
Managing and Administering Prescribed and Non-Prescribed Medications Policy

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THE GORSE ACADEMIES TRUST MANAGING AND ADMINISTERING PRESCRIBED AND NON-PRESCRIBED MEDICATIONS POLICY

1 Policy Aims.

1.1 To ensure:

- All parties are aware of their roles and responsibilities and are clear about the services that are expected of them when dealing with students with regard to managing and administering prescribed and non-prescribed medications
- Students who have short or long-term medical needs or who require assistance with managing and administering prescribed and non-prescribed medications will have the appropriate assistance, where required, when they are attending the Trust establishment
- The approach is flexible, responsive, and supportive of the medical needs of students, to ensure that they return to their educational studies as soon as possible following an illness or course of medication
- There is a good working partnership with students, parents/carers, Trust staff and health professionals to ensure a duty of care

1.2 The GORSE Academies Trust, and each of its establishments¹, will fulfil their moral and statutory responsibilities for health, safety, and welfare by ensuring that robust policies, structures, systems, procedures, and practices are in place. In accordance with the Health and Safety at Work Act 1974, Trust establishments are required to implement systems of work that will ensure the safety, not only of staff, but also of any other person affected by the Academies activities. This includes managing and administering, and safe storage of prescribed and non-prescribed medications.

1.3 The Children's Act 1989 authorises people who have care of a child (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all circumstances of the case for the purpose of safeguarding or promoting the child's welfare.

1.4 The Equality Act 2010 requires that the body responsible for a Trust establishment must not discriminate against a person with a disability. Any student with medical needs who also has a disability will be protected under this act.

1.5 The Control of Substances Hazardous to Health (COSHH) Regulations requires that no person be placed at risk from the use of hazardous substances. A medicine is a hazardous substance to those administering the medication and to those who may inadvertently be exposed to it.

1.6 The GORSE Academies Trust's Board has a responsibility to ensure that the Trust has a Health and Safety Policy. The Trust establishment should have a medication policy which should include procedures for assisting and supporting students with medical needs, including managing, and administering prescribed and non-prescribed medication.

1.7 Students may need to take medication at some time whilst they are attending the Trust establishment. This managing and administering prescribed and non-prescribed medications policy gives clear guidance and will be enhanced by an effective staff management system, which will support individual students with medical needs.

¹ The term Establishments include all Academies, Colleges and Premises under the control, or a part of, the Trust.

- 1.8 The Trust will ensure that this policy and procedures are in place, so that no person is placed at risk from the storage, administration and or disposal of medication.
- 1.9 The Trust's Board has a legal duty to make arrangements to ensure that students with medical needs are able to attend the Trust establishment with as little disruption as possible.
- 1.10 A policy that has appropriate procedures is better placed to enable students attending the Trust establishment, who require medication to continue their education with as little disruption as possible.

2 Organisation

The purpose of this section is to highlight the general roles, responsibilities and accountabilities across the Trust and its establishments. It is not designed to be exhaustive; there may be other roles, responsibilities and accountabilities that apply to staff, pupils, and other functions that each person will need to make themselves aware of. These can typically be found in other areas, for example, other policies, structures, systems, procedures, practices, risk assessments, safe systems of work, contracts of employment, job descriptions and service agreements.

2.1 The Governing Body

The Governing Body recognise that there is a duty of care to all students across the Trust and will do all that is reasonably practicable to safeguard and promote their welfare.

The Governing Body will take responsibility in principle for managing and administering prescribed and non-prescribed medications during the academic day, in accordance with the Government's and Local Authority policies and guidelines.

The Governing Body should ensure that the Trust has developed its policy to assist students with medical needs and that staff involved with administration of medication have had the appropriate training.

The Governing Body must ensure staff have EpiPen training where this is required.

2.2 Principals

Principals are responsible for implementing the Trust policy and procedures in their Trust establishment and should ensure that all parents/carers are aware of the policy.

Principals should ensure that a written Healthcare Plan for each student with specific medical needs is drawn up in conjunction with the parent/carer and/or General Practitioner (GP) (and, where appropriate, the School Nursing Service).

Where there is concern that a student's needs may not be met by the Trust establishment, or the parent/carer's expectations appear unreasonable, the Principal should ensure further advice is sought from the student's GP, Leeds Local Authority, and other medical advisors.

Professional's handling information in the Trust establishment should not share the information unless it is critical to the wellbeing of the individual.

Where members of staff volunteer to assist, the Principal must ensure that they receive suitable and sufficient information, instruction, and training to be able to undertake their function in a safe and effective manner. This also applies to members of staff who volunteer to be reserves to cover for absences.

