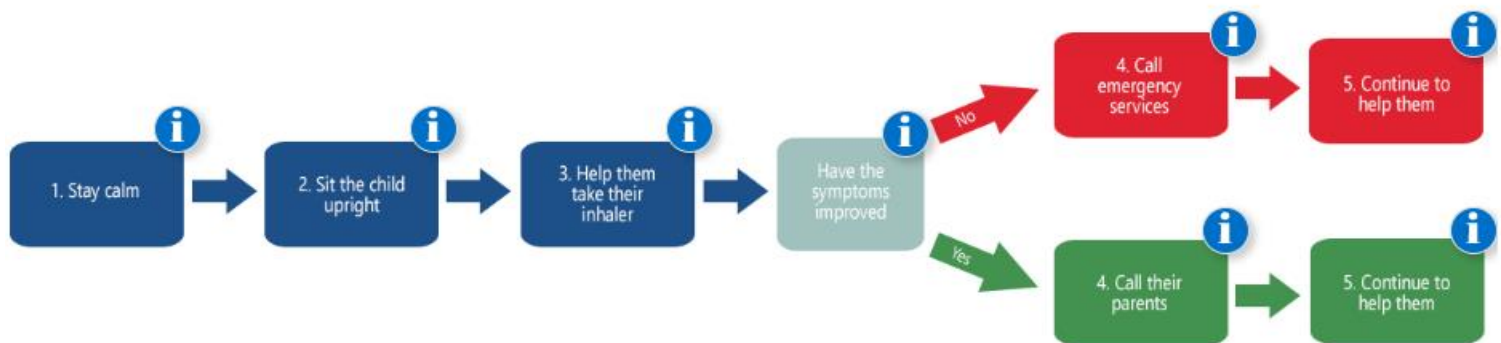
Helpline: 01252 542029

Website: <https://www.anaphylaxis.org.uk>

Email: info@anaphylaxis.org.uk

Appendix 2

In the Event of an Asthma Attack



- Keep calm.
- Reassure the child.
- Encourage them to concentrate on their breathing and to breathe as slowly and deeply as possible.
- If the child's inhaler is not with them, send someone to get it as quickly as possible.
- **DO NOT WALK THEM UNLESS UNAVOIDABLE**
- Check their asthma action plan.
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down.
- Loosen any tight clothing.
- Help the child/young person to take two* puffs of reliever inhaler, usually blue, using their spacer or more if prescribed. Each dose must be taken separately, and the inhaler shaken between doses.
- Minor asthma attacks should not interrupt the involvement of a pupil with asthma in school. When they feel better, they can return to school activities.
- **Parents/carers must always be told if their child has an asthma attack.**

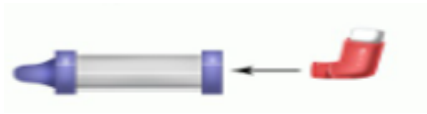
How to use an Inhaler



HOLD YOUR BREATHE FOR 3 - 5 SECONDS. IF UNABLE TO HOLD YOUR BREATHE THEN BREATHE IN AND OUT SLOWLY FOR 5 BREATHES



SHAKE THE MEDICINE



INSERT THE MOUTHPIECE OF THE INHALER INTO THE RUBBER END OF THE SPACER



BREATHE OUT ALL OF THE AIR IN YOUR LUNGS, THEN PUT THE SPACER MOUTHPIECE INTO YOUR MOUTH BETWEEN YOUR TEETH. MAKE A TIGHT SEAL AROUND THE MOUTHPIECE WITH YOUR LIPS



PRESS THE METERED DOSE INHALER DOWN ONCE TO RELEASE A SPRAY OF MEDICINE. THE MEDICATION WILL BE TRAPPED IN THE SPACER. BREATHE IN SLOWLY AND DEEPLY

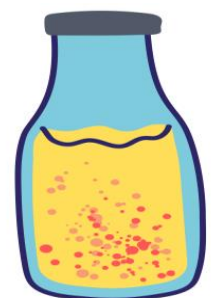


HOLD YOUR BREATH FOR 5-10 SECONDS AND THEN BREATHE OUT SLOWLY. IF YOU CANNOT HOLD YOUR BREATH THEN BREATHE IN AND OUT SLOWLY FOR 5 BREATHES

WHY SHAKING THE INHALER BEFORE EACH USE IS SO IMPORTANT.

Why should I shake the inhaler?

