



# Whitburn Church of England Academy

## Managing Medications and Supporting Students with Medical Conditions at School - Policy Statement

### Preface - Vision and values

The Academy Vision and Values can be found here: <https://www.whitburncofeacademy.org/about-us/academy-ethos.html>

This policy and its associated procedures are based on these key principles and values.

### Policy

The Academy is committed to giving all its students opportunities to access the curriculum and to make arrangements to support students at school with medical conditions. The aim is to ensure that all students with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. All students who take prescribed medications during the school day and staff that administer these medications should be able to do so in a safe and managed way.

### Aims

- To be as inclusive as possible for students with medical needs to be addressed in school.
- To provide a safe and reliable method of administering medications and meeting the medical needs of students.
- To provide appropriate information to all members of the school community relating to the management of medications and medical needs.
- To set clear protocols relating to the management of medications and medical needs.
- To set clear protocols for supporting students with additional medical needs.
- To ensure all practices conform to current legislation and guidance.

### Objectives

- To communicate key aspects of managing students' medical conditions effectively with all members of the school community.
- To work in partnership with students, parents/carers, staff and other key professionals so that arrangements give parents/carers and students confidence in our ability to provide effective support for medical conditions in school
- To ensure all students who have long term medical conditions, have an Individual Healthcare Plan (IHCP) which focuses on the needs of each individual child and how their medical condition impacts on school life. All relevant staff will be made aware of the child's condition.
- To ensure staff are aware of the triggers that can make medical conditions worse or can bring on an emergency, so the school can actively work towards reducing these health and safety risks.
- To increase the confidence of students with medical needs and to promote self-care.

- To have an identified ‘Medications Officer’ and ensure cover arrangements are in place in case of staff absence or turnover.
- To ensure all staff, including supply teachers, know what to do in a medical emergency.
- To ensure IHCPs are monitored and reviewed at least annually.
- To ensure the Principal is aware of every student taking medication and their medical needs.
- To maximise the students’ learning opportunities by keeping them in school.
- To forge effective links and work in partnership with all appropriate outside agencies.
- To establish clear administration, storage and disposal protocols.
- To clarify school procedures relating to handling incidents of misuse.
- To produce appropriate documentation and procedures to monitor medications brought into school.
- To document procedures for students to have their medical needs met whilst on visits out of school and ensure risk assessments are undertaken.
- To ensure all members of the school community, receive effective INSET relating to the management of medication and are trained to provide the support that students need.
- To establish systems where students regularly taking medications can be identified and supported.

### **Location & Dissemination of this Policy**

A reference copy of the policy will be kept, reviewed and updated by the Deputy Headteacher in conjunction with the Principal.

All staff will receive training on the key parts of the policy as part of induction. A reference copy of the policy will be located on the academy’s website and will also be accessible to all staff on the school network.

### **Advice on common medical conditions**

Posters identifying the symptoms of common conditions and what to do in an emergency relating to anaphylaxis, asthma, diabetes, seizures and meningitis will be displayed in key locations around the school.

A folder called ‘Student Medical Needs’ has been set up on the Staff drive of the ICT network. This folder will be read only for most staff and will contain:

- Advice and guidance for identifying the symptoms of common conditions and what to do in an emergency relating to: anaphylaxis, asthma, diabetes, seizures meningitis and other conditions.
- Individual students Health Care Plans where it is important all staff are aware of specific students with medical needs, their condition, what constitutes an emergency and what should be done in an emergency. Consent will be obtained from parents/carers to do this.

## **The Context of the policy and links with other policies and practice**

This policy aims to identify the school's position on all aspects of managing medications and medical conditions both within school and on visits. The policy will document procedures for staff, students and parents/carers to follow when setting up an IHCP or Medicare Plan and for administering and storing medications. This policy will link to aspects of other policies and practices within the school such as Special Educational Needs and Disabilities (SEN and D), Asthma, Health and Safety, Behaviour, Attendance and Child Protection.

