

**Health and Safety Handbook for Schools**

# **MEDICAL CONDITIONS POLICY**

**Section 5: General School Safety**

## **2020-2021**

**Date Ratified by Governors .....**

**Review Date .....**

## **LEEDS CHILDREN'S SERVICE MEDICAL CONDITIONS POLICY FOR UTC LEEDS**

### **Introduction**

UTC Leeds recognises that duties in the Children and Families Act 2014 and the Equality Act 2010 relate to children with disability or medical conditions.

### **Policy Statement**

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with medical conditions the same opportunities as others at school.

We will help to ensure they:

- Are safe from harm
- Do well at all levels of learning and have the skills for life
- Choose healthy lifestyles
- Have fun growing up
- Are active citizens who feel they have voice & influence

We understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. We also understand the importance of medication being given as directed by healthcare professionals and parents.

All relevant staff understand the medical conditions that affect pupils at our school. We also make sure all our staff understand their duty of care to children and young people in the event of them requiring medical intervention.

The named member of our staff responsible for this medical conditions policy and its implementation is the Principal of UTC.

In respect of implementation, school policy includes:

- Sufficient staff are suitably trained (SENCO)
- All staff are made aware of the child's condition (SENCO)
- Cover arrangements are made in case of staff absence or staff turnover to ensure someone is always available
- Briefing for supply teachers (They will be provided with a Medical list Summary overview)
- Risk assessments for work placements, school visits, holidays and other school activities outside the normal timetable; (EVA paperwork)
- Monitoring of Individual Health Care Plans (SENCO)

## Policy Framework

The policy framework describes the essential criteria for how we meet the needs of children and young people with long-term conditions, including diabetes and asthma. No child or young person will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

## Objectives

We will:

- Ensure that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities. (e.g employer events, career days, theatre visits)
- Provide staff training on the impact medical conditions can have on pupils in order to be safe, welcoming and supportive of pupils with medical conditions.
- Strive to provide children and young people with medical conditions the same opportunities and access to activities, both on and off site, as other pupils.
- Consider what reasonable adjustments we need to make to enable children with medical needs to participate fully and safely on visits.
- Carry out risk assessments so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We understand that children with the same medical condition will not necessarily have the same needs. Our staff understand their duty of care to children and young people with medical conditions and know what to do in the event of an emergency. (Refer to Individual Health Care Plans)

Our medical conditions policy has been agreed in consultation with pupils, parents, on site medical support, staff, governors, and relevant local health services. It is supported by a clear communication plan for staff, parents and other key stakeholders to ensure full implementation.

We have clear guidance (**Appendix 1**) on:

- record keeping
- providing care and support
- administering medication
- the storage of medication and equipment

This school takes responsibility for ensuring that there are named staff with explicit responsibility for administering medication and providing care. All staff, however, have received suitable training and have access to ongoing support.

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks.

Each member of the school and health community knows their role in, and responsibility for, maintaining and implementing an effective medical conditions policy.

**Signed:**

**Chair of Governing Body Headteacher**

**Dated** \_\_\_\_\_ **20** \_\_\_\_\_

**Appendix 1** Guidance from ‘Supporting Pupils with Medical Conditions in School’ V4 Health and Safety Handbook for Schools

# **1. Medical Condition Record Keeping**

## **1.1 Support Assessment (Template Appendix 2)**

Once a condition is disclosed (application form, interview, induction or at any time in the year) a 'Support Assessment' will be completed by SENCO and support arrangements should be in place in time for the start of the relevant school term. Transitional arrangements will be made between schools. Support Assessments will be stored securely and shared electronically on the school system with staff (Stored on a shared Google file on the Staff Intranet).

A new diagnosis or for students moving to a new school mid term, or reintegration when pupil's needs change, support arrangements should be put in place within two weeks. These arrangements include staff briefing, training or support arrangements (SENCO.)

Schools do not have to wait for a formal diagnosis before providing support to students. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

## **1.2. Individual Health Care Plan (IHCP) (Template Appendix 3)**

Some students may require an Individual Healthcare Plan. (IHCP)

IHCPs can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long- term and complex.

