Medicines and Medical Policy Secondary

DATE: September 2022
OWNED BY: Senior Operations Manager
APPROVED BY: Board of Directors
REVIEW DATE: August 2025

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1.0 Introduction

2.0

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

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

term medications should be checked to ensure that they will remain in date for the rest of the half term. A replacement would need to be requested from the student's parent / carer if the expiry date is before the end of the half term.

Schools should not store out of date medicines. If parents / carers do not collect out of date medicines, either in person or, where appropriate to do so, via their child, these medicines should be taken to a local pharmacy for safe disposal. A separate marked bin needs to be

11.0 I DI ID AL HEAL HCA E LA

Individual healthcare plans are designed to support students at school with specific health needs. They are often used for students who have longer term health needs and may require medicines on a long-term basis or for those students who require medicines in

particular circumstances. However, they can also be used for students in specific, short-term circumstances, such as those returning to school after a period of hospitalisation. These plans are often written by health professionals and titled names specific to the health need, for example, ‘allergy action plan’ or ‘diabetes action plan’. In some circumstances it may be beneficial to a student, and helpful for sta□, to have an individual healthcare plan drawn up where a health professional has not completed one. This may be in circumstances where it is an interim measure until a health professional or parent / carer provides school with a plan. It may also be beneficial in circumstances where a student does not have a plan written by a health professional, but their medical condition impacts upon their education.

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

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

The Department for Education does not require specific templates for individual healthcare plans. They suggest that these plans are written to address individual need and complexity. To support schools, this policy includes templates that can be used and adapted to meet the individual needs of the student and the school. Templates for a generic individual healthcare plan (MP7), an asthma action plan (MP8) and an allergy action plan (MP9) are provided in the appendix. Schools are encouraged to share good practice and those responsible for writing the plans in ea sang (en-GB)/MCID 363 ЭD, ЭDC BTwuschool.ee.9 e2 (e)]TJETEMC /P ≮Lang (en-GB)e-GB

12.0 A H A

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

Every student who has a diagnosis of asthma and is prescribed medication will have at least annual reviews with a healthcare professional, usually a GP or an Asthma Nurse. At these reviews an individual asthma action plan should be produced. Parents / carers should be prompted to ensure that the student carries a copy of this in their school bag. Should a student have acute asthma or experience asthma attacks, parents / carers need to provide school with a copy of the asthma action plan. In these circumstances, if a parent / carer does not have a copy of an asthma action plan they should be encouraged to request this from their GP. In the event that an asthma action plan is not provided by a health professional, the school and parent / carer should use the student’s diagnosis and the existing medical advice regarding the student’s treatment, to produce an asthma action plan. The ‘school asthma card’, produced by Asthma UK is included in the appendix (MP8) for use if there is no specific existing asthma action plan.

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

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

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

It is not uncommon for there to be a level of confusion around if a student has an actual diagnosis of asthma. This can cause uncertainty for schools when a parent / carer may state that a child has an inhaler, but has no diagnosis of asthma, or, conversely, asthma, but no current prescription for an inhaler. In these circumstances schools should work with parents / carers to get a clear understanding of the student's needs from the GP.

Legislation allows schools to buy and store their own salbutamol inhaler (used for relief of symptoms). Each school should strongly consider making arrangements to purchase one of these and a spacer. The sta member responsible for storing this needs to make note of the expiry date and instructions for safe storage. This needs to be clearly labelled as the school's inhaler. In the useful links section there is a link to purchase pre-prepared asthma 'rescue kits', should schools wish to consider this. Parents / carers need to provide their consent for a school to use the school owned inhaler on their child should it be required. This written permission is given by the parent / carer completing the MP5 form.

13.0 ALLE GIE A D AD E ALI E A I JEC AAI

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

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

It is the responsibility of the named person to ensure that systems are in place at the school, for example, through registers or information packs, to make any new or existing sta aware of any

students that they are teaching or supporting who have severe allergies. This will include cover sta, supply teachers, student teachers and PE sta.

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

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

Correct storage of AAI in school is crucial to keeping students safe. If the school is to hold one of both of the student's AAIs, then these need to be easily located and retrievable in the event of an emergency. In a larger school site, this may mean having AAI located in two locations across the school to facilitate immediate retrieval. AAI should be stored in a room that all sta have ready access to and should not be placed in a locked cupboard or box. Each student's AAI should be stored in a clearly labelled container, together with the student's allergy action plan. Each container should have a photograph of the student on the container and have the student's details recorded clearly on the outside of the container.

