




New Mills School

Supporting Pupils with Medical Conditions Policy

Revision	Authorised by	Date	Adopted by	Date
Draft	Garry Cash	August 2014	FGB Min No. 13.1	21/10/2014
Review	C Jesson	November 2020	FGB Min No. 5	15/12/2020
Review	E Adrio	September 2023	FGB Min No	
Review	E Adrio	October 2024		

Revision	Date	Description of Changes
Draft	August 2014	New issue based on model policy obtained via the SchoolBus, following statutory guidance.
Review	November 2020	Redevelopment to include updated guidance and procedures
Review	September 2023	Review and update
Review	October 2024	New policy based on the key template adapted for New Mills School

Signed: P Inman 
Chair of Governors

Date: 23/10/24

Contents

1. Aims	2
2. Legislation and statutory responsibilities	3
3. Roles and responsibilities	4
4. Equal opportunities	5
5. Being notified that a child has a medical condition.....	5
6. Individual healthcare plans	5
7. Managing medicines	6
8. Emergency procedures.....	6
9. Training.....	7
10. Record keeping.....	8
11. Liability and indemnity	8
12. Complaints	7
13. Monitoring arrangements.....	7
14. Links to other policies	7
Appendix 1: Being notified a child has a medical condition	8

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHCPs)

The named person with responsibility for implementing this policy is Emma Adrio (Assistant Headteacher).

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHCPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date (reviewed at least annually)

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

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

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHCP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHCP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans (IHCPs)

The headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. This has been delegated to Jackie Donnelly, Student Support Officer.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents/carers when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Assistant Headteacher responsible for this policy will consider the following when deciding what information to record on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents/carers' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school 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 school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHCPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHCP and inform parents/carers so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHCP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHCPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with relevant staff member creating the IHCP. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHCPs are kept in a readily accessible place that all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

New Mills School has insurance through Derbyshire County Council.

12. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every year.