### **Health & Safety for all Staff**

This policy and the guidelines within it aim to identify all the correct procedures for managing medications in school to ensure the Health and Safety of all staff is maintained and staff do not put themselves in potentially dangerous or vulnerable positions. The Governors have a duty to protect staff in these matters and all staff have a duty to cooperate with the school and follow the safe procedures laid down in this policy.

Each student requiring the school to support their medical needs will have their needs risk assessed. If needs are more serious, then a meeting will be set up involving parents/carers/carers, the Medications Officer and key health care professionals to complete an Individual Healthcare Plan. If needs are more routine; such as administering a short course of antibiotics, then the Medications Officer will meet with parents/carers to complete a Medicare Plan.

Each risk assessment will take into consideration:

- The medical needs of the student
- The advice given by health professionals
- Whether or not school staff are confident, willing and able to manage the student's medical needs
- The potential risks to other members of the school community
- Whether it is possible to meet these needs on a practical level within the school due to staff training and other resourcing issues
- The age and ability of the student to manage his/her own medical needs within the school environment and their peer group.

The responses to the above assessments will influence the school's decision to manage a student's medical needs and whether or not we allow students to manage their own medical needs.

### **Students managing their own medical needs**

Whilst it is good practice for a student to manage their own medical needs within the school, this needs to be risk assessed against the impact upon others.

Responsible students over 16 years of age will be allowed to bring in their own medication, though the medication will be administered following the same procedures as other students. However if it is felt that the student concerned is mature enough to self-medicate they will be allowed to do so.

The procedure for students who self-medicate will be written into their Medicare Plan; this will include the safe storage of medication.

Students with diabetes, subject to a risk assessment and parental agreement, will be allowed to carry their blood testing kit with them at all times so they can monitor their condition and seek help as soon as possible when required.

Students with anaphylaxis, subject to a risk assessment and parental agreement, will be allowed to carry an epipen with them at all times so this is readily accessible if needed.

Students with asthma, subject to a risk assessment and parental agreement, will be allowed to carry an inhaler with them at all times so they can use this when required.

## **Further Guidance**

This policy draws upon information from the following legislation and guidance:

- The Misuse of Drugs Regulations 1985.
- The Misuse of Drugs Regulations 2001 (came into force Feb 2002).
- Managing Medicines in Schools and Early Years Settings. DfES Ref: 1448-2005DCL-EN.
- Special Educational Needs & Disability Act 2001.
- Management of Health & Safety at Work Regulations 1999.
- Control of Substances Hazardous to Health Regulations 2002.
- The Education (School Premises) Regulations 1999.
- DfE website and ‘Supporting Students at Schools with Medical Conditions’ (2014)
- Children and Families Act 2014.

## **Staff Responsibilities**

The Principal has overall responsibility for the implementation of this policy. All staff have a duty of care to all students. Where staff observe any problems with a student’s behaviour or physical appearance, they should pass this on to the relevant pastoral staff immediately. Pastoral staff, in conjunction with the Medications Officer, coordinate the care and support for students. They work in partnership with parents/carers and other agencies both within and external to the school. They will be responsible for meeting with parents/carers, in conjunction with the Community Public Health Nurse and Medications Officer to draw up and review IHCPs.

The school will ensure there is an appropriately trained member of staff to oversee the policy and practice for managing medications. The named member of staff responsible for this medical policy and its implementation is: Mrs Angela Duddin. The Principal will be responsible for signing and agreeing to the delivery of an IHCP and Medicare Plan. Trained administration staff will ensure all the correct procedures have been followed before accepting any medication from a parent or responsible adult. They will also ensure the safe and secure storage and administration of medication; children will know where their medicines are at all times and be able to access these immediately. Where relevant, they will be informed who holds the key to the storage facility.

**Medicines will only be administered at Whitburn Church of England Academy when it would be detrimental to a child’s health, or school attendance, not to do so.**

## **Non-prescribed Medication**

Staff should never give non-prescribed/over the counter (OTC) medicine e.g. paracetamol to a child unless there is specific prior written permission from the parents. Parents must complete the form to agree to this, prior to any medicine being administered by school staff.