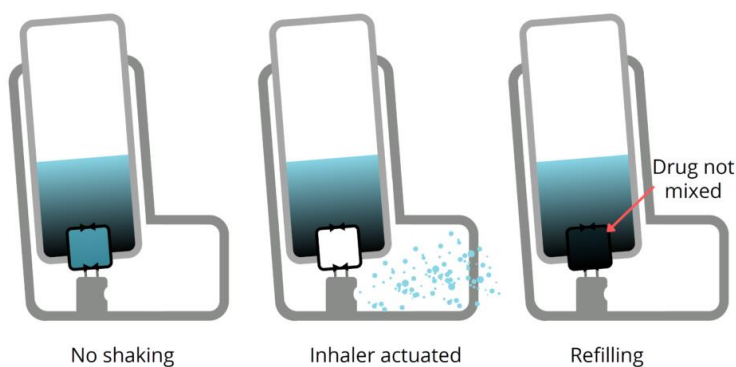
If you read the inhaler package instructions for correct use, most of them carry a message, “shake the inhaler vigorously for 5 seconds”. The reason is that the inhalers are formulated with drugs in a suspension format with a propellant. The propellant aerosolizes the medication to millions of tiny particles ejected from the MDI mouthpiece when we depress the canister. There is a metering chamber in the MDI that releases a known volume of the drug and propellant mixture.



The problem here is that the drug and propellant mixture is usually not a homogenous solution, meaning when the MDI is not in use, the drug settles down in the canister while the propellant floats on top. For some drugs, the opposite happens where the drug floats to the top, and propellant remains on the bottom. By shaking the canister, the drug and propellant are forcefully mixed such that the canister now contains an evenly distributed mixture.

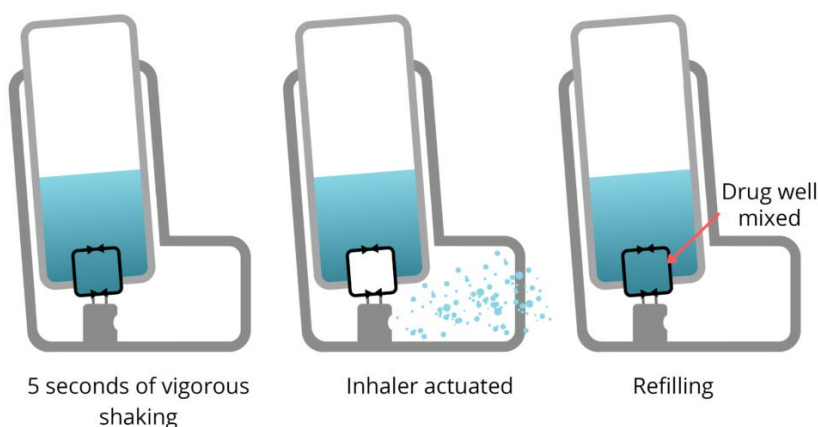
The catch with MDIs is that the metering chamber is filled with the mixture for the next dose right **after** we depress the canister. So, the whole purpose of shaking the MDI right before actuation is to fill up the chamber with the right concentration of drug for our **next** dose.

Figure below shows an illustration of the canister for two cases [9], a. when we don't shake the MDI and b. when we shake the MDI for 5 seconds.



- The inhaler hasn't been shaken before actuation.
- After actuation, the canister is refilled with an uneven mixture that can release too much drug in a single puff. Repeated MDI puffs without shaking will deliver uneven amounts of medication and the MDI may not have enough doses for future puffs.
- The inhaler is shaken vigorously for 5 seconds before actuation. The canister is refilled with a homogenous mixture of drug and propellant.

As you can see, shaking the MDI vigorously for 5 seconds makes sure that the dose is prepared properly for the next puff. Some MDIs are not suspension-based but rather solution-based, that is, the medication and propellant are mixed in a homogenous solution that doesn't separate. So, you don't need to shake those MDIs. The MDI package instructions state whether the inhaler needs to be shaken before use. Fortunately, there's no harm even if you do shake them out of habit!



Sitting position why it's important?

- **Sitting up and slightly forward aids lung expansion** and is a comfortable position for a child/young person who is short of breath.
- Don't crowd or put an arm around the child - this will restrict their breathing further.
- Clearing the area to provide space and privacy is a good idea, as this will give the individual some space and will minimise the risk of alarming their peers. It's not a good idea to move the child as any exertion may aggravate the asthma attack. If the child can't maintain the up and forward position a cushion/pillow may be placed on a table for them to lean on



For children/young people who have spinal conditions that require back braces/harnesses, for example, Cerebral palsy, Spina bifida, Scoliosis, Other spinal deformities/muscular conditions.