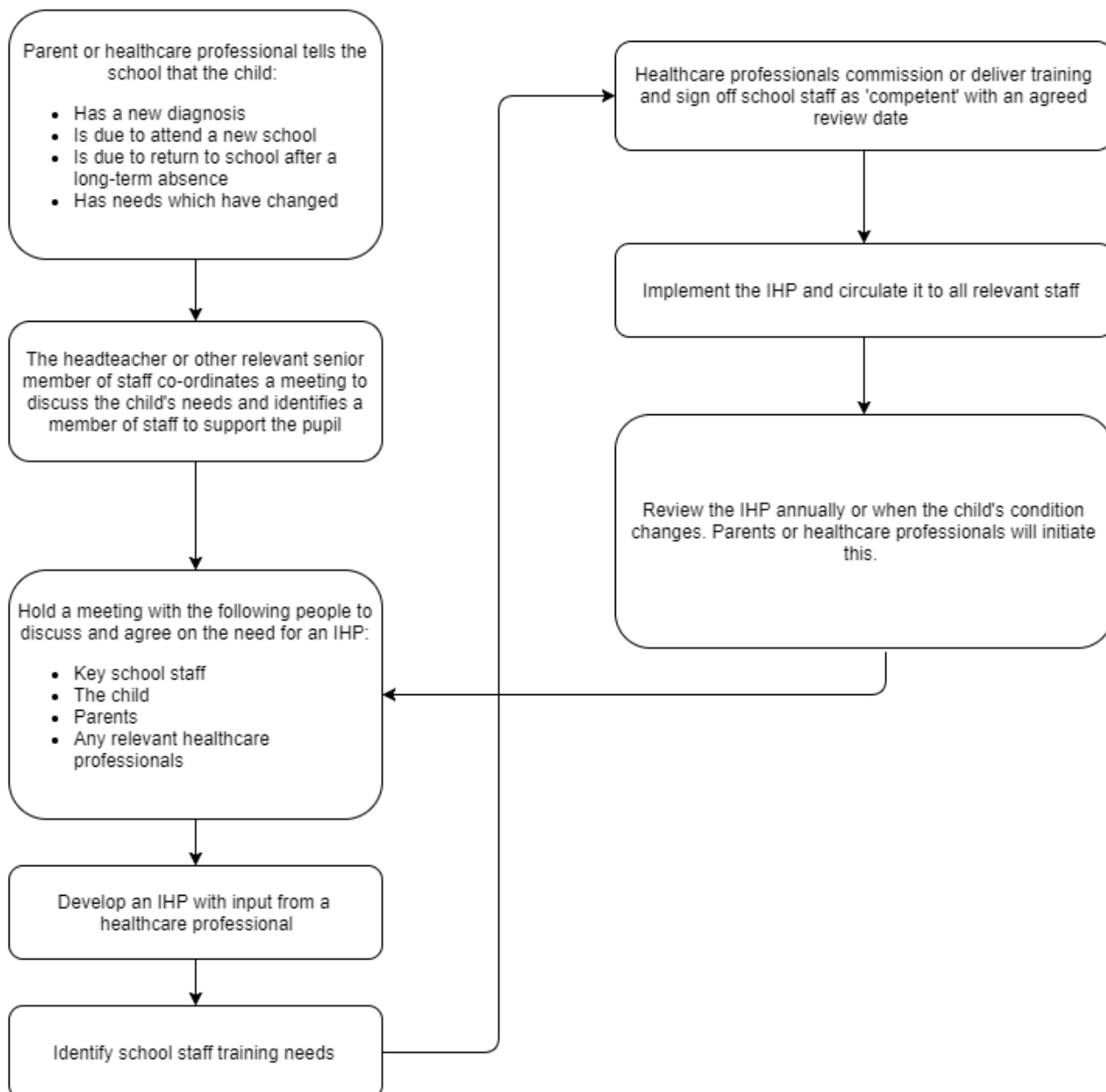
14. Links to other policies

This policy links to the following policies:

- Accessibility plan

- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Being notified a child has a medical condition



Individual HealthCare Plan Template

New Mills School Individual Health Care Plan

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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

Arrangements for administering medicines

Receipt of Medication

No medicines (prescribed or non-prescription) will be allowed into school unless accompanied by a fully completed consent form completed by a parent or guardian.

The consent form and the medicines should be brought to reception and handed to the receptionist or brought to the Student Support office and handed to the Student Support Manager

Prescription medicines will only be accepted in their original container with the dispensing label clearly stating:

- the name of the young person
- the name of the dispensing pharmacy
- date of dispensing
- name of medicine
- amount of medicine dispensed and strength
- the dose
- how often medication is to be taken
- if necessary, any cautions or warning messages.

Non-prescription medicines should be in their original bottle/containers clearly labelled with the young person's name.

Any medicines not provided in the original containers, appropriately labelled and with a fully completed parental consent form will not be administered. If New Mills School decided not to administer the medicine the parent/carer will be informed immediately so they can make alternative arrangements for the medicine to be administered.

Ideally only enough medicines for the day are to be supplied as this will avoid confusion or the chance of too much medicine being given. However, where a pupil is on a long term course of medication the school will by arrangement with parent/guardian agree to store sufficient medicine to avoid unnecessary toing and froing of medicines on the understanding that these will be in date for the duration agreed supplied. Where a medicine is out of date the parent/carer will be asked to collect and dispose of these medicines.

On receipt, the Receptionist or Student Support Manager will ensure that they check the information on the prescription label matches the information on the parental consent form. This check will be recorded on the Medicines Administration Record (MAR) sheet (see template below) and signed by both the staff member and parent/guardian.

The school will ensure parents are made aware of the above requirements at the start of each year and are reminded of them periodically via parental communications.

Storage of Medication

All medicines should be brought to the Student Support Manager in the student support office. Medicines will be stored as follows:

- Medicines which are not "rescue medicines required immediately in an emergency" such as antibiotics, pain relief etc. will be store in a locked cupboard in the student support office.
- Medicines requiring refrigeration will be stored in a labelled container within a fridge only accessible to staff in the student support office. Where this is a long-term medication the fridge will be regularly defrosted, cleaned and the temperatures will be checked and recorded daily.

Emergency or rescue medication is that which is required immediately in an emergency such as asthma inhalers, spacers or adrenalin auto injectors must be readily available to pupils as and when they are required.

- Where the pupil is deemed to have the competency to keep and administer their own rescue medications the school will encourage and support them to do so.
- Where pupils are not deemed to have sufficient capacity to store and administer their own rescue medication, these medications will be stored in an unlocked cupboard in main reception so that it is readily accessible in an emergency but is only available for the child it has been prescribed for. In this situation, suitable arrangements will be in place to ensure these emergency medications are readily available during activities away from the school site which will be detailed on the pupils' IHCP.

All medications will be stored in their original labeled/named containers irrespective of where they are stored.