An up-to-date record of all training completed is to be held.

Parents/carers' cultural and religious views should be respected at all times.

2.3 Parents/Carers

The prime responsibility for a student's health rests with the parent/carer; they are responsible for making sure their child is well enough to attend the Trust establishment.

The parent/carer should provide the Trust establishment with sufficient information about the student's medical condition. This should be undertaken in conjunction with the child's GP or pediatrician, as appropriate.

Where a student is acutely unwell it is advised that the parent/carer keeps them at home.

If a student becomes unwell within the Trust establishment they should be collected as soon as possible. It is vital to have the relevant home and emergency contact telephone numbers held on file. These details must be regularly requested and updated.

2.4 Staff

Teachers or other members of staff in the Trust establishment, who look after students in place of the parent (in loco parentis), must treat and take care of the student as a "careful parent" would. If a request is made in relation to a student's medical needs, then consideration should be given to whether or not the request is what would be expected of a reasonable parent in the same circumstances.

Trust establishment staff have no legal or contractual duty (except where this is stated in the job description) to administer medicines to students or to supervise them when taking medication. For those who volunteer, the Governing Body fully indemnifies all staff against claims for any alleged negligence, provided they are acting within their conditions of service and following Government guidelines.

A member of staff who has a student with medical needs in their class should understand the nature of the condition and when and where that student may require additional attention.

Staff should be aware if any emergency is likely to occur and what measures they should take if one does. These measures should be in writing, within the Healthcare Plan and be readily accessible to staff.

Other Trust establishment staff, such as lunchtime assistants or support staff who may at certain times be responsible for students with medical conditions should be provided with sufficient information, support, and advice.

Information and advice should also be provided to the Trust establishment First Aiders if the student's medical condition has implications for any first aid treatment which may be required.

All staff members who have volunteered to administer prescribed and non-prescribed medications should have a good understanding of basic hygiene procedures and the normal precautions for avoiding infections as set out in the NEU guidance documents 'Hygiene Control in Schools' and 'Infectious Diseases in Schools.'

2.4.1 Staff Training

Nominated staff, qualified First Aiders, administration staff and teaching assistants who may volunteer their services for specific duties, are to be given appropriate training to manage and administer prescribed and non-prescribed medication. Such training can be arranged in conjunction with the Trust.

An up-to-date staff training record is to be kept as specified by the Trust, recording all relevant training undertaken for each individual.

All staff will also be offered training in areas where a student has a specific illness:

- EpiPen Administration
- Diabetes
- Asthma
- Epilepsy

2.5 Trust Establishment Transport Escorts

It should not be necessary, in normal circumstances, for escorts to be trained to administer any form of medication.

Where the Trust establishment transports students with medical needs to and from the Trust establishment and escorts supervise them, the escorts should be provided with suitable and sufficient information in respect to the medical conditions and medications of the student in their care. This information should be provided via the Trust establishment transport office in consultation with the Principal and the student's parent/carer.

2.6 Unacceptable Practices

“Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is **not** generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medications when or where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parent/carer; or 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 individual Healthcare Plan
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalize children 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 wherever 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 medications or provide medical support to their child, including with toilet issues. No parent / carer should have to give up working because the school is failing to support their child's medical needs
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child

(DfE – Supporting Pupils at School with Medical Conditions)

3 Arrangements

The purpose of this section is to outline and improve the awareness of the minimum requirements for managing and administering prescribed and non-prescribed medication across the Trust and its Establishments. These arrangements are further supported by other policies, structures, systems, procedures, and practices, which should also be adhered to.

3.1 Record of Student Details

On admission of a student to a Trust establishment, all parents/carers will be required to provide information giving details of:

- the named student's medical condition(s)
- any known allergies
- regular medication taken (type/amount/frequency)
- emergency contact numbers

- name of family doctor
- special instructions/requirements

Parents will be reminded to update these records with at least one reminder letter home each Academic year. Records of student's details are to be held on file, as designated by each individual Trust establishment.

3.2 Parental Request to Administer Prescribed Medication

Any requests for medicine to be administered must come from the parent/carer in writing. A signed, dated and completed parental agreement form must be submitted. Medication will not be administered to any student unless this form is completed correctly, and the medicines concerned have been handed over to the designated member of staff within the Trust establishment.

The medication must be in a container as prescribed by the doctor and must have the student's name, together with clean instructions. Medications should generally be administered during break times unless unavoidable.

Any member of staff administering medicine should check:

- the students' name.
- that there are written instructions provided by the parent or doctor
- the 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.