Non-prescription medication may be administered providing this is supplied in the original packaging and the time scale involved does not extend beyond that recommended by the manufacturers. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers will always be informed via the dedicated pages in the school planner when medication has been administered. **Under no circumstances will the school administer ibuprofen to children under 12 or aspirin to children under 16 without a prescription.**

When students are out of school on a visit, away from medical assistance, and in an emergency (Section 3(5) of the Children Act 1989), specific members of staff can administer non-prescription medication to students if their parents/carers have signed and consented to this on the EV Form or Medicare Plan. It is also advisable in an emergency, if possible, to contact parents/carers by phone to explain the nature of the emergency and to check again if it is okay to give their child non-prescribed medication in this situation. In an emergency situation the school would only give paracetamol, hayfever and travel sickness pills.

## **Prescription Medication**

As mandated by the Department for Education, the school will arrange for prescription medication to be administered if a student requires it. Prescribed medications can be administered within school following the guidance and protocols identified in this policy. **The academy will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will be inside an insulin pen or pump rather than its original container.** Where students require medication, the staff member who administers it will be trained in this task. If parents/carers have difficulty getting their child's prescription into the school, they can arrange for the doctor to prescribe a split prescription; one for home and one for school. They can also arrange for a local chemist to make up and deliver the prescription.

Where clinically possible, parents/carers should try and arrange an administration schedule outside of school hours. Some students, as identified by their agreed IHCP, may carry their own prescribed medicine such as insulin or an epipen. This will be noted on the IHCP that is signed by parents/carers.

## **Storage of Medication**

The school has purchased a recommended non-portable metal medication cabinet to safely store all student non-emergency medication in, with the exception of medicines requiring refrigeration. The cabinet is locked at all times, other than when medication is being administered. Keys to the cabinet are in the possession of the Medications Officer and Deputy and a spare key is kept in the safe. Medications requiring to be kept cool will be kept in the locked fridge located in the medical room.

Emergency medication is removed from a secure location first thing in the morning and it is kept but accessible in the Main Academy Office. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away during hours when students are on-site.

Medicare Plans, IHCPs and Individual Medication Records are stored within the reception/main office area in a plain folder within a filing cabinet. IHCPs for students requiring emergency medication are also stored in the Staff Room, Quiet Room, Sixth Form Reception Office and PA's Office. Students should have their name and form clearly written on the front of their individual record, along with a recent photograph. This will help any member of staff, who does not usually give out medication but has been trained and placed into that role due to illness, to ensure the correct student gets the correct medication.

### **What To Do - if a parent asks the Academy to administer medication to their child?**

Refer parents/carers to the Medications Officer who will discuss how the school can assist with the student's healthcare requirements, and whether the student requires an IHCP or Medicare Plan. Advice from the Community Public Health Nurse will be sought if needed.

### **Medication taken for a short while (1 week to 10 days)**

If students are only going to require medication for a short term, such as an antibiotic for an ear infection, it is unlikely that a full IHCP will be needed; however this will be determined on a case-by-case basis. Parents/carers will complete a 'Request to Administer Prescribed Medication Form / Medicare Plan' (Appendix 3). The Medications Officer will then meet with parents/carers to discuss the main details and ensure all information is completed, as well as check that medication provided fulfils the agreed criteria. The Principal will then sign the form.

### **Medical needs - LONGER TERM**

Individual healthcare plans (IHCPs) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional. These provide clarity about what needs to be done, when and by whom for students with more complex medical conditions or those returning to school following a period of hospital education or alternative provision. Parents/carers and students will meet with the Medications Officer, appropriate school staff and, where possible, the Community Public Health Nurse or Healthcare professional so that an IHCP (Appendix 2) can be drawn up in partnership with the child's best interests in mind.

If the child has a SEN identified in a statement or EHC plan, the individual healthcare plan will be linked to this. Relevant partners will agree who will take the lead in writing the plan but the responsibility for ensuring it is finalised and implemented rests with the academy.