IHCPs (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The parent or legal guardian agreement to the IHCP should be signed and they should be provided with a copy of the plan if requested. Any changes to an IHCP must be agreed with the parent or legal guardian and should be recorded in writing.

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

IHCPs should be reviewed by the SENCO annually or following any changes in a student's condition. IHCPs and reviews are stored on the student's medical area of SIMS and stored on a shared Google file on the Staff Intranet.

SENCO to store and update information. All staff are responsible for reading IHCPs.

## **2. Providing care and support**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

### **2.0 Leeds City Council**

Leeds City Council has a responsibility to ensure that each Community and VC school has a Health and Safety policy. The school should also have a medication policy which should include procedures for assisting and supporting the child or young person with medical needs, including managing medication.

### **2.1 Governing bodies**

-The school governing body should ensure that their school has developed its policy to assist CYPs with medical needs and that staff involved with administration of medication have had the appropriate training. This training should include administration of the emergency adrenaline auto-injectors and emergency inhalers. All training should be proportionate to the complexity of the administration.

### **2.2 Headteachers**

The Headteacher is responsible for implementing the school's policy and procedures and should ensure that all PLGs are aware of these. Where staff volunteer to assist, the Headteacher must ensure that they receive suitable and sufficient information, instruction and training to be able to undertake this function in a safe and effective

manner. This also applies to staff who volunteer to be reserves to cover for absence.

The Headteacher should ensure that an IHCP for each CYP with medical needs is drawn up in conjunction with the PLG and School Medical Officer or GP. Where there is concern that a CYP's needs may not be able to be met by a school, or the PLG's expectations appear unreasonable, the Headteacher should seek further advice from the school nurse, CYP's GP, LCC and other medical advisers.

Where a Headteacher wishes to share information with other staff within a school the best interests of the CYP takes precedence at all times. It may be necessary to share sensitive information with key staff about medical needs to ensure that the HSW of the CYP can be maintained.

The Headteacher is responsible for making sure that medicines are stored safely.

**2.3 Parents** should provide the school with sufficient and up- to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, 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.

The prime responsibility for a CYP's health rests with the PLG; they are responsible for making sure their CYP is well enough to attend school.

The PLG (or CYP if they are mature enough) should provide the school with sufficient information about the CYP's medical condition. This should be undertaken in conjunction with the CYP's GP/paediatrician/other clinicians, as appropriate. Where a CYP is acutely unwell it is advised that the PLG keep him/her at home, regular work should be sent home by the school.

If CYPs become unwell at school they should be collected as soon as possible. It is vital to have relevant home and emergency contact telephone numbers. These details must be regularly updated.

**2.4 Students** 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 individual healthcare plan.

## **2.5 School staff**

### **Staff administering medication**

The administering of medicine in school is a voluntary role for individual members of staff except where this is stated in the job description. Those who undertake this role and/or provide support to CYPs with medical needs require sufficient training, information and instruction from their Headteacher and the CYP's PLG. Training and advice can be obtained from the school nursing team and specialist nursing teams, e.g. diabetes nursing team, etc.

Where an alternative or ancillary member of staff is with a CYP with medical needs the Headteacher must ensure that they have received the proportionate level of training, information and instruction to the complexity of the administration of medication.

Staff who volunteer to assist with the administering of medication (or who have it in their job description) and have been authorised by the Headteacher to undertake this task will be covered under the school's employer's liability insurance.

Staff are encouraged to report any deterioration in a child or young person's health to the Headteacher/SENCO who can then inform the Parent or Legal Guardian.

### **Teachers and other school staff**

A teacher who has a CYP with medical needs in their class should understand their role in supporting that CYP and be conversant with the IHCP even if they will not be the key

person administering medication.

All staff should be able to access emergency plans.

Other school staff such as lunchtime assistants or support staff who may, at certain times, be responsible for CYP with medical conditions should be provided with support and advice proportionate to the complexity of the medical need.