Trust staff should never accept medicines that have been removed from their original container or make changes to dosages on parental instruction.

3.3 Trust Establishments Agreement to Administer Medication

Confirmation of the Trust establishment's Agreement to administer medicine should be duly signed off by the Principal or Senior Leader responsible for the Year Group (as required) and is to be securely filed as required, for reference.

3.4 Records

A secure file labelled "Managing and Administering Prescribed and Non-Prescribed Medications" is to be held at each Trust establishment, along with all student medication and any completed Policy Medical Forms for ease of reference and in the event of any emergency.

The file will record all relevant details for the student's condition and medication to be administered, on the appropriate Policy Medical Form as provided within this policy.

3.5 Record of Medicines Administered to Individual Students

Up to date records are to be maintained by staff on every occasion after a student has been administered medication. These records are to be held password encrypted on Every.

3.6 Administration of Prescribed Medication

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

3.7 Non-Prescription Medicines

The Trust policy is not to supervise or administer un-prescribed medication.

The Trust will allow students whose parents/carers have decided they can be trusted to administer and manage their own medication providing written consent is given.

Parents/carers, in secondary school settings, may only send single doses of paracetamol or ibuprofen to school with their child, if it is essential. However, this is the parent/carers responsibility.

Parents/carer's are responsible for ensuring that students do not bring more than a single dose of medication into school on a daily basis. In signing the permission form allowing their children to self-medicate, the parents/carer's accept responsibility for ensuring their child is clear regarding the safe use of paracetamol/ibuprofen and that they understand that they are not under any circumstances allowed to give paracetamol/ibuprofen to other students.

If a student suffers regularly from frequent or acute pain the parents/carers should be encouraged to refer the matter to the students GP.

No student under the age of 16 should be given aspirin unless prescribed by a doctor, or without their parent/carer's written consent.

Liquid paracetamol or ibuprofen are available for babies and young children. Older children may be able to swallow paracetamol or ibuprofen tablets with plenty of water. Soluble paracetamol and ibuprofen tablets that dissolve in water are also available. These are only suitable for children aged 12 or older.

The UK Medicines Control Agency has recommended that children 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 children and adolescents.

The use of aspirin by children 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 children up to 15 if they were feverish.

3.8 Short Term Medical Needs

All medications should only be taken into the Trust establishment when essential, e.g., where it would be detrimental to a student's health if the medicine were not administered during the Academic day.

It is recognised that it may be necessary at times for a student to take medications to minimise absence. Where this happens, it is advised that parents/carers request that the prescription is such that the student does not need to take any medication whilst in the Trust establishment e.g., dose frequency of three times per day rather than four times per day.

Medicines must be provided in their original containers (as dispensed by the pharmacist) and include the prescriber's instructions for administration. Prescribers should be encouraged to provide two prescriptions for a student's medication, where appropriate and practicable: one for home and one for use at the Trust establishment.

Any medication brought into the Trust establishment must be clearly marked with the name of the student and the recommended dosage. It must be kept secure, unless there are valid reasons for the student to keep the medication with them (e.g. asthma inhalers).

3.9 Long Term Medical Needs

Each case will be determined, only after discussion with the parent/carer and a doctor, if applicable.

Each Trust establishment must have sufficient information about the medical condition of any student with long-term medical needs.

The parent/carer should supply such information either prior to a student attending the Trust establishment or as soon as the condition becomes known.

3.10 Self-Management

The Trust encourages students to take control of their medication and illness from an early age, where appropriate. The ages that students are deemed able to take control of their medical needs varies enormously. It should, however, be considered that in some circumstances a young person might not ever be mature enough to take medical responsibility for themselves whilst at the Trust establishment. As young people grow, develop, and mature they should be encouraged to participate in decisions made about their medications and to take responsibility. It must be highlighted that it is only a medical professional who can assess a student's 'Gillick' competence (an understanding of an issue, the risk, implications and consequences), this must be granted in order for them to take overall control of their medical needs.

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

3.11 Refusal to Take Prescribed Medicine

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

If a student refuses to take medicine, and the information provided by the student's parent/carer and/or GP suggests that the student is at significant risk if they do not take their medication, the parents/carers should be contacted immediately. If a parent/carer cannot be contacted, medical advice and/or a call to the emergency services should be made.

Where the information provided indicates that the student will not be at significant risk if they do not take their medication, but the parent/carer has informed the Trust establishment that their child should receive their medication, the parent/carer should be contacted as soon as possible.

Parents/carers should be communicated with directly and not via a note sent home with the student. Records of the conversations should always be kept in case the Trust establishment wish to follow this up with a letter.