Administration of Medicines

There are 4 levels of administration of medicines in school:

- A. The child self-administers their own medicine of which the school is aware
- B. The child self-administers the medication under supervision
- C. The child self-administers the medication under supervision after a parental check has been completed
- D. A named and trained consenting staff member administers the medicine

Administering medications is a purely voluntary activity (unless specified as part of a staff member's job description). Therefore, participation in the administration of medication is on a voluntary basis and staff cannot be compelled to administer medicines unless they have accepted job descriptions that include duties in relation to the administration of medicines. The school will encourage staff to be involved where necessary in administering medication to ensure pupils access to education is not disrupted however, individual decisions on involvement will be respected and punitive action will not be taken against those who choose not to consent.

In this school medicines will only be administered by the following staff

- Mrs Jackie Donnelly
- Mrs Sarah Hyde
- Mrs Sam Horan
- Miss Dani Brooks
- Miss Libby Tabbenor

All staff who administer medications will receive sufficient information, instruction, and where necessary training to undertake this task. For most routine administration of medicines, knowledge of this policy and the guidance contained within it will be sufficient as staff will not be expected to do more than a parent/carer who gives medication to a child.

Where a child has complex health needs and an individual treatment plan and requires specific or rescue medication the staff administering the medication will have detailed knowledge of the individual treatment plan and will have received suitable training from health professionals to undertake the administration of the medicine. Training from a health professional will always be required for invasive procedures requiring a specialised technique. Examples include (but are not limited to) diabetes, epilepsy, gastronomy, and rectal medication. This training will be refreshed annually or as required should there be any significant changes to the medicine or administration procedure.

For the administration of medicine at level B, C or D:

- Wherever possible two staff will be involved in the process to ensure that the correct dose of the correct medicine is given to the correct child. For controlled drugs there **must** be 2 people in attendance, at least one of whom should be on the approved list of staff.
- Medication will only be given to 1 pupil at a time
- Medication will be obtained from its storage, with the consent form and Medicines Administration Record (MAR)
- Only the medication for that pupil will be taken out of the storage and this will be returned to storage before starting the process for the next pupil
- Before the medicine is given, staff will ensure they have checked that there is the right:

Person	Is this the person named on the medication?
Medicine	Is this the medicine named on the consent form/MAR? Do the label instructions match up with the instructions on the consent form/MAR?
Dose	What is the dose on the medication label? Does it match with the consent form/MAR? Check not just the amount e.g. 5ml or 10ml but also the correct concentration e.g. 125mg/5ml
Time	Are you sure it is time for this dose? Does the timing match the details on the label, consent form and MAR?
Route	Are you sure that the way you are about to give the child this medication is the right way?
Date	Is this medication in date, and not expired? Check the medication label for instructions that may relate to this e.g. Do not use after 7 days.

- **If there is any doubt whether the medication should be given for any reason, then the medication will not be given. Staff should seek further advice from health professionals and /or parents. Staff will record this on the Medicines Administration Record (MAR) and report it to their line manager.**
- After the medicine has been administered both staff present will sign the Medicines Administration Record (MAR)
- If a pupil refuses to take their medication or it is suspected that they have not taken a full dose staff will record this on the MAR and immediately seek advice from health professionals and/or parents/carers. This should also be reported to their line manager. They should not attempt to give another dose or try and force the pupils to take another dose. New Mills School cannot be held responsible for side effects that occur when medication is refused.

New Mills School Parental Consent to Administer Medication Form

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review

--

Name of child

--

Date of birth

--

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/ needs to know about?

--

Administration (delete as appropriate)

<p>A. The child self-administers their own medicine of which the school is aware</p> <p>B. The child self-administers the medication under supervision</p> <p>C. The child self-administers the medication under supervision after a parental check has been completed</p> <p>D. A named and trained consenting staff member administers the medicine</p>

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

--

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 policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

New Mills School Medicine Administration Record (MAR)

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 _____ Parent signature _____

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

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

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Dose given
Name of member of staff
Staff initials

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Some may be prescribed as medication for use by children. Controlled drugs likely to be prescribed to children which may need to be administered in school are, for example, Methylphenidate and Dexamfetamine for ADHD or possibly Morphine/Fentanyl for pain relief.

There are legal requirements for the storage, administration, records and disposal of controlled drugs. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended). They do not apply when a person looks after and takes their own medicines.

In some circumstances a non-controlled drug should also be treated in the same way where a higher standard is considered necessary. For example, the administration of rectal diazepam or buccal midazolam – these may be requirements imposed by insurers as a condition of cover. If staff are concerned that a medicine that is not a controlled drug should be managed in the same way, it can be treated as a controlled drug.