The format may vary for each individual child but the following will be considered for inclusion on an IHCP

- The medical condition, triggers, signs, symptoms and treatment
- The student's resulting needs including medication (dose, side-effects, storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage a condition, dietary requirements and environmental issues *e.g. crowded corridors, travel time between lessons.*
- Specific support for student's educational, social and emotional needs – *e.g. how absences will be managed, requirements for extra time in exams, use of rest periods or additional support in catching up with lessons and counselling sessions.*
- The level of support needed. If a child is self-managing their own medication as they are deemed able to take responsibility for their own health needs, this should be clearly stated with the appropriate arrangements for monitoring.
- What is deemed by healthcare professionals to be 'appropriate support'; and the staff that will provide this. Cover arrangements should be made clear for when the staff identified are not available.
- Who in school needs to be aware of the child's condition and the support required to meet their needs.
- Arrangements for written permission from parents/carers and the Principal for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal timetable that will ensure the child can participate (risk assessments).
- Procedures in place for action in emergency situations, including whom to contact and contingency arrangements. Students with emergency healthcare plans prepared by their lead clinician can be used to inform the development of their IHCP.
- Who needs to know and who the information can be shared with. Staff who may need to know are SLT, SENCo, pastoral staff, Form Staff, Teachers etc. Teachers should be aware of how a child's medical condition will impact on participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Any confidentiality issues raised by the parents/carers or child that need to be adhered to.
- What to do if a child does not take their medication or refuses to take it.

When an IHCP has been fully completed, the parent will be informed by the Medications Officer we will administer the medication, or offer other support as agreed. The parent or another responsible adult should then bring the medication in and hand it in. The Medications Officer will then set up an individual file for the new case, prepare an Individual Medication Record (Appendix 4) and put this and the signed Individual Healthcare Plan in it. Agreed staff will then be informed of the medical needs.

For students with asthma, a school asthma card may be completed by parents/carers in conjunction with health professionals and this will form the agreed IHCP.

## Accepting, Recording & Storing Medication

It is the parents/carers responsibility to ensure adequate supplies of new and in date medication comes into school with the appropriate instructions. The academy will not accept any medication that does not meet the criteria outlined earlier. Once the Medications Officer is happy to accept the medication they will then complete the **Individual Medication Record**. All record keeping templates can be found in the appendices. On this record they will enter:

- Students name and date of birth.
- Parents/carers name and telephone contact.
- Address.
- Medication received.
  - Date medication received.
  - Name of person who brought it in.
  - Name of medication.
  - Amount supplied/brought in.
  - Form supplied (tablet or liquid).
  - Expiry date.
  - Dosage regime.
- Any side effects – List the main side effects of the medication if there are any.

The Medications Officer or Deputy will then place the Individual Medication Record in the student's file and the student's medication will be stored in accordance with this policy.

## Administering Medication

Each time the child comes to take their medication the administrator will note on their Individual Medication Record:

- The date.
- Name of medication.
- Amount given.
- Amount left.
- Time.
- Name of person who administered the medication.
- Any issues/comments.

Accurate written records of all medication administered, including the dose, time, date and supervising staff will be kept. The member of staff administering the medication or supervising self-administration will take due care and regard for the individual student's privacy so their rights to privacy are not compromised.

**If a mistake is made during an entry** on the Individual Medication Record, staff will **not cross it out** or use **Tippex**.

- \* asterisk the line with the mistake on it and if possible
- \* asterisk the line underneath then write - line above should read



If the correction cannot be entered on the next line, it will be written on the bottom of the page. It is very important that the Individual Medication Record is kept in this way to avoid accusations of tampering which could lead to accusations of theft, which could lead onto unlawful possession.

**Example: Register of Medication Administered**

<b>Date</b>	<b>Medication</b>	<b>Amount Given</b>	<b>Amount Left</b>	<b>Time</b>	<b>Administered by</b>	<b>Comments/Issues/ Side Effects</b>
2/5/99	Ritalin	1 x 20mg tablet	27 x 20mg tablets	1.00	B. Smith	As above
*1/5/99	Ritalin	1 s 20mg tablet	26 x 20mg tablets	1.02	B. Smith	As above
* Line above should read 3/5/99						
4/5/99	Ritalin	1 x 20mg tablet	25 x 20mg Tablets	12.58	B. Smith	As above

Parents/carers must notify the school immediately if their child’s medication changes or is discontinued, or if the dose or administration method changes. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.