Information and advice should also be provided to the school's first aiders if the CYP's medical condition has implications for any first aid treatment which may be given.

## **2.6 Training**

Any member of school staff providing support to a pupil with medical needs should have received suitable training. E.g annual asthma, allergy training through school nursing service. (Current trained asthma/allergy/epipen staff stored in staff training records)

SENCO will arrange or provide annual training for specific conditions e.g Epilepsy/Diabetes with support and guidance from relevant healthcare professionals (School Nursing Service). Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

SENCO will make arrangements for whole- school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included. (Annually in September induction and at staff training events.)

## **3. Administering Medication**

3.1 Medicines should only be taken to school when essential; where it would be detrimental to a CYP's health if the medicine was not administered during the 'school day'. At some time during a CYP's school life they may need to take medication, e.g. to finish a course of antibiotics or apply a lotion, and to minimise the amount of time a CYP is away from school, it may be necessary to continue the treatment of antibiotics or lotion after the CYP returns to school to finish the specific course of medication.

Where this happens it is advised that the PLG requests that the prescription is such that the CYP does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose. The school policy should encourage

PLGs to request such a prescription.

Medicines must be provided in an original container (as dispensed by the pharmacist) and include the prescriber's instructions for administration. Prescribers should be encouraged to provide two prescriptions for a CYP's medication, where appropriate and practicable: one for home and one for use in the school, avoiding the need for the repacking or re labelling of medicines by PLGs. Any medication brought into school must be clearly marked with the name of the CYP and the recommended dosage. It must be kept secure, unless there are valid reasons for the CYP to keep that medication with them (e.g. asthma inhaler).

The school policy should encourage the PLGs and Headteacher to discuss any requirements.

Schools should never administer medications that have been removed from their original containers/packaging.

3.2 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans). Written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient.

3.3 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. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non- prescription medicines may be administered.

**Parental Agreement for setting to administer medicine** form needs completing before students can store or take prescription medication at school. **(Appendix 4)**

3.4 After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans signed by parents. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who

can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

**3.5** If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

### **3.6 Long-term medical needs**

Schools must have sufficient information about the medical condition of any CYP with long-term medical needs.

The PLG or guardian should supply such information either prior to a CYP attending school or as soon as the condition becomes known.

Schools should allow CYPs who are competent to do so to manage their own medication from an early age, although PLGs must give their consent and the CYP should be supervised when taking it. It is at the HT discretion as to what medication may be carried by a CYP in school.

The school policy should identify in what circumstances CYPs can carry their own medicine. Any teacher who may come into contact with such a CYP should be provided with suitable and sufficient information regarding the CYP's condition and the medicine they are taking.

### **3.7 Non-prescription medicines**

Staff should never administer a non-prescribed medicine to a CYP unless there is a specific prior written permission from the PLGs. Such written consent will need to state the medicine and the dose to be taken. The PLG should supply the medicine in the original packaging. Where the headteacher agrees for staff to administer a non-prescribed medicine it must be in accordance with the policy. The policy must set out the circumstances under which staff may administer non-prescribed medicines. Example consent forms and IHCPs and recording systems are given as examples in this document.

Where non-prescription medicine has been given, a strict system must be in place to ensure that a record is made of who received the medicine, what dose was given, who gave the medicine and when. A written note should also be sent to the CYP's PLG on the same day the medicine is given. It should inform them that a specified non-prescription medicine has been given, at what time and at what dose. The CYP must be

supervised whilst they take any non-prescription medicine.

If a CYP suffers regularly from frequent or acute pain the PLGs should be encouraged to refer the matter to the CYP's GP.

NO CYP under the age of 16 should be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

The UK Medicines Control Agency has recommended that CYP under 16 should not be given aspirin, because of its links with Reye's syndrome, the rare but potentially fatal disorder found almost exclusively in CYP and adolescents.

The use of aspirin by CYP under 12 has been banned in the United Kingdom since 1986, and the Committee on Safety of Medicines warned that it should also be avoided in CYP up to 15 if they were feverish.