Receipt, Administration and Disposal

The receipt, administration and disposal of controlled drugs must be recorded in the "Controlled Drugs Register". Entries in this register must never be amended or deleted nor pages removed. If a recording error is made, a record to that effect will be entered on that page, countersigned with a statement "go to page...". Any discrepancies in the controlled drugs register must be reported and investigated immediately. If there is an administration error, the Code of Practice 8 in the Children's Services guidance will be followed.

Receipt

- A child who has been prescribed a controlled drug may legally have it in their possession to bring to school.
- The controlled drug must be received with a parental consent form.
- A MAR and parts 1 and 2 of a sheet in the controlled drugs register must be completed.
- A separate sheet is to be maintained for each child, for each controlled drug that is stored and for each strength of the drug

Storage

- The controlled drug must be stored in a lockable cabinet in the student support office.
- Staff responsible for the administration of the controlled drug must be aware of its location and have access.
- Where a drug is designed for emergency use (e.g. Buccal Midazolam), the need for ready access over-rides the general requirements in relation to safe storage. It will still be stored securely in student support office and not in a way where pupils could access it.
- School will minimise the storage of controlled drugs on site whilst understanding the need to avoid constantly having to receive and log controlled drugs on a daily basis and therefore will not store more than 1 weeks supply of a controlled drug at a time.

Administration

- When administering a controlled drug, two members of staff must be present - unless it has been agreed that the child may administer the drugs themselves. One member of staff should administer the drug, the other witness the administration. Both should complete the correct sheet in the controlled drugs register
- There may be exceptional circumstances when it is not possible to ensure that 2 staff are available to comply with the requirements of this policy. If strict adherence to this policy could lead to a child being denied access to education or the safety of the child or staff being compromised, a single member of staff can administer controlled drugs. Where this occurs a member of SLT at intervals should countersign the controlled drugs register to evidence compliance with the procedures.
- The controlled drug must only be given by a member of staff who has received instruction in its administration
- The prescriber's instructions and any additional guidelines must be followed

- On each occasion the drug is administered, the remaining balance of the drug should be checked and recorded by the staff administering the drugs.

Disposal

- A controlled drug, as with all medicines, will be safely disposed of by returning it directly to the parent/carer when no longer required to arrange for safe disposal
- If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Off-site and in the Community

Appropriate arrangements will need to be made for pupils prescribe controlled drugs for activities off site or residential visits. These will be discussed, written down and agreed by parents/carer's, the Headteacher and the staff agreeing to undertake the administration.

The minimum requirements are:

- There must be a named person responsible for safe storage and administration of the medicine
- A second person will witness the administration
- During short duration or day visits off site if the controlled drug is required to be administered the named person should carry the medicine with him/her at all times and a lockable/portable device such as a cash box will be used to prevent ready access by an unauthorised person.
- Only the amount of medicine needed whilst off-site should be taken – it should be stored in a duplicate container which can be requested from the pharmacist and must have a duplicate of the original dispensing label on it.
- The controlled drugs register may also be taken where that is appropriate (e.g. a long absence where the register is not required elsewhere in respect of another young person); alternatively a record kept and the register updated on return to base.
- For residential visits, on arrival the controlled drug will be transferred from its portable storage and be stored in accordance with the guidance for storage in school wherever possible.

Misuse of Controlled Drugs

Misuse of a controlled drug, such as passing it to another child for use, is an offence and will be dealt with through the schools disciplinary process and police involved where appropriate.

Controlled Drugs Register

Receipt

- The controlled drug must be received with a parental consent form
- A MAR and parts 1 and 2 of this record must be completed
- A separate sheet is to be maintained for each child, for each controlled drug that is stored and for each strength of the drug

Storage

- The controlled drug must be stored in a lockable cabinet in the student support office
- Staff responsible for the administration of the controlled drug must be aware of its location and have access
- Where a drug is designed for emergency use (e.g. Buccal Midazolam), the need for ready access over-rides the general requirements in relation to safe storage. It will still be stored securely in the student support office and not in a way where pupils could access it

Administration

- The controlled drug must only be given by a member of staff who has received instruction in its administration
- The prescriber's instructions and any additional guidelines will be followed
- The dosage must be witnessed by a second member of staff, wherever possible. Where this is not possible member of SLT at intervals should countersign this record to evidence compliance with the procedures
- Part 3 of this record must be completed

Recording

- Any discrepancies must be reported and investigated immediately
- Entries must never be amended or deleted nor pages removed
- If a recording error is made, a record to that effect will be entered on that page, countersigned with a statement "go to page..."