A risk assessment will be required, and this can be completed by the school with the parents and school nurse and may require support from the Physical Difficulty Team.

IN THE EVENT OF A SEVERE ASTHMA ATTACK

Always call for an ambulance if any of the following occur:

The child's condition is not improving within five minutes of using their reliever [blue] inhaler

The child is in distress and gasping or struggling for breath.

The child cannot complete a sentence or is unable to feed.

The child is showing signs of fatigue or exhaustion.

The child is pale, sweaty or clammy.

The child is blue around the lips.

The child/young person using their accessory muscles.

The child is exhibiting a reduced level of consciousness.

You have any concerns at all about the child's condition.

Whilst waiting for an ambulance to arrive

Stay calm and reassure the child verbally.

The child should continue to take puffs of their reliever inhaler [blue] with their spacer, as needed until their symptoms resolve.

Give up to 10 puffs, one puff every 30 seconds.

Remember to always shake the inhaler before each puff.

If the child condition is not improving and the paramedics has not arrived this should be repeated until the child's condition improves or the paramedics arrive

Contact the parents /carers.

If the child/young person's condition deteriorates after making the initial 999 call, a second call to the emergency services should be made to ensure an ambulance has been dispatched.

Ensure the child/young person takes one puff of their inhaler every 30 to 60 seconds until the ambulance arrives.

A child who has required 10 doses of their reliever inhaler should receive immediate medical attention.

An ambulance should be called even if the child is feeling better.

SAFETY AND STORAGE OF ASTHMA INHALERS

Inhalers should not be stored where there is excessive heat or cold.

A reliever [blue] inhaler and spacer device should be available in the room with the child, supervised by the child's key worker and a spare reliever inhaler be kept centrally in the setting.

Remember: it is essential that wherever the reliever [blue] inhaler is stored, they should be easily accessible when required.

It is the responsibility of parents/carers to supply the school with an inhaler, their child's inhaler should be in date and full of medication and clearly labelled with the child's name.

Spacers

A spacer is a plastic container with a mouthpiece or mask at one end and a hole for an aerosol inhaler at the other end.

Spacers are used to help deliver the medication straight to the lungs.

They make inhalers easier to use and more effective.

Spacers are often needed and used by pupils under the age of 12 years old. However, we should be promoting their use at all ages as it helps with the medication reaching the lungs.

If a child or young person has been prescribed a spacer it should be individually labelled and kept with their inhaler, or if this is impractical with their spare inhaler.



When the spacer isn't being used, storing it properly will keep it in good condition, helping the student to get the best from their asthma medicine.

Don't put the spacer in a plastic bag as this will cause it to build up static and reduce the effect of the asthma medicine.

Why use a spacer with your inhaler

The diagram consists of two side-by-side illustrations of a human torso showing the respiratory system. The left illustration, titled 'IF PUFFER IS USED INCORRECTLY', is enclosed in a red circle. It shows a person using a puffer directly. Labels point to the 'Mouth', 'Throat', 'Stomach', and 'Lungs'. Blue droplets representing medication are shown mostly in the mouth and throat, with a few reaching the lungs and some entering the stomach. The right illustration, titled 'PUFFER WITH A SPACER', is enclosed in a green circle. It shows a person using a puffer with a spacer. Labels point to the 'Mouth', 'Throat', 'Stomach', and 'Lungs'. Blue droplets are shown being pushed deep into the lungs by the spacer, with very little medication in the mouth or throat and none in the stomach.

IF PUFFER IS USED INCORRECTLY

- ❌ Most of the medication collects inside the mouth and throat
- ❌ Some medication is lost to the air
- ❌ A small proportion is actually inhaled into the lungs
- ❌ The rest is ingested into the stomach and gastrointestinal system

PUFFER WITH A SPACER

- ✅ More medication is delivered to the small airways deep within the lungs where it is needed
- ✅ Reduces wastage of medication
- ✅ Overcomes poor technique in coordinating inhalation and actuation of the puffer

Further source of information:

Asthma UK

Tel: 0300 222 5800

Email: info@asthma.org.uk

<https://www.asthma.org.uk/>