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

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

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

14.0 DIABE E

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

The individual healthcare plan should include the following:

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

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

15.0 E AL HEAL H

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

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

20.0 E DI G E

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

Errors fall into three di erent categories:

E

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

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

E

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

I

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

21.0 I I A E CA E

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

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

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

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

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

This audit should be completed in conjunction with the Intimate Care audit. These two audits are co-located and can be accessed via the following Google form https://forms.gle/31X9pgq8Do4JmWHX6

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

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

Medication Consent Form (MP1)

C F	
C	
D B	
G / C / F	
C I	

/ A	

C D	
D	
C	
A	

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

Signature(s)_____

Date:_____

Name: _____

Signature(s):_____

Date:_____

Record of Medication Administered (MP2)

A	
C	
D B	

G

Consent for a Student to Carry an Inhaler (MP3)

I give consent for my child

Name: _____

Date of Birth: _____

Address:_____

_____

_____

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

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

I give consent for my child

Name: _____

Date of Birth: _____

Address:_____

_____

_____

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

I E E	

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

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

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

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

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

Name: _____ in an emergency.

Date of Birth: _____

Address:_____

_____

_____

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

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

- A medical professional has confirmed that it is safe and appropriate for my child to use an inhaler
- If my child carries their own inhaler during school, I will ensure that they always have access to this, it is prescribed to the8gm o1e ical priy labell5.1with oe ictind(t i7 (e f)10 TEMC /P ≮Lang (en-GB)/MCID 869 ⊠7C

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

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

Name: _____ in an emergency.

Date of Birth: _____

Address:_____

_____

_____

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

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

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

Name (PRINT):_____

Signature:_____ Date:_____

Relationship to the Student:_____

Individual Healthcare Plan Template (MP7)

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C A	
D C	
D C	
D	

F C I	
C	

E C A B A

D C

E E

A E

E C A B A

D C

E E

A E

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - work

Telephone - mobile

Doctor/nurse's name

Doctor/Nurse's telephone

This card is for your child's school. Review the card every once a year and remind us to update it. Explain if you give a new one if your child's treatment changes during the year. Medicines should be clearly labelled with your child's name and kept in agreement with the school policy.

Does your child need help taking medicines?

Yes

No

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

Does your child need to take medicines before exercise or PE?

Yes

No

If yes, please describe below.

Medicine	How much and when taken

Does your child need to take medicines in the school environment?

Yes

No

If yes, please describe below.

Medicine	How much and when taken

Reliever treatment when needed

For wheeze, cough, shortness of breath or tightness in the chest, please allow my child to take the medicines below. They may need to use them if they feel they are developing asthma symptoms.

Medicine name	Parent/carer's signature

Expiry dates of medicines checked

Medicine	Date checked	Expiry date

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

Parent/carer's signature

Date

To be completed by doctor or nurse

Date

Name

Job title

Signature

What to do in an asthma attack

1. Make sure the child uses one to two puffs of their blue reliever inhaler (or usually prescribed by the doctor) via a spacer.
2. Sit the child up and encourage them to take slow steady breaths.
3. If no immediate improvement, make sure the child takes two puffs of reliever inhaler (one puff at a time) every two minutes. Keep them sitting up and encourage slow steady breaths.
4. If the child does not improve within 5 minutes, call an ambulance. If an ambulance is not available within 10 minutes repeat step 3.

The Asthma UK helpline - free confidential advice on 0800 121 62 44 www.asthma.org.uk