3.12 Clinical Decisions

In the absence of any guidance from a medical professional it is not advised that any member of Trust establishment staff makes a clinical decision with regard to the needs of a student unless in extreme circumstances.

Any instructions given to the Trust establishment in relation to a student's medical requirements should be specific and clear enough to avoid the need to require Trust establishment staff to make any judgement about what medication to administer. If necessary, the Trust establishment will arrange a multi-agency meeting with appropriate healthcare professionals where clear instructions can be obtained and a student risk assessment can be agreed.

If a student's medical needs are such that the dosage or method of administration of any medication might vary depending on other factors, Trust establishments should be provided with explanatory charts, diagrams, or other printed guidance wherever possible.

If any medical problems arise which are not covered by a student's Healthcare Plan, or any instances where the details on the Healthcare Plan are found to be unclear, the Trust establishment should contact the student's parent/carer, or seek medical advice, before taking any further action unless doing so would put the student at risk.

3.13 Student Privacy

Where invasive or intimate treatments are required, then the person carrying out such a treatment should be of the same gender as the student receiving the treatment, where possible. One additional adult (ideally of the same gender) should be present nearby, whilst the treatment is carried out unless intimate care procedures indicate otherwise e.g. it may not be appropriate to maintain the dignity of the pupil.

Those persons who volunteer to provide intimate or invasive treatments must be suitably trained.

Where invasive or intimate treatments are required but no member of staff volunteers to provide it, the Principal and parents/carers must respect the staff's wishes not to do so, and not put any pressure on them to assist in such treatment, unless it is part of the staff's contract to do so. The Principal will need to make alternative arrangements to ensure that required intimate or invasive treatment can be provided to allow the pupil to access education.

3.14 EpiPens and Asthma Inhalers

Children and adults who have a sudden and severe allergic reaction to a foodstuff; insect bite or other external irritant may become ill quickly. EpiPens are considered risk-free treatment. If staff are correctly trained to administer the EpiPen, they are a single injection that cannot do any harm and at the worst, they have no effect.

Trust establishments are expected to have some provision for the emergency treatment of anaphylaxis. First aid treatment can include the appropriate use of EpiPens. Staff may volunteer to attend EpiPen training to enable them to administer treatment if needed.

Unless in staff contracts, staff cannot be forced to volunteer to administer EpiPens. If no staff are available, the Principal will need to make alternative arrangements to ensure the medical needs of staff and pupils can be met.

EpiPens are to be stored in a dry area which has a constant temperature, they are fragile to handle and can become ineffective if they are knocked or become too cold.

Where possible minimum of two EpiPens should be kept on site in the event that one fails.

The "use by" date of each EpiPen should also be monitored to ensure they are within the effective date for use. Out of date EpiPens should be replaced as soon as practicable.

It is important that the parent/carer inform the Trust establishment if a student requires an inhaler. Older students are able to self-administer their own medication and parents/carers should be part of this process.

The designated member of staff for each individual Trust establishment is to hold a register of student's names who have been diagnosed with suffering from Asthma, its severity, the type of inhaler to be used, whether it is to be administered by staff or can be self-administered.

Inhalers for younger students 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 Trust establishment must have an emergency procedure in place so that all staff are aware of the location of all inhalers.

The storage of inhalers needs to be professionally managed, and the distance between where the student is situated and where the inhalers are stored must also be considered.

Parents/carers should request an extra inhaler from their family doctor so that this can be left at the Trust establishment.

Trust establishments must not allow inhalers for one student to be used by another and must only allow inhalers to be used by the student it is prescribed for.

An emergency Salbutamol inhaler may be kept within the academy, at the discretion of the Principal. The inhaler must undergo regular checks to ensure it is in date and any use must be documented within Every and the parent/carer is to be informed.

3.15 Healthcare Plans

The Trust establishments must ensure that each student with medical needs receives the appropriate support, and that all persons who may come into contact with the student have access to sufficient information.

A Healthcare Plan should give details of the student'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.

Healthcare Plans are to be held as designed by each individual Trust establishment.

Input into the Healthcare Plan should be sought from everyone with whom the student is likely to have contact with, and who have agreed to administer prescribed medication.

The relevant information from the Healthcare Plan should be provided to all staff that will have contact with the student including lunchtime supervisory assistants. As the medical information contained within the Healthcare Plan is confidential, the level of information provided to various staff should be carefully planned.

The Healthcare Plan should also identify what particular training needs will be required for anyone volunteering to administer prescribed medication.