### **3.8 Clinical Decisions**

School staff **must not** make clinical decisions about CYP care.

Any instructions given to schools in relation to a CYP's medical requirements should be specific and clear enough to avoid the need of requiring school staff to make any judgements about what medication to administer. If necessary the school should arrange a multi-agency meeting with appropriate health care professionals where clear instructions can be obtained and a CYP risk assessment can be determined.

If a CYP's medical needs are such that the dosage, or method of administration of any medication might vary depending on other factors, schools should be provided with explanative charts, diagrams or other printed guidance which removes any requirement for a clinical judgement.

If any medical problems arise which are not covered by a CYP's IHCP, or any instances where the details on the IHCP are found to be unclear, the school should contact the CYP's PLG or guardian, or seek medical advice before taking any further action unless doing so would put the CYP at risk in which case emergency/first aid procedures should apply.

**SCHOOLS DO NOT MAKE CLINICAL DECISIONS.** School follow the instructions detailed in the IHCPs, consent forms or IPRA's.

### **3.9 Administering medicine**

Members of staff are under no contractual obligation to administer medicine unless specifically set out in their contract of employment under their job description.

In all cases staff responsible for the administration of medication should be provided with suitable and sufficient training to enable them to carry out their duties safely and responsibly and should include training on the administering of i.e. eye and nose drops. Such training can be arranged in conjunction with the local Health Trust. The school should maintain a written record of which member of staff has volunteered to administer which medication and what training each member of staff has received.

Any member of staff giving medicine should check the IHCP including-

- CYP's name;
- written instructions and consent provided by the PLG or doctor;
- prescribed dose and the expiry date of the medicine.

If there is any doubt about these details, or they are not provided, then medication should not be given until the full details are known. Medication should not be administered until full information is provided.

Each time a CYP is given any medication a record must be made, including the date, time, what was administered and, if necessary, details of any problems, which the person administering the medication should sign.

It will then be necessary to refer to the local Health Trust for advice on how to continue providing treatment.

Under no circumstances should any person employed by the school administer medication if they have not received the requisite training or authorisation from their Headteacher. If a CYP is at severe risk because their medication cannot be given, the Headteacher must ensure that there are suitable emergency arrangements in place.

Medicine must never be administered to a CYP under the age of 16 without their PLG's written consent.

Controlled drugs should be administered by 2 persons both of whom must complete the

administration of medication record.

### **3.10 Self Management**

Schools should encourage young people to take control of their medication and illness from a young age. The ages that CYP are able to take control of their medicines varies enormously. It should however be considered that in some circumstances a young person might not be competent to take medical responsibility for themselves at school. As young people grow, develop and mature they should be encouraged to participate in decisions about their medications and to take responsibility.

If CYPs are able to take medication themselves, then staff may only need to supervise. The school policy should include whether CYPs may carry and administer (where appropriate) their own medication, and the safety of other CYPs.

Where CYPs are prescribed controlled drugs staff need to be aware that these need to be kept in safe custody. CYPs should be able to access these for self-medication if it is agreed that it is appropriate.

### **3.11 Refusal to take medicine**

No person can be forced to take medicine should they refuse.

If a CYP refuses to take medicine and the information provided by the CYP's PLG and/or GP suggests that the CYP is at great risk if they do not take their medication, the PLGs should be contacted immediately. If a PLG cannot be contacted medical advice and/or emergency services should be called.

Where the information provided indicates that the CYP will not be at great risk if they do not take their medication, but the PLG has informed the school that their CYP should receive their medication, the PLG should be contacted as soon as possible.

PLGs should be communicated with directly and not via a note sent home with the CYP. Records of the conversations should be kept and the school may wish to follow this up with a letter.

### **3.12 Adrenaline Auto Injectors (AAI) and Emergency Salbutamol Inhalers**

There are two aspects of medical care that most school staff have been able to manage without undue concern about imposition or impracticality. CYP and adults who have a sudden and severe allergic reaction to a foodstuff; insect bite or other external irritant may become ill quite quickly. Adrenaline Auto Injectors are considered to be a risk free treatment. If staff are correctly trained to administer the AAI they are a one shot injection that may save

a life and at the worst they are likely to have no or little ill effects.