**Students not taking their medication**

If parents/carers or school staff are concerned that a particular student may not be in a ‘fit state’ to be in school or may be at risk if they do not take their medication, the link SMT will ask the Medications Officer to alert them if the student fails to turn up and take their medication.

The link SMT can then remind the student in question and arrange for them to go along and take their medication. If a student refuses to take their medication, parents/carers will be contacted.

**Medication Return and Disposal**

Parents/carers will be contacted by the Medications Officer at the end of the academic year and asked to come in and collect any unused/unwanted medication so that this can be safely disposed of. If medication is not collected when it is no longer required, it will be destroyed and disposed of.

When medication is handed back to the parents/carers or destroyed it needs to be entered on the Individual Medication Record exactly what has been handed back or destroyed.

Staff carrying, transporting unused medicines some of which may be controlled drugs from school to a pharmacy for disposal may prove problematic, breach school policy and lead to difficulties with insurance cover for staff. The community police will therefore be contacted at the end of term to request that they remove unused medication and take it to the local chemist for disposal.

## **Confidentiality**

Students have the same rights as adults when it comes to confidentiality and their medical records.

In order that other members of staff such as: the main office staff, the Community Public Health Nurse, pastoral staff, SENCO, LSAs, teachers etc, know about a student's medical records permission must be given in writing. This is agreed in the IHCP. Once it has been agreed who can have knowledge of a case it is a breach of confidentiality and illegal to discuss the case with anyone else. The only exception to this is in an emergency where disclosure would be necessary to safeguard the student's welfare.

When administering medication a student has the right to and should expect privacy. As adults we would object to other people knowing what medications we were taking and would want any discussions carried out in private. Students should be treated with the same care and respect that they would get from their doctor. The confidentiality of medical records comes under the same legislation.

Where it is deemed necessary and consent is given by the student and their parents/carers during the discussion that accompanies the completion of an IHCP, that all staff who come into contact with a particular student know about their condition and what to do in an emergency, this information will be made more widely available to all staff. This will be done via the school network that only staff can access.

## **INSET for staff**

The member of staff responsible for ensuring that sufficient staff are suitably trained is Mr C Shaw, Deputy Headteacher. Teachers and support staff will receive training on the Managing Medications and Supporting Students with Medical Conditions at School Policy as part of their new starter induction.

All staff will receive INSET on this policy and the implications for them. Temporary or supply staff will be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly.

Staff required to administer medication, or perform other medical tasks will receive specialist training. In addition, other key staff will receive additional INSET to help them carry out their duties.

The Medications Officer and Deputy have attended L2 and L3 training to ensure the school's policy and practices reflect current practice in the area of managing medications and students' medical needs in school.

Key staff that administer medications will attend a L1 course to ensure that they understand the dangers and know how to administer medications correctly in an educational setting. All other staff will receive INSET on this policy and the implications for them. In addition staff that take students on visits will be trained to help them carry out their duties whilst away from the school.

Additional INSET to meet specific medical needs will be carried out annually or more frequently if required, such as Epipen training. The Community Public Health Nurse will provide annual training on common medical conditions e.g. asthma, allergies, epilepsy and diabetes.

## **Communication with parents/carers**

The Academy will discuss and review a student's medication regime through the setting up and review of an IHCP. If there are any issues relating to the delivery of an IHCP, the Head of Learning will contact home and speak to the parents/carers or carers about the issues. If necessary parents/carers will be invited into school. If parents/carers have any concerns they can contact the Academy and speak to the Head of Learning, SENCo or Medications Officer at any time and, if necessary, a meeting will be scheduled.

## **Managing Incidents of Medication Misuse**

Should any incidents of misuse occur, the Academy would first investigate the incident to identify what has happened, who was involved and what medications were involved. The school will seek medical advice by ringing A&E and parents/carers would be informed as soon as possible. If the incident involved a controlled drug then the Academy will follow the agreed procedures documented in the Drugs Policy.