The Healthcare Plan should reflect not only the physical needs of the student but the emotional needs as well. However, the Trust establishment should be cautious in making value judgments about any medication prescribed, even though the student may appear to be unable to cope with taking their medicine. In those instances, the Trust establishment will need to discuss any concerns with the student's parent/carer and/or healthcare professionals.

The Healthcare Plan should always identify what action should be taken in the event of an unexpected injury/emergency. If a student who accesses medication in the Trust establishment requires hospital or clinical treatment as a result of some incident, the Healthcare Plan and the medication must be taken with them to hospital or ensure that the parent/carer takes them. This is to be noted in the Healthcare Plan.

3.16 Trust Establishment Trips and Sporting Activities

Students with medical needs should be encouraged to participate in Trust establishment extracurricular activities and trips as long as the safety of the student, other students and/or staff is not placed at significant risk.

A Trust establishment may take additional measures for outside visits for students with medical needs. This may include:

- Additional staff supervision
- Adaptions for bus or coach seats and entrances
- Provision of secure cool bags to store medicine
- Provision of properly labelled single dose sets
- Copies of the student Healthcare plans in the event of an emergency referral
- Copies of completed TGAT Medical Forms for reference (as required)
- Copies of blank TGAT Medical Forms for completion (as required)

When planning trips and extracurricular activities which will include a student(s) with medical needs, all staff supervising the trip should be made aware of any additional requirements that the student(s) may need and any emergency procedures that may be required (unless the parent/carer does not give their prior consent to do this). This is to be covered in the event Evolve Risk Assessment and can also be in a person specific Risk Assessment where necessary.

The location to be visited should be made aware that student(s) with medical needs are included in the party, if this is relevant and practicable, and if the parents have consented, (unless it is critical for health and safety purposes the permission may not be required).

If a student's medical condition could be aggravated by the activity undertaken / location being visited a risk assessment should be undertaken and an alternative location / activity should be chosen for the visit as far as possible in line with the curriculum needs of the visit.

If there is any doubt regarding the activity, the Trust establishment should discuss the activity with the parent/carer and, if necessary, seek medical advice.

Some students 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 students involved in Physical Education and sporting activities must be aware of the relevant medical conditions and emergency procedures for any student with a medical condition who is participating in the lesson or activity.

For extracurricular activities or after hour's physical education lessons, where a student with a medical need is participating, the level of supervision should be assessed, and it may need to be increased.

3.16.1 Travel Outside of the UK

In addition to the above practices.

If trips outside of the UK are being considered, parent/carers may need to seek additional advice from the child's GP or pediatrician on the timings of medication, especially those such as medication for Epilepsy. Additional advice may also be required regarding safe storage of medications in extreme climates, depending on the country being visited.

Information on the carriage of medications, including specific advice about the carriage of Controlled Drugs can be obtained from the Home Office and the Embassy of the country being visited.

In addition, the airline or travel provider should be contacted for advice on the safe carriage of medication in hand luggage, particularly where liquid medication or needles are involved.

3.17 Storage and Administration of Medicines

Medicines may cause harm to anyone for whom they were not prescribed. They may also be harmful for the person for whom they were prescribed if that person takes an incorrect dose.

Some medicines are poisons; others can become poisons when they react with other substances.

Where a medicine may be thought to be non-toxic or non-poisonous, it should still be classed as being toxic to avoid any confusion.

Staff are required to assess the risks presented by a hazardous substance to any person who may come into contact with it. Then, having assessed the risk they should determine the method or methods by which that risk may be removed, reduced, or controlled.

The primary consideration is to eliminate the risk completely. This may be done by not allowing medicines into the Trust establishment and, for example, requiring students to be placed on three times daily doses rather than four times daily doses, if appropriate.

If the hazardous substance cannot be eliminated from the Trust establishment the next requirement is to substitute it for a less hazardous substance if one exists.

If there is no means of eliminating or substituting the hazardous substance, controls to reduce any risk of harm to the lowest level that is possible should be implemented.

All controlled drugs must be kept in an approved, non-portable, lockable receptacle. This must be locked at all times except when being accessed for the administration of medication for the named recipient.

Lockable receptacles should be, where possible:

- of robust construction
- made of steel
- securely bolted to the floor or wall
- kept in a room or building that is alarm protected

It is recommended that it is locked by a key and or a combination lock together. This will allow for a master key to be fastened to the inside of the receptacle and only the nominated member of staff to have the combination code to unlock in an emergency. The integrity of using only a combination lock cannot be guaranteed.

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

The Principal is to nominate a person responsible for making sure that all medicines and medications are always secure and safe.