Schools are expected to have some provision for the emergency treatment of anaphylaxis. First aid treatment can include the appropriate use of AAls. Staff might be happy to volunteer to specifically administer AAls.

If staff are not prepared to administer AAls this needs to be made clear to PLGs of individuals involved. These issues need to be covered within the medication policy. AAls need to be covered within the medication policy.

AAls need to be stored in a dry area with a constant temperatures as they are fragile and can become ineffective if they are knocked or become too cold. Where possible a minimum of two AAls should be kept on site in the event that one fails or that the first dose is not effective. The use by date of each pen should also be monitored to ensure they are within the effective date for use.

As asthma affects between 10% and 17% of the general school population and has a variety of degrees of severity, it is important that the PLG informs the school if their CYP requires an inhaler. Older CYPs are able to self administer their own medication and PLGs should be part of this process.

Inhalers for younger CYPs who are unable to administer their own medication should be kept in a safe place and labelled in the same manner as any other medication. In the case of an asthma attack the inhaler would need to be administered urgently so the school must have an emergency procedure so that all staff are aware of the location of all inhalers. The storage of inhalers need to be well managed and the distance between where the CYP is situated and where the inhalers are stored must also be considered. PLGs should request an extra inhaler from their family doctor so that this can be left at the school premises. Schools must not allow inhalers for one CYP to be used by another and must only allow each inhaler to be used by the CYP it is prescribed for.

There are example IHCPs for younger CYP and older CYP in the appendices of this document.

There is the DfE guidance document for the school use of an Emergency inhaler in the appendices of this document.

Both AAls and inhalers required for critical emergency use should be kept as close to the location of the CYP as possible. If the CYP moves to different locations in the school these devices should be moved with the individual, e.g. PE activities on a school field, after school clubs, assemblies, so that rapid access can be achieved in an emergency.

### **3.13 IHCPs & IPRAs**

To ensure that each CYP with medical needs receives the appropriate support in school, and that all persons who may come into contact with the CYP have access to sufficient information, the Headteacher should ensure that a written IHCP is drawn up. This should be done in conjunction with the PLG and School Medical Officer or GP etc. It should give details of the CYP's condition, daily care requirements, emergency action to take and when to take it, who is responsible in an emergency (including reserves) and any follow up care that may be needed.

Input into the IHCP should be sought from everyone with whom the CYP is likely to have contact – e.g. class teacher, form tutor, year head, care assistant, school staff who have agreed to administer medication, school health service, escorts/schools transport service.

The plan should be provided to all staff that will have contact with the CYP including, for example, lunchtime supervisory assistants. As the medical information contained within the plan is confidential, the level of information provided to various staff should be carefully planned so that, for example, a Lunchtime Assistant knows what to do in an emergency but is not party to the specific reason for doing it if the PLG or CYP does not want their medical condition to be generally known.

The plan should also identify what particular training needs will be required for anyone volunteering to administer medicine.

The plan should reflect not only the physical needs of the CYP but the emotional needs as well. However, the Headteacher must not make value judgements about any medication prescribed, even though the CYP may appear to be unable to cope with taking the medicine. In those instances the Headteacher will need to discuss his/her concerns with the CYP's PLG and/or health care professionals.

The plan should always identify what action should be taken in the event of the unexpected, e.g. an injury. If a CYP who accesses medication in school requires hospital or clinical treatment as a result of some incident then the IHCP and the medication should go with them to hospital, or ensure that the PLG takes them. Note this in the records.

If the IHCP does not account for all the foreseeable risks of harm to the CYP or those administering the care to the CYP then there should be an IPRA in place.

Please note that it is a legal requirement to have an IPRA in place under the Management of Health and Safety at Work Regulations 1999.

### **3.14 School trips and sporting activities**

#### **School trips**

CYPs with medical needs should be encouraged to participate in school trips as long as the safety of the CYP, other CYPs and/or staff is not placed at significant risk.