If there are child protection concerns surrounding this misuse then a referral will be made to Children's Services. If an incident requires the police to be informed they will automatically inform Children's Services.

## **Working with Outside Agencies**

Links with other agencies such as Northumbria Police, Matrix, Children's Services and outside support agencies will depend on the circumstances and whether or not the parent has given us permission to work and discuss their child with these agencies.

The exception to this will be where the law has been broken and the protocols identified in the Drugs Policy will need to be followed or where there is a Child Protection concern. In both these circumstances the Principal needs to be informed immediately.

## **Emergency procedures**

Medical emergencies will be dealt with under the school's emergency procedures.

- Where an Individual Healthcare Plan (IHCP) and Medicare plan is in place, it should detail:
  - What constitutes an emergency?
  - What to do in an emergency.
- Students at this school learn what to do in an emergency - such as telling a teacher.
- If a student needs to attend hospital, a member of staff (preferably known to the student) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance.

## **Educational Visits and Sporting Activities**

- This school makes sure the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- This school understands the importance of all students taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all students. This includes out-of-school clubs and team sports.
- This school understands that all relevant staff are aware that students should not be forced to take part in activities if they are unwell. They should also be aware of students who have been advised to avoid/take special precautions during activity, and the potential triggers for a student's medical condition when exercising and how to minimise these.
- This school makes sure that students have the appropriate medication/equipment/food with them during physical activity and offsite visits.
- This school will not penalise students for their attendance if their absences relate to their medical condition.
- This school will make sure that a trained member of staff is available to accompany a student with a medical condition on an off-site visit, including overnight stays.
- This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of students with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual student needs

## **Unacceptable practice**

Whitburn Church of England Academy acknowledges that the following are considered unacceptable practice which will be avoided at all costs:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that every child with the same condition requires the same treatment.
- Ignoring the views of the child or their parents/carers.
- Ignoring medical evidence or opinion, (although this may be challenged).
- Sending children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs.
- Sending an ill child to the Main Office or Quiet Room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Preventing students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Requiring parents/carers, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child. No parent should have to give up working because the school is failing to support their child's medical needs.

- Preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

### **Home to school travel and transport arrangements**

As mandated by the Department for Education, it is the duty of the local authority to make transport arrangements for eligible children who are unable to walk to school because of special educational needs, a disability or mobility problems.

### **Emergency equipment**

#### **Defibrillators**

Whitburn Church of England has a defibrillator located in the Main Academy Office. The local NHS ambulance service is also aware of its location. The following staff members are trained to use this machine in cases of emergency:

- D Lynn
- A Duddin
- A Martino
- A Nelson
- S Mackey
- S Reah
- G Grey
- J Mckie

#### **Spare asthma inhalers**

The academy has purchased small quantities of emergency salbutamol inhalers and spacers from a pharmaceutical supplier. This means that students who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained will be able to access a spare emergency inhaler and spacer when having a potentially life-threatening asthma attack. Please see our Asthma Policy for further details.

#### **Liability and Indemnity**

The Governing Body will ensure that the appropriate level of insurance is in place to cover staff providing support to students with medical conditions.

#### **Complaints**

If parents/carers are dissatisfied with the level of support provided they should discuss their concerns directly with the school. The school's complaints procedure should be followed for formal complaints.

### **Staff responsibilities when taking medication in school and Storage of medication**

All staff must make sure any medications they bring in are for personal use only. It is the responsibility of every staff member to ensure all medication brought into school is stored safely and securely in Staff Room lockers so students are unable to access it. Medication **MUST NOT** be taken into or left in classrooms.