It is important to ensure that:

- Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicines that have been prescribed for an individual student
- Medicines should be stored strictly in accordance with product instructions
- Students 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 students and should not be locked away
- **Few medicines need to be refrigerated (between +2°C and +8°C). A separate designated secure medical supply fridge should be used for the storage of chilled medicines only. Non-medical items must not be stored in this refrigerator**
- The temperature of the refrigerator should be recorded weekly on Every
- There should be restricted access to a refrigerator holding the medication
- When the room holding the refrigerated medication is not occupied, depending on the risk assessment undertaken by the Principal, the room or the refrigerator should be locked so that access is denied to everyone except those authorised by the Principal
- 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 medicine
 - the name of the person or organisation responsible for prescribing the medicine
 - the possible 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 volunteer to administer prescribed medication which have been assessed as being a sensitiser should be asked if they have respiratory or skin problems. If they have, the Principal should seek an alternative volunteer.

Volunteers should be provided with suitable personal protection such as disposable gloves, disposable aprons, and face masks.

Should a volunteer become sensitised to a particular medication they should cease to administer it and the Principal should seek an alternative volunteer. Such reactions, however, are rare.

School staff may need to bring their own prescribed and non-prescribed medication(s) into school. These should be securely stored but do not need to be stored with pupils' medicines.

3.18 Disposal of Medicines

Under no circumstances should a Trust establishment dispose of any prescribed medication or the container from which it came.

The parent/carer of the student for whom the medication was provided should collect all empty containers, surplus medication, any out-of-date medications. They should also collect medicines held at the end of each term.

If parents/carers do not collect these medications, they should be taken to a local pharmacy for safe disposal.

3.19 Disposal of Sharps

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the student's GP or pediatrician.

Where sharps boxes are being used, they should not be filled over their designated fill line as displayed on the outside of the box and held in a secure manner. Collection and disposal of the boxes should be arranged with Leeds City Council's Environmental Waste Disposal Unit.

3.20 Contacting Emergency Services

A Contact Emergency Services Form has been included within this policy to help staff collate all the necessary information about the emergency, which will be requested when the call is made. A blank copy should be placed by the telephone and readily available for immediate completion in the event of an emergency.

3.21 Amendments to the Policy

Any amendments for submission are to be raised on the appropriate Policy Amendment Form. This form should be passed via the Principal or line manager where appropriate for consideration, who will then arrange for the amendment to be presented to the Policy Owner and Policy Committee at the next meeting for their review, rejection, or inclusion within the Policy.

3.22 Further Information

Further information regarding medication in Trust establishments, in particular, basic information regarding common conditions such as asthma, epilepsy, diabetes, and anaphylaxis, is available in the DfE guidance "Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England" December 2015.

3.23 Useful Contacts and Information

- Allergy UK, Allergy Help Line: (01322) 619 898, Website: www.allergyuk.org.uk
- Asthma UK (formerly the National Asthma Campaign), Advice line: 0300 222 5800 (Mon – Fri 9am to 5pm), Website: www.asthma.org.uk

- Diabetes UK, 0345 123 2399 (Weekdays 9am to 6pm), Website: www.diabetes.org.uk
- Department of Education and Skills, Tel: 0870 000 2288, Website: www.dfes.gov.uk
- Department of Health, Tel: (020) 7210 4850, Website: www.dh.gov.uk
- Epilepsy Action, Freephone Helpline: 0808 800 5050 (Mon – Thurs 9am to 4.30pm, Fri 9am to 4pm) Website: www.epilepsy.org.uk
- Epilepsy Society, Helpline: (01494) 601 400 (Mon – Fri 9am to 4pm, Weds 9am-7.30pm), Website: www.epilepsysociety.org.uk
- Leeds City council – Guidance on Medication in Schools 2011
- Leeds City council – Intimate care guidelines
- www.teachernet.gov.uk/teachinginengland/detail.cfm?id=390
- National Service Framework for Children and Young People and Maternity Services:

APPENDIX A TGAT Template Administering Prescribed and Non-Prescribed Medication Letter

Date

Dear Parent/Carer

As part of accepted good practice and with advice from the Department of Education (DfE), relevant voluntary organisations and the Trust's Governing Body, The GORSE Academies Trust has recently updated its Managing and Administering Prescribed and Non-Prescribed Medications Policy.

As part of this policy, we are now asking all parents/carers to authorise self-medication of non-prescription medication and all parents/carers with children, who have a medical condition to help us by completing a Trust establishment Healthcare Plan for their child on an annual basis or as the child's medical situation changes.