It may be necessary for a school to take additional measures for outside visits. This may include:

- additional appropriately trained staff;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets.

When planning trips and visits which will include a CYP with medical needs, all persons supervising the trip should be made aware of the CYP's medical needs and any emergency procedures that may be needed.

The location to be visited should be made aware that persons with medical needs are included in the party. Where it is unlikely that any difficulties will occur there is no need to inform the place to be visited.

If there is any doubt regarding a school trip the school should discuss the trip with the PLG and also, if necessary, seek medical advice.

#### **Sporting activities**

Most CYPs with medical needs should be able to participate in sporting activities either as part of the curriculum or as an extra-curriculum activity.

However, some CYP will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards.

Any members of staff supervising CYPs involved in P.E. and sporting activities must be aware of the relevant medical conditions and emergency procedures for any CYP with a medical condition who is participating in the lesson or activity either actively or as an observer. For extra-curriculum activity or after hours P.E. lessons, where a CYP with a medical need is participating, the level of supervision should be assessed, and it may need to be increased.

## 4. The storage of medication and equipment

### 4.1 Storage & disposal of medicines

#### Storage of medicines

All controlled drugs must be kept in an approved (meets with the requirements of the Misuse of Drugs Regulations) lockable receptacle. This must be locked at all times except when being accessed for the storage of medication or the administration to the named recipient.

Lockable receptacles must be:

- Of robust construction
- Made of steel
- Securely bolted to the floor or wall
- Kept in a room or building that is alarm protected.

Keys, should be kept to a minimum and only held by individuals who have legitimate authority to access the medicine cabinet. These should never be given to an unauthorised person, left on hooks, in desks or out on display.

- Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual CYP.
- Medicines should be stored strictly in accordance with product instructions
- CYPs should know where their own medicines are stored and who holds the key.
- All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to CYPs and should not be locked away.
- Few medicines need to be refrigerated. These can be kept in a

refrigerator with food but they must be in an air tight container and clearly labelled. There should be restricted access to a refrigerator holding medication. When the staff room is not occupied – depending on the risk assessment undertaken by the Headteacher – the room or the fridge should be locked so that access is denied to everyone except those authorised by the Headteacher.

- Medicine should be stored in original containers which are labelled with:
  - the name of the person for whom the medicine is prescribed;
  - the name and constituents (if known) of the medicine;
  - the prescribed dose;
  - the time the prescribed dose is to be taken;
  - who to contact in an emergency;
  - the expiry date of the medicine;
  - the name of the person or organisation responsible for prescribing the medicine;
  - any likely side effects for the person taking the medicine (e.g. harmful or toxic if swallowed, harmful by inhalation, harmful if in contact with the skin or eyes).

It may not always be possible to get all the above information from the original container. If this is so, the pharmacy supplying the medicine or the pharmacy department of the local NHS Trust may be of assistance.

Some medicines can have serious ill health effects on those giving the medicine, produce harmful vapours, some can be corrosive or produce dermatitis; some can sensitise those giving the medicine, some people may already be sensitive to the medication – particularly those who suffer from eczema or asthma.

Staff who administer medicine which has been assessed as being a sensitiser should be asked if they have respiratory or skin problems. If they have, the Headteacher should seek an alternative administrator. Administrators should be provided with suitable personal protection such as disposable gloves, face mask, etc. Should an administrator become sensitised to a particular medication they should cease to administer it and again the Headteacher should seek an alternative administrator. Such

reactions, however, are rare.

## **4.2 Disposal of medicines**

A school should not routinely or voluntarily dispose of any prescribed medicine or the container from which it came. The PLG of the CYP for whom the medicine was provided should collect all empty containers, surplus medicines and out-of-date medicines. They should also collect medicines held at the end of each term. If PLGs do not collect all medicines after repeated reminders, they should be taken to a local pharmacy for safe disposal.