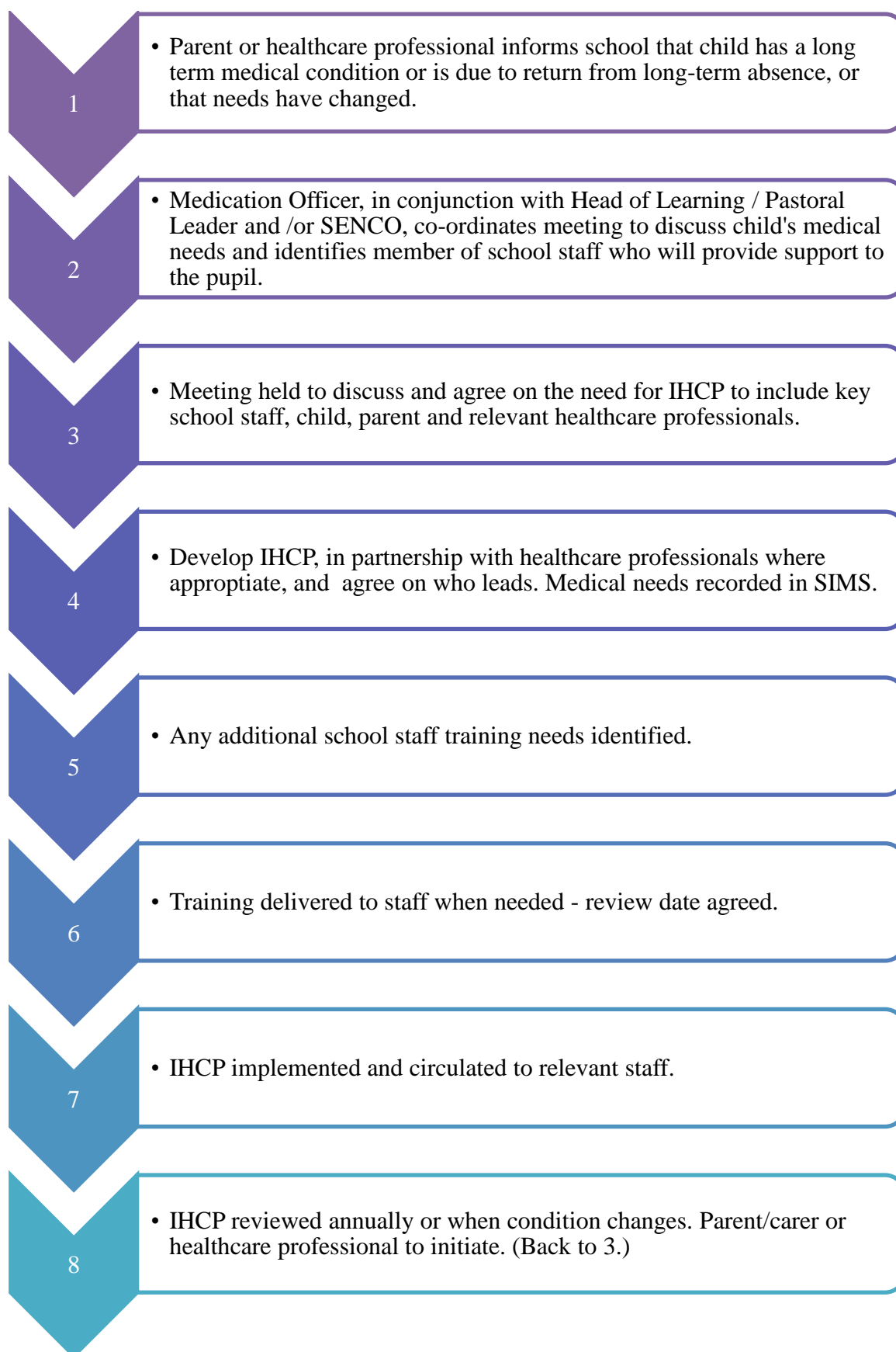
### **Notifying The Principal when needing to carry medications**

Any member of staff bringing in powerful or potentially dangerous medications into school, or who need to carry their medication with them, must inform the Principal or DHT Personnel. A safe procedure for self-administering medication with the school can then be agreed and this information will be treated in the strictest confidence.

### **Staff taking medication and their ability to work directly with students**

It is a requirement that where staff are taking powerful medications they will be required to seek medical advice to ensure they are able to carry out their duties and to confirm that their ability to work directly with students is not impaired.