Non-Prescribed Medication

It is important, if you want your child to be able to take Paracetamol/Ibuprofen on academy premises that you complete and return the form to us by XXXX. Failure to do so will mean your child will not be able to self-treat a headache, for example, and the academy will not be able to provide treatment. **Please note that new guidance dictates that Paracetamol and Ibuprofen are the only non-prescription medicines allowed in the Trust establishment.** With the new guidance, the Trust policy now states that we will not supervise or administer non-prescribed medication. The Trust will allow students, who parents feel can be trusted, to manage their own medication and to self-administer Paracetamol and Ibuprofen on the basis that written consent has been given by the parent/carers (please complete the attached sheet - **TGAT Medical Form - Request for a Student to Carry his/her Medicine**). Parent/carers in the secondary setting may send single doses of Paracetamol or Ibuprofen only, to the academy with their child. If the form is not completed and returned to the Trust establishment, your child will not be able to self-medicate and the Trust establishment cannot provide your child with medication. Upon signing the form, you the parent/carers accept responsibility for ensuring your child is clear regarding the safe use of Paracetamol/Ibuprofen and that they understand that under no circumstances may they share the medication with other students.

The GORSE Academies Trust reserves the right to not allow self-medication where it is felt there is a danger to the student to do so.

Student Healthcare Plans – to be completed by parents/carers whose child has a medical condition.

In addition to completing the Request for a Student to Carry Paracetamol/Ibuprofen Form please complete the plan (see the attached sheet - **TMA Medical Form - HealthCare Plan**), with the assistance of the child's healthcare professional if required and return it to the Trust establishment to assist us in caring for your child appropriately. If you would prefer to meet someone from the Trust establishment to discuss TGAT Managing and Administering Prescribed and Non-Prescribed Medication Policy, please contact us on [Trust establishment Phone number] or email [Trust establishment email address] to arrange this.

Your child's completed plan will store helpful details about your child's medical condition, current medication, triggers, individual symptoms, and emergency contact numbers. The plan will help the Trust establishment to better understand and cater for your child's individual needs. Please note; if your child

requires any medication to be taken at the Trust establishment, additional forms need to be completed (these will be sent home in response to the return of the Healthcare Plan). This includes usage of EpiPens, insulin, and inhalers, which are the only prescribed medications allowed to be carried in school by your child. We strongly recommend that spare EpiPens, insulin and inhalers are kept in the medical room situated at Student Services in case of need.

Any prescribed medicines sent into the Trust establishment must be in their original container as dispensed by the pharmacy. The pharmacy label stating the child's name, the name of the medicine, the dose and the frequency of administration must be clearly visible. Please ensure you also inform the academy of any joint support, strapping or cast that may affect your child's participation in activities particularly in PE lessons.

Please make sure the plan is regularly checked and updated and that the Trust establishment is kept up to date about changes to your child's medical condition and medication. This includes changes to strength and dosage and when it is no longer required. **Not having up-to-date information about your child's medical condition may affect their participation in certain activities in and out of the Trust establishment and, much more importantly, may put their health at risk.**

Thank you for your assistance.

Yours faithfully

XXXXXXXXXX

Principal

XXXXXXX

Senior Assistant Principal

APPENDIX B TGAT Medical Form - Healthcare Plan

Name of Trust establishment _____
 Name/Group/Form _____
 Class of Student _____
 Date of Birth _____
 Students Address _____
 Medical Diagnosis or Condition _____
 Date _____
 Review date _____

CONTACT INFORMATION

Family contact 1		Family contact 2	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact		GP	
Name		Name	
Phone No.		Phone No.	

Describe the medical needs and give details of the student's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

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

Signature of parent/carer _____
Name of parent/carer _____
Relationship to student _____

All TGAT Medical Forms will be held by the academy and are liable for formal audit at any time. Information given on this form will be used to update the academy contact records and may only be shared where there is a need to do so.

APPENDIX C TGAT Medical Form - Parental Agreement for Trust establishment Staff to Administer Prescribed Medication.

The Trust has a comprehensive policy that covers the requirement for staff to administer medicine to a student (as and when required). However, the Trust will not administer any medicine/medications to any student unless this form is completed and signed in full by the parent/carer.

Name of Trust establishment _____
 Name of Student _____
 Date of birth _____
 Class/Group/Form _____
 Medical condition/illness _____

Note: Medicines must be in the original container as labelled and as dispensed by the pharmacy.