On the very rare occasion that the school has to dispose of any of the below items, advice should be sought from the Leeds City Council's Environmental Health Waste Disposal Service before disposal of any items. Pharmaceuticals that are cytostatic or cytotoxic (are defined as any medicinal product that has one or more of the following hazardous properties: Toxic (H6), Carcinogenic (H7), Mutagenic (H11) or Toxic for Reproduction (H10)) are classed as "hazardous Wastes" under Hazardous Waste Regulations 2005 as such disposal must be in accordance with the requisite Regulations.

### **Disposal of sharps**

Sharps boxes should always be used for the disposal of needles. Sharps

boxes can be obtained by PLGs on prescription from the CYP's GP or paediatrician. Collection and disposal of the boxes should be arranged with Leeds City Council's Environmental Waste Disposal Unit.

## **4.3 Written Records**

Governing bodies should ensure that written records are kept of all medicines administered to children:

Medication Administration Log (**Appendix 5**). This is currently completed by staff giving individual prescription medication with parental consent form: reception staff, SENCO, Designated Safeguarding Lead, First Aid staff and copies are kept with student medical information in the locked filing cabinet in reception.)

Non prescription medication given e.g pain relief, paracetamol is recorded on individual student Medication Logs stored in the medical filing cabinet. (**Appendix 5**) Any medication given has been agreed with a parental consent form.

## 4.4 First Aid Equipment

### Defibrillators

Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

UTC has purchased a defibrillator as part of the first-aid equipment. This is located in the first aid room.

Staff members appointed as first -aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike; (Please refer to First Aid Policy.)

### 4.5 Spare Medication

Schools may hold spare asthma inhalers and EpiPens for emergency use.

These are stored in the medical cabinet at reception.

Parents need to complete a consent form for use of spare inhalers. (**Appendix 6**)

Due to current Covid restrictions, if a spare inhaler/spacer is used this must then be disposed of and not re-used. (School Nursing Service September 20)

Spare inhalers stored and used following *Guidance on the use of emergency salbutamol inhalers in schools March 2015*

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

Spare epiPen stored and used following *Guidance on the use of adrenaline auto-injectors in schools*

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Parents need to complete the consent section of individual allergy action plan signed for use of a spare epiPen.

Appendix 2

 <b>Assessment Date:</b>	<h1>Student Support Plan</h1>	
<b>Date of birth:</b>		<b>Year:</b>
<b>Previous School:</b>	<b>Profile Team:</b>	
<u>Area/s of Need and General Information</u> <ul style="list-style-type: none"><li>•</li></ul>		
<u>Impact on Learning</u> <ul style="list-style-type: none"><li>•</li></ul>		
<u>Support Required</u> <ul style="list-style-type: none"><li>•</li></ul>		
<u>Additional Support and Intervention Provided by UTC</u> <ul style="list-style-type: none"><li>•</li></ul>		
<u>Additional Support Provided by Outside Agencies</u>		

I'm happy for the adjustments/support I need to be shared with appropriate staff/agencies.

Student Signature

Parent Signature

Reviews

**Appendix 3 and 4**



**Individual Healthcare Plan**

Date

Dear Parent/Carer of.....

**DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child’s medical condition. A copy of the school’s policy for supporting pupils at school with medical conditions is on the school website for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each student needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, students and the relevant healthcare professional who can advise on your child’s case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child’s medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

Please can you complete the attached individual healthcare plan and return it to UTC together with any relevant evidence.



(home)

(mobile)


**Clinic/Hospital Contact**

Name

Phone no.


**G.P.**

Name

Phone no.


Who is responsible for providing support in school

First Aid staff
-----------------

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits/trips etc

--

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with:

Staff training needed/undertaken – who, what, when

Form copied to

## Parental Agreement for setting to administer medicine

UTC Leeds will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

### Medicine

Name/type of medicine  
(*as described on the container*)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

Reception or Mrs Ellis

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

Signature(s) .....

Date .....

**Appendix 5**

## Template C: record of medicine administered to an individual child



Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**Appendix 6**



**CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER**

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date: .....

Name (Print).....

Child's name: .....

Class: .....

Parent's address and contact details:

.....  
.....  
.....

Telephone: .....

E-mail:.....