www.asthma.org.uk

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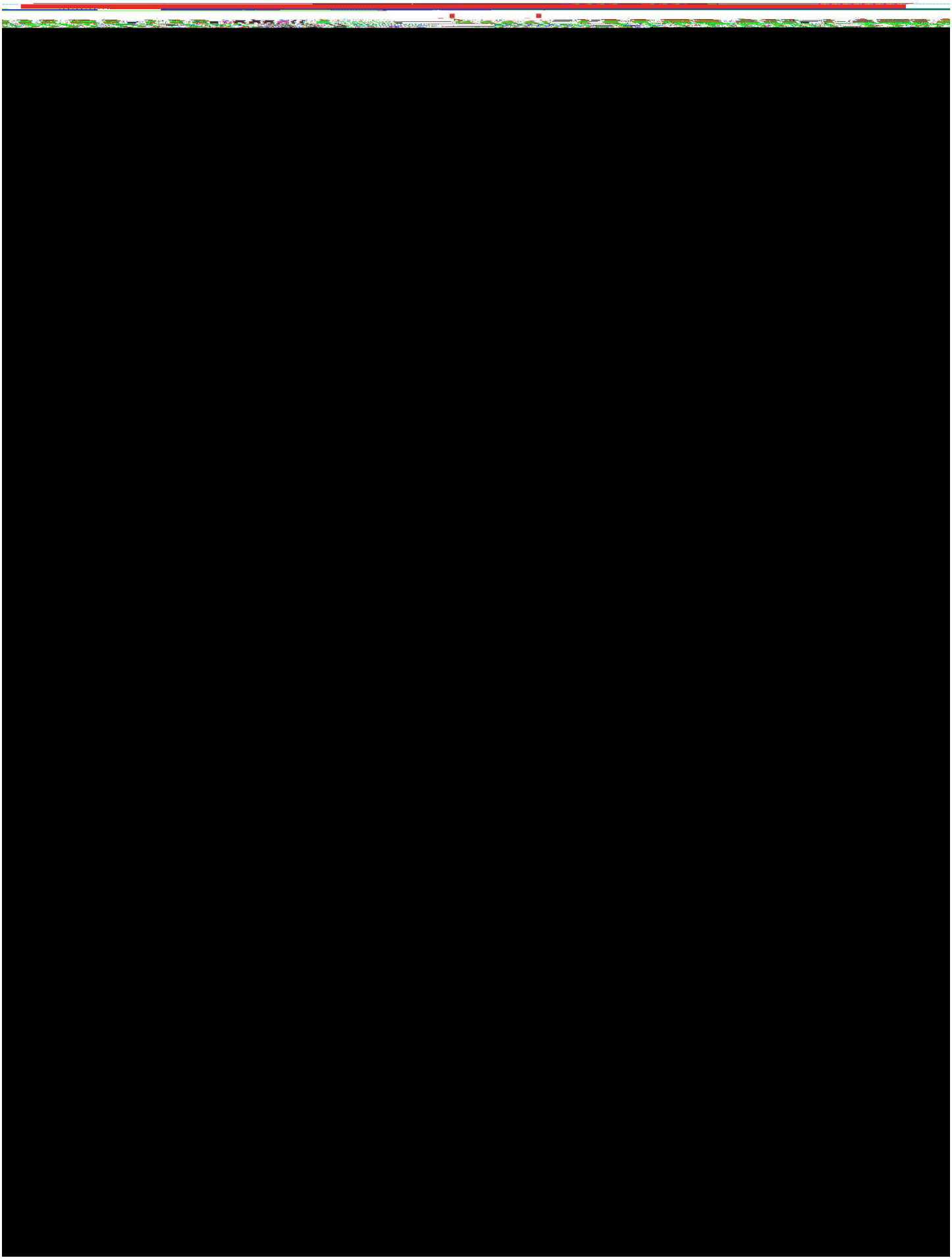


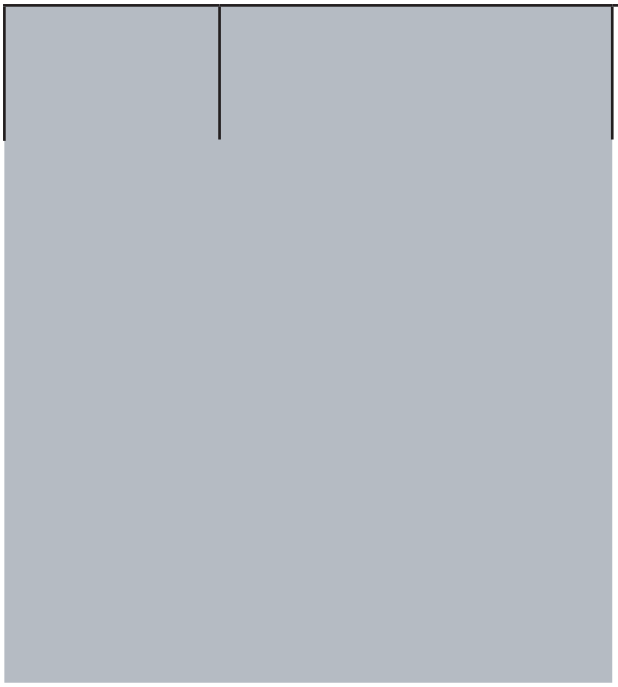
Medication Error & Near Miss Reporting Form (MP10)

I		
4.	Name 1:	
	Job Title:	
	Name 2:	
	Job Title:	
	Name 3:	
	Job Title:	

D E		
5.	Name of Child:	
	Date and Time Error Occurred:	
	Date and Time Error Discovered:	
	Details of the Error - Attach Separate Report if Necessary	

H	I	C
6.	GP:	
	Consultant:	
	Nurse:	
	Pharmacist:	

C A						
8.	GP	Yes	No	NHS Direct	Yes	No
	Consultant	Yes	No	999/Ambulance	Yes	No
	Nurse	Yes	No	Parent	Yes	No
	Pharmacist	Yes	No			
	Time of Contact			Advice Received:		
	Time of Contact			Advice Received:		



13.	I A	
	Investigation by Manager	
	Investigation by Health and Safety O cer	
	Investigation Under Complaints Procedure	
	Investigation by External Body	

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

I give consent for my child _____

Date of Birth: _____

Address:_____

_____

_____

WPT MP13 Form

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J		
F		
A		
J		
J		