Name/Type of Medicine (as described on the container): _____	
Quantity (of tablets/tubes/bottles): _____	
Date dispensed:	
Expiry date:	
Dosage and method:	
Timing: (when to be given)	
Special Instructions/Precautions:	
Are there any side effects that the Trust establishment needs to know about?	
Procedures to take in an Emergency:	

Contact Details

Name:	
Daytime Telephone No:	
Relationship to Student:	
Address:	
GP details Name/Address/ Telephone No:	

The information overleaf is, to the best of my knowledge, accurate at the time of writing and I give consent to the Trust establishment staff to administer medicine in accordance with the Trust policy (Managing and Administering Prescribed Medication).

I will inform the Trust establishment immediately, in writing, if there is any change in the dosage or frequency of the medication or if the medicine is to be stopped.

If more than one medicine is to be given, a separate form should be completed for each one.

I understand that I must deliver the medicine personally to the Trust establishment and accept that this is a service that the Trust establishment Staff are not obliged to undertake.

I understand that I must notify the Trust establishment of any changes in writing.

Date: _____

Signature(s): _____

Name: _____

Relationship to student: _____

All TGAT Medical Forms will be held by the Trust establishment and are liable for formal audit at any time. Information given on this form will be used to update the Trust establishment contact records and may only be shared where there is a need to do so.

TGAT Medical Form - Request for a Student to Carry Medicine – Paracetamol and Ibuprofen only and only sufficient for that day.

THIS FORM MUST BE COMPLETED BY PARENTS/CARER

If staff have any concerns, they are to discuss them with the Principal or Trust establishment Healthcare professionals.

Name of Trust establishment _____
Name of Student _____
Class/Group/Form _____
Address _____

Procedure to be taken in
An emergency _____

Contact Information

Name _____
Daytime Phone No: _____

I would like my son/daughter to keep his/her medicine on him/her for use, as necessary.

Signed: _____
Date: _____

If more than one medicine is to be given a separate form should be completed

All TGAT Medical Forms will be held by the Trust establishment and are liable for formal audit at any time. Information given on this form will be used to update the Trust establishment contact records and may only be shared where there is a need to do so.

APPENDIX D TGAT Medical Form - Confirmation of the Trust establishments Agreement to Administer Medicine

Name of Trust establishment: _____

It is Agreed that: _____ (name of student)

Will receive: _____ (quantity and name of medicine)

Every day at: _____ (time medicine to be administered e.g., Lunchtime or afternoon break).

Name of Student: _____ (name of student) will be given / will be supervised whilst he/she takes their medication supervised by _____ (name of member of staff).

This arrangement will continue until _____ (either end date of course of medicine or until instructed by parents).

Date: _____

Name: _____

Signed: _____

(Senior Leader or Head of Year)

All TGAT Medical Forms will be held by the Trust establishment and are liable for formal audit at any time. Information given on this form will be used to update the Trust establishment contact records and may only be shared where there is a need to do so.

APPENDIX E TGAT Medical Form - Contacting Emergency Services.

Request for an Ambulance

Dial 999, ask for an ambulance and be ready with the following information.

1. Your telephone number:
2. Give your location as follows: (insert Trust establishment Name/address)
3. State that the postcode is:
4. Give the exact location of the Emergency in the Trust establishment: (insert brief description)
5. Give your name:
6. Give the name of the student and a brief description of students symptoms:
7. Inform Ambulance Control of the best entrance to access the Trust establishment and state that the crew will be met and taken to the area:
8. Any other valuable information that you feel that the Emergency service needs to know:

Place a blank copy of this form by the telephone for use in the event of an emergency.

APPENDIX F TGAT Medical Form – Calling for an Ambulance – Further Instructions

A First Aider should be called to all First Aid Emergencies in school and the schools H&S Leader should be informed about emergencies that require an ambulance to be called (potential RIDDOR).

If the First Aider asks for an ambulance to be called, then proceed as follows:

Person A

If the patient cannot be moved, keep in contact with the First Aider either by radio or telephone.

Ascertain

- Student's full name and age
- Nature of the injury and how it happened
- Whether conscious, breathing, bleeding etc.
- Where the patient is located
- Which entrance to the school should the ambulance use
- Bring up the details of the student on SIMS- the ambulance service may ask for more details Then dial 999 - answer questions clearly and explain that someone will be there to direct the ambulance staff to the patient

Person B

- Contact the student's Parent/Carer
- Explain the situation in a calm manner
- Ask how long it would take them to get to school as it may be quicker for them to meet the ambulance at the hospital
- If no contact can be made with the Parents/Carer, then try other contacts on the system. A pupil cannot go to hospital unaccompanied, if we cannot get the Parents/ Carer to school to meet the ambulance a member of staff must accompany the pupil.

Directing the Ambulance

A member of staff should wait at the entrance to school to direct the ambulance staff to the patient.