## Appendix 1 - IHCP implementation procedure



**Appendix 2 – Individual Healthcare Plan (IHCP) – initiated by School**

**Appendix 3 – Medicare Plan**

**Appendix 4 – Individual Medication Record**

**Appendix 5 – Record of Medicine Administered to all Students**

**Supporting Forms**

<K:\Policies\APPROVED BY GOVERNORS\Sept 2024 - July 2025\Medication - Supporting forms>

<b>Managing Medications and the Medical Needs of Students Policy Statement</b>		
<b>Linked to</b>	<ul style="list-style-type: none"> <li>• Asthma Policy</li> <li>• Special Educational Needs and Disabilities Policy</li> <li>• Behaviour Policy</li> <li>• Exclusions Policy</li> <li>• Health and Safety Policy</li> <li>• Child Protection Policy</li> <li>• Searching and Confiscation Policy</li> <li>• Complaints Policy</li> </ul>	
<b>Creation Date</b>	<b>Version</b>	<b>Status</b>
10 <sup>th</sup> July 2012	1.0	Approved by the Governing Body
<b>Revision Date</b>		
17 <sup>th</sup> September 2013	2.0	Approved by the Governing Body
30 <sup>th</sup> September 2014	3.0	Approved by the Governing Body
13 <sup>th</sup> October 2015	4.0	Approved by Pupil Intervention Committee and ratified by the Termly Governing Body on 1 <sup>st</sup> December 2015
8 <sup>th</sup> December 2015	5.0	Approved by the Governing Body
2 <sup>nd</sup> October 2018	6.0	Approved by the Governing Body
29 <sup>th</sup> September 2021	7.0	Approved by the Governing Body
23 <sup>rd</sup> September 2024	8.0	Approved by the Governing Body



## Appendix 6 - Medications and the Law

The Home Office through the Misuse of Drugs Regulations 1985, amended in 2001 defined drugs within 5 schedules linked to their medicinal use and risk of being abused. With Schedule 1 containing drugs with no current know medicinal use and you must holds a Home Office licence to possess these drugs legally. Schedule 2, 3, 4 & 5 drugs are licensed to be used in medications but Schedule 2 and some Schedule 3 drugs must be kept in a correct medical cabinet and all schedule 2 drugs recorded in a drug register when used in Primary care (when under the control of Doctors, Dentists, Pharmacists). Schedule 4 drugs part 1 – it is illegal to possess them without a prescription, part 2 it is legal as long as they are within a medication. Schedule 5 drugs are where the risk is considered to be negligible and are treated the same as schedule 4 part 2 drugs.

Schedule 1 drugs	LSD, Coca Leaf & Mescaline
Schedule 2 drugs	Mostly Opiates, also in Schedule 2 - Methylphenidate (Ritalin)
Schedule 3 drugs	Barbiturates, Tamazepam
Schedule 4 part 1 drugs 33	Benzodiazepines – Diazepam
Schedule 4 part 2 drugs	Anabolic Steroids
Schedule 5 drugs	Migraleve OTC, Nicocodine, Kaoline & Morphine mix, Co-codamol (Class B drug)

### Non-Scheduled Medications

**Prescription Only Medicines** – the majority of drugs listed in Schedule 2 – 5 are prescription only, however, there are a large number of Prescription Only medicines that are not scheduled as Controlled Drugs.

**Over the Counter Medications** – can only be purchased over the counter in a pharmacy e.g. Nurofen Plus.

**General Sales List** – can be purchased from unlicensed retail - e.g. Paracetamol.

Many prescription medications contain controlled drugs and as a consequence it is illegal to possess them without an authorised prescription in your name e.g. prescription co-codamol (15/500 or 30/500) contains codeine which is obtained from Morphine a Class B drug. Possessing or passing to someone else (supplying) a controlled drug can carry the following sentences:

**Possession** – this means being caught with an illegal drug for your own use. Punishments can include up to seven years' imprisonment and/or a fine.

**Possession with intent to supply** – if you had any intention of dealing (this can include giving and sharing drugs) you may be charged with this more serious offence. Punishments can include up to 14 years in prison and or a fine.