PART 1			
NAME OF CHILD			
MEDICINE RECEIVED			
Name of medicine received:			
Strength:			
Form:			
Quantity/amount:			
Received from:	Pharmacy: or		Date
	Parent/carer		Date
Signed:		Date	
Witnessed:			
PART 2			
DISPOSAL METHOD			
Name of medicine received:			
Returned to:	Pharmacy: or		Date
	Parent/carer		Date
Amount: – <i>this should be the amount remaining from the administration record</i>			

Use of Emergency Asthma Kit Consent Form

CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER AT NEW MILLS SCHOOL

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).....

Student's name: Form

Parent's address and contact details:
.....
.....
.....

Telephone:

E-mail:

Communication to parent / carer re emergency inhaler use

EMERGENCY SALBUTAMOL INHALER USE NOTIFICATION

Student name:

Form:

Date:

Dear.....

This is to formally notify you that.....has had problems with his / her breathing today. This happened when

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

*A member of staff helped them to use their asthma inhaler.

*They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

*[*Delete as appropriate]*

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely

Anaphylaxis Risk Assessment

This form should be completed by the school in liaison with the parents and the child, if appropriate.

Child/Young person:	Date of Birth:
Setting:	Key Person (Year Manager/Linked TA):
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due:
Signatures: Setting Manager/Head teacher: Date Parents Date Young person Date	
What is this child allergic to? Under which conditions is the allergy? Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/> Does this child already have an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Summary of current medical evidence seen as part of the risk assessment (copies attached)	
Describe the container the medication is kept in:	
Outcome of Risk Assessment Is an individual health care plan required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.	
Curriculum Subjects (including indoor & outdoor PE)	
Food and Drink (Canteen/other spaces)	

Celebrations: e.g. Birthday, Easter:
Hand washing:
Recreation times
Off site trips:
Does the child know when they are having a reaction?
What signs are there that the child is having a reaction?
What action needs to be taken?
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes state when and how this can be adjusted:
If the child is old enough – can the medication be carried by them throughout the day? Yes <input type="checkbox"/> No <input type="checkbox"/> If No state reason:
How many adrenaline auto-injectors are required in the setting?
How many staff need are required to be trained to meet this child's need?

Contacts

Emergency Services

To request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

- Your telephone number – 01663 743284
- Your name
- Your location
 - New Mills School
 - Church Lane
 - New Mills
 - High Peak
 - SK22 4NR
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

Derbyshire School Nurses

<http://www.derbyshireschoolnurses.org.uk/home>

New Mills and Glossop School Nurse Team

New Mills Health Centre
Hyde Bank Road
New Mills
High Peak
Derbyshire
SK22 4BP
01246 515100
DCHST.HighPeakSchoolNurseteam@nhs.net

Sources of Information on Specific Conditions

[Education for Health](#) is a charity providing asthma training with the most up to date guidelines and best practice

[Asthma UK](#) - supports the health and wellbeing of those affected by asthma

[Diabetes UK](#) – supports and campaigns for those affected by or at risk of diabetes

[Children's Heart Federation](#) - a children's heart charity dedicated to helping children with congenital or acquired heart disease and their families in Great Britain and Northern Ireland

[Education and Resources for Improving Childhood Continence \(ERIC\)](#) supports children with bladder and bowel problems and campaigns for better childhood continence care

[Anaphylaxis Campaign](#) - supports people at risk from severe allergic reactions (anaphylaxis)

[British Heart Foundation](#) - supporting those suffering from heart conditions

[Little Hearts Matter](#) - offers support and information to children, and their families, with complex, non-correctable congenital heart conditions

[CLIC Sargent](#) - a cancer charity for children and young people, and their families, which provides clinical, practical and emotional support to help them cope with cancer

[Sickle cell and Young Stroke Survivors](#) - supports children and young people who have suffered a stroke or at risk of stroke as a result of sickle cell anaemia

[Coeliac UK](#) - supports those with coeliac disease for which the only treatment is a gluten-free diet for life.

Guidance and advice to everyone involved with supporting a child with coeliac disease in school, including training and tips for caterers as well as parents

[The Association of Young People with ME](#) - supports and informs children and young people with ME/CFS, as well as their families, and professionals in health, education and social care

[The Migraine Trust](#) - a health and medical research charity which supports people living with migraine

[Migraine Action](#) - an advisory and support charity for children and adults with migraine and their families

[Stroke Association](#) - supports families and young people affected by stroke in childhood

[Young Epilepsy](#) - supports young people with epilepsy and associated conditions

[Epilepsy Action](#) - seeks to improve the lives of everyone affected by epilepsy

[East of England Children and Young People Diabetes Network](#) - provide diabetes guidelines for schools, colleges